Form	8	45	3	-1	E

Department of the Treasury

Internal Revenue Service

Tax Exempt Entity Declaration and Signature for Electronic Filing

OMB No. 1545-0047

2022

For calendar year 2022, or tax year beginning 07/01 , 2022, and ending 06/30 , 20 23 For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Go to www.irs.gov/Form8453TE for the latest information.

Name of filer

CIVISTA MEDICAL CENTER, INC.

EIN or SSN 52-0445374

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return, Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a. 7a. 8a. 9a. or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	\checkmark	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	165,909,433
2a	Form 990-EZ check here .		b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here		b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here .		b	Tax based on investment income (Form 990-PF, Part V, line 5) .	4b	
5a	Form 8868 check here		b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here .		b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here		b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here		b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here		b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here		b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Part	Declaration of Office	cer o	r Pe	erson Subject to Tax		

11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

b 🗌 If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that 🛛 I am an officer of the above named entity or 🗌 I am the person subject to tax with respect to (name of entity) , (EIN)

and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign		05/09/2024	SVP, FINANCE	
Here	Signature of officer or person subject to tax	Date	Title, if applicable	
Part III	Declaration of Electronic Return Origin	nator (ERO) and Paid	Preparer (see instructions)	

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of periury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use	ERO's signature	Date	Check if also paid preparer	Check if self- employed	ERO's SSN or PTIN
Only	Firm's name (or yours if self-employed),				EIN
Only	address, and ZIP code				Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer	Print/Type prepar JUSTIN LOWE	er's name	Preparer's signature	ome	Date 5/7/24	Check if self- employed	PTIN P01866796
	Firm's name	ERNST & YOUNG U.S.	LLP			Firm's EIN	34-6565596
Use Only	Firm's address	1101 NEW YORK AVEN	UE NW, WASHINGTON, DC 20	005		Phone no.	(202) 327-6000
For Privacy A	For	m 8453-TE (2022)					

PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

OMB No. 1545-0047

6

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

Department of the Treasury

Do no	t enter	social	security	numb	ers	on	this	form	as i	t m	nay	be	made	public	÷.
-							-								

Open to Public Inspection

Inter	nal Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the latest	informatio	n.	Inspection			
A	For the	e 2022 calend	dar year, or tax year beginning 07/01 , 2022, and endi	ing	06/30	, 20 23			
в	Check if	f applicable:	C Name of organization CIVISTA MEDICAL CENTER, INC.		D Emp	loyer identification number			
	Address	s change	Doing business as UM CHARLES REGIONAL MEDICAL CENTER			52-0445374			
	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	te E Telephone number				
	Initial ret	turn	PO BOX 1070			(301) 609-4130			
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	ed return	LA PLATA, MD 20646		G Gros	s receipts \$ 200,993,607			
	Applicat	tion pending	F Name and address of principal officer: NOEL CERVINO	H(a) Is	this a group return	for subordinates? 🗌 Yes 🗹 No			
			5 GARRETT AVE, LA PLATA, MD 20646	H(b) A	re all subordina	ates included? 🗌 Yes 🗌 No			
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	lf	"No," attach a	list. See instructions.			
J	Website	e: WWW.UN	/MS.ORG/CHARLES	H(c) G	roup exemptio	n number			
К	Form of	organization: 🔽	Corporation Trust Association Other L Year of form	nation: 19	80 M Stat	e of legal domicile: MD			
P	art I	Summa							
	1		cribe the organization's mission or most significant activities: CIVIS						
ce		CHARLES	REGIONAL MEDICAL CENTER (UM CRMC) IS A COMPONENT OF A REC	GIONAL INT	EGRATED H	EALTH SYSTEM			
nan		SERVING 1	THE HEALTH NEEDS OF CHARLES COUNTY AND THE CITIZENS OF SO	UTHERN M	ARYLAND.				
veri	2	Check this	box $\hfill\square$ if the organization discontinued its operations or disposed	of more th	an 25% of	ts net assets.			
ŝ	3	Number of	voting members of the governing body (Part VI, line 1a)		3	13			
<u>مە</u>	4	Number of	independent voting members of the governing body (Part VI, line 1	b)	4	10			
tie	5	Total numb	per of individuals employed in calendar year 2022 (Part V, line 2a)		5	963			
Activities & Governance	6	Total numb	per of volunteers (estimate if necessary)		. 6	81			
A	7a	Total unrela	ated business revenue from Part VIII, column (C), line 12		. 7 a	115,480			
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11			0			
				Prie	or Year	Current Year			
ē	8		ons and grants (Part VIII, line 1h)		1,198,516				
Revenue	9	•	ervice revenue (Part VIII, line 2g)		160,463,379				
Sev	10		income (Part VIII, column (A), lines 3, 4, and 7d)		3,942,545				
-	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,116,736				
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		166,721,176				
	13		l similar amounts paid (Part IX, column (A), lines 1–3)		91,000	· · · · · · · · · · · · · · · · · · ·			
	14	•	aid to or for members (Part IX, column (A), line 4)		C	-			
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)		55,067,791				
sue	16a		al fundraising fees (Part IX, column (A), line 11e)		C	0			
Expenses	b		aising expenses (Part IX, column (D), line 25)0						
ш	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)		108,250,235				
	18	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		163,409,026				
	19	Revenue le	ss expenses. Subtract line 18 from line 12		3,312,150				
Net Assets or Fund Balances				Beginning	of Current Yea				
sset	20		s (Part X, line 16)		164,685,474				
et A: nd B	21		ties (Part X, line 26)		77,443,416				
ž	22	Net assets	or fund balances. Subtract line 21 from line 20		87,242,058	99,461,498			

Part II Signature Block

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

Sign	Signature of officer					Date		
Here	ALBERT ZA	ANGER, SVP, FINANCE						
	Type or print name and title							
Paid	Print/Type prepa	arer's name	Preparer's signature		Date		Check if	PTIN
Preparer	JUSTIN LOWE	1					self-employed	P01866796
Use Only		Firm's name ERNST & YOUNG U.S. LLP					s EIN	34-6565596
036 01113	Firm's address	1101 NEW YORK AVENU	JE NW, WASHINGTON, DC 20005			Phone	e no. (2	202) 327-6000
May the IR	S discuss this r	eturn with the preparer s	shown above? See instructions					🗹 Yes 🗌 No
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 9							Form 990 (2022)	

Form 99	(2022) Page
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CIVISTA MEDICAL CENTER, INC. (DOING BUSINESS AS UM CHARLES REGIONAL MEDICAL CENTER, (UM CRMC))
	IS A COMPONENT OF A REGIONAL INTEGRATED HEALTHCARE SYSTEM CREATED TO PROVIDE EXCELLENCE IN ACUTE
	HEALTHCARE AND PREVENTIVE SERVICES IN CHARLES COUNTY AND THE SURROUNDING COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	f "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	f "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	Code:) (Expenses \$ 138,371,661 including grants of \$ 91,200) (Revenue \$ 163,839,463)
iu	AS A MEMBER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, CIVISTA MEDICAL CENTER, INC. (D/B/A UM
	CHARLES REGIONAL MEDICAL CENTER, "UM CRMC") OPERATES A 104-BED HOSPITAL IN LA PLATA, MARYLAND.
	UM CRMC IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES. ITS
	ACTIVITIES INCLUDE PROVIDING HEALTHCARE TREATMENT AND CARE TO PERSONS WHO ARE ACUTELY ILL,
	OPERATING A 24-HOUR EMERGENCY DEPARTMENT WHICH SERVICES ALL COMMUNITY PATIENTS WITHOUT REGARD TO
	THEIR ABILITY TO PAY.
	DURING ITS FISCAL YEAR ENDED JUNE 30, 2023, THE HOSPITAL ENGAGED IN THE FOLLOWING ACTIVITIES
	THAT WERE IN FURTHERANCE OF ITS EXEMPT PURPOSE: PROVIDED INPATIENT SERVICES WHICH INCLUDED
	5,186 INPATIENT ADMISSIONS; PROVIDED OUTPATIENT SERVICES WHICH INCLUDED 48,747 EMERGENCY
	DEPARTMENT VISITS AND 3,448 OUTPATIENT SURGERIES; AND 549 BIRTHS.
	IN FY23, UM CRMC PROVIDED MORE THAN \$10.5 MILLION IN COMMUNITY BENEFITS INCLUDING CHARITY CARE,
	(CONTINUED ON SCHEDULE O)
4b	Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)
ام //	Other program convises (Describe on Schedule O)
4d	Other program services (Describe on Schedule O.) Expenses \$ including grants of \$) (Revenue \$)
4e	Fotal program service expenses 138,371,661

Form 99	0 (2022)		I	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	~	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	~	
с	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	~	
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	~	
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i> <i>Schedule D, Parts XI and XII</i>	11f	~	~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a 12b	~	•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120	•	~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		•
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		•
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 1a and 8a2 <i>If "Yes," complete Schedule C. Part II.</i>	17		•
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		•
00-	If "Yes," complete Schedule G, Part III	19	~	~
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b	<i>v</i>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	200	~	

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Form **990** (2022)

Form 99	00 (2022)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		r
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		r
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .	27		v
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c	~	~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~ ~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		~ ~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	~	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
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		 V-	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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Form **990** (2022)

Form 99	0 (2022)		F	Page 5
Part			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 963			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	V	
- 3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	~	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	~	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a	Did the sponsoring organizations maintaining donor advised runds.	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		l
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	45		
		15		~
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		~
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		Í
	If "Yes," complete Form 6069.	17		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	nstruc	tions
Saati	Check if Schedule O contains a response or note to any line in this Part VI	<u>· ·</u>		
Secu	on A. Governing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-		
b 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6 7a	Did the organization have members or stockholders?	6 7a	~	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b 9	Each committee with authority to act on behalf of the governing body?	8b 9	~	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	-	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	12b	•	
40	describe on Schedule O how this was done.	12c	レ レ	
13 14	Did the organization have a written whistleblower policy?	13 14	~	
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?	14		
а	The organization's CEO, Executive Director, or top management official	15a	~	
b	Other officers or key employees of the organization	15b	~	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	~	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the propagation is a such arrangements?		-	
0 - 1	organization's exempt status with respect to such arrangements?	16b	~	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed MD Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion {	501(c
	🗌 Our underite 📃 Anotheria underite 🗹 Unen request 💭 Other (sur lain en Cabadula O)			

- Own website Another's website V Upon request Other (explain on Schedule O)
 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. JENINE WARNKE, 900 ELKRIDGE LANDING ROAD 3 EAST, LINTHICUM, MD 21090, (443) 462-5811

Form 990 (2022)

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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.

	(C)									
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/	from related organizations (W-2/ 1099-MISC/	compensation from the organization and
	related	dual ecto	ltior	₩	ldu	st co	er,	1099-NEC)	1099-NEC)	related organizations
	organizations below	r trus	al tr		oyee	mp				
	dotted line)	tee	uste			ensa				
			ð			ated				
(1) MOHAN SUNTHA, MD	1.0	~								
UMMS PRESIDENT AND CEO	59.0							0	4,360,614	41,855
(2) JON P BURNS	1.0	~								
DIRECTOR	44.0							0	1,197,291	34,488
(3) NOEL A CERVINO	40.0	~		V						
PRESIDENT AND CEO	2.0							640,504	0	35,985
(4) JOSEPH D MOSER, MD	40.0				V					
SVP AND CHIEF MEDICAL OFFICER	0.0	1						472,136	0	12,444
(5) ALBERT J ZANGER	40.0			~						
VP FINANCE AND CFO	2.0							302,293	0	36,095
(6) DANA CECIL	40.0				V					
CHIEF NURSING OFFICER	0.0							293,751	0	19,820
(7) KATHERINE MIDDLETON	40.0					~				
REGISTERED NURSE	0.0							275,616	0	11,207
(8) WILLIAM GRIMES	40.0					~				
VP ANCILLIARY SERVICES	0.0							269,696	0	11,090
(9) JOSIE SALVADOR	40.0					~				
NURSE	0.0							229,752	0	16,157
(10) ANNE WEEKLEY	40.0					~				
VP QUALITY AND PATIENT EXPERIENCE	0.0							213,552	0	28,392
(11) JOY ADIANSINGH	40.0					~				
NURSE	0.0							228,590	0	11,092
(12) CHARLES ROSENFIELD	1.0	~		V						
CHAIRMAN	1.0							0	0	0
(13) PATRICK PIERCE	1.0	~		~						
VICE CHAIR	1.0	Ľ						0	0	0
(14) TOM DENNISON	1.0									
SECRETARY AND TREASURER	1.0	~		~				0	0	0

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Part VII Section A. Officers, Directors,	i rustees,	rey	=m	pio	yee	s, an	аг	iignest Compe	insaled Emplo	yees (continued)
	(C)									
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average hours per week	box,	unles	ss pe d a d	erson	e than o is both or/trust	an	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		from the organization and related organizations
(15) BRIANNA D BOWLING	1.0									
DIRECTOR	2.5	~						0	0	0
(16) CRYSTAL HUNT	1.0									
DIRECTOR	1.0	~						0	0	0
(17) DIANE HICKS	1.0									
DIRECTOR	2.0	~						0	0	0
(18) DIANNA ABNEY, MD	1.0									
DIRECTOR (ENDED 7/2022)	4.0	~						0	0	0
(19) IVELISSE MICHEL, MD	20.0									
DIRECTOR	1.0	~						0	0	0
(20) JOHN HUNGERFORD	1.0									
DIRECTOR	1.0	~						0	0	0
(21) MARY LILLY	1.0									
DIRECTOR	1.0	~						0	0	0
(22) RICHARD FERRARO, MD	1.0									
DIRECTOR	1.0	~						0	0	0
(23)		-								
(24)		-								
(25)		-								
1b Subtotal								2,925,890	5,557,905	258,625
c Total from continuation sheets to Part	VII, Sectio	n A						0	0	0
d Total (add lines 1b and 1c)								2,925,890	5,557,905	258,625
2 Total number of individuals (including bu										

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

- **3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

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
AYA HEALTHCARE INC, PO BOX 123519, DALLAS, TX 75312-3519	AGENCY STAFFING	9,544,547
CROSS COUNTRY STAFFING INC, PO BOX 404674, ATLANTA, GA 30384-4674	AGENCY STAFFING	8,842,669
AVANT HEALTHCARE PROFESSIONALS, PO BOX 744554, ATLANTA, GA 30374-4554	AGENCY STAFFING	2,910,392
MDICS AT CIVISTA LLC, 7250 PARKWAY DR, STE 500, HANOVER, MD 21076	PHYSICIAN SERVICES	2,803,259
CROTHALL HEALTHCARE INC, 13028 COLLECTION CENTER DR, STE 210, CHICAGO, IL 60693	ENVIRONMENTAL SERVICES	2,744,178
2 Total number of independent contractors (including but not limited to	o those listed above) who	
received more than \$100,000 of compensation from the organization	45	

Yes

1

3

4

5

No

V

~

<u>. </u>

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to a	ny line in this Pa	art VIII	
	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenu

		Check if Schedule O contains a respo	nse or note to ar	y line in this Pa	rt VIII....		<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is,	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	0				
D D D	С	Fundraising events					
Ar Ar	d	Related organizations 1d					
lar İlar	e	Government grants (contributions) 1e					
in s,	f	All other contributions, gifts, grants,	000,021				
r S	•	and similar amounts not included above 1f	0				
the but	a	Noncash contributions included in	0				
<u>o</u> tr	g		¢				
no: bug		-3					
0	h	Total. Add lines 1a–1f		827,117			
Ø			Business Code				
ic	2a	NET PATIENT REVENUE	621110	163,343,907	163,343,907	0	0
hen	b			0	0	0	0
jram Ser Revenue	С			0	0	0	0
ev an	d			0	0	0	0
Program Service Revenue	е			0	0	0	0
Ā	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a–2f		163,343,907			
	3	Investment income (including dividence	ls, interest, and				
		other similar amounts)		920,913	0	0	920,913
	4	Income from investment of tax-exempt b	ond proceeds	0	0	0	0
	5	Royalties <u></u>		0	0	0	0
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 791,19	5 0				
	b	Less: rental expenses 6b 213,94					
	c	Rental income or (loss) 6c 577,254					
	d			577,254	0	0	577,254
	7a	Gross amount from (i) Securities	(ii) Other	011,201		Ű	
	1a	sales of assets					
		other than inventory 7a	9 0				
	b	Less: cost or other basis					
าท	D	and sales expenses . 7b 34,870,233	3 0				
Revenue	-						
Re			0	(370,794)	0	0	(370,794)
er				(370,794)	0	0	(370,794)
Other	8a	Gross income from fundraising					
Ŭ		events (not including \$0					
		of contributions reported on line					
	_	1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising ev	ents	0		0	0
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activit	ies	0	0	0	0
	10a	57					
		returns and allowances 10a					
	b	Less: cost of goods sold 10k	0				
	С	Net income or (loss) from sales of invent	tory	0	0	0	0
S			Business Code				
e sor	11a	PHYSICIAN ANSWERING SERVICE	561000	115,480	0	115,480	0
scellaneo Revenue	b	JOINT VENTURE	621990	484,944	484,944	0	0
ell: >ve	с	APPLICATION FEES	999999	10,000	10,000	0	0
Miscellaneous Revenue	d	All other revenue	900099	612	612	0	0
Σ	e	Total. Add lines 11a–11d	· · · · ·	611,036			
	12	Total revenue. See instructions		165,909,433	163,839,463	115,480	1,127,373
sta Meo		Center, Inc.				24 10:54:28 AM	Form 990 (2022)
044537					- 0/10/20		Form 990 (2022)



	n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All o	other organizations i	must complete colun	nn (A).
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , 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	91,200	91,200		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors,	0	0		
6	trustees, and key employees	1,708,684	765,887	942,797	0
-	persons described in section 4958(c)(3)(B) .	0	0	0	0
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,290,136	32,881,562	12,408,574	0
9	Other employee benefits	2,412,988 1,642,312	1,751,878 1,192,352	<u> 661,110</u> <u> 449,960</u>	0
10	Payroll taxes	3,223,695	2,340,468	883,227	0
11	Fees for services (nonemployees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
c		0	0	0	0
d	Lobbying	62,737	0	62,737	0
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	0 60,345	0	60,345	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	56,218,239	56,218,239	00,345	
12	Advertising and promotion	74,343	53,975	20,368	0
13	Office expenses	417,585	303,175	114,410	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	3,154,217	2,290,026	864,191	0
17	Travel	67,878	49,281	18,597	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	67,831	49,247	18,584	0
20		1,784,956	1,295,914	489,042	0
21	Payments to affiliates	0	0	0	0
22 23	Depreciation, depletion, and amortization . Insurance	6,451,617 4,408,622	4,684,005	1,767,612	0
23 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.)	4,400,022	4,312,102	96,520	0
а	MEDICAL SUPPLIES	18,868,197	18,868,197	0	0
b	BAD DEBT	8,472,834	8,472,834	0	0
c	REPAIRS & MAINTENANCE	1,353,262	982,496	370,766	0
d	EQUIPMENT RENTAL	212,737	154,451	58,286	0
е	All other expenses	2,223,590	1,614,372	609,218	0
25	Total functional expenses. Add lines 1 through 24e	158,268,005	138,371,661	19,896,344	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 if				
	following SOP 98-2 (ASC 958-720)	0	0	0	0

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Form 990 (2022)

Part X Balance Sheet Check if Schedule C contains a response or note to any line in this Part X (h) (b) (b) I Cash—non-interest-bearing 3.568,824 1 7.707,840 2 Savings and temporary cash investments 7.302,570 2 7.148,803 3 Pielges and grants receivable, net 0 0 0 4 Accounts receivable, net 15,401,901 4 17.777,431 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. 0 5 0 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1), and persons described in section 4958(r)(3)(B) 0 6 0 9 Prepaid expenses and deferred charges 1.812,904 8 1.670,088 10 Lass: accumulated depreciation 10b 47,467,617 78,342,488 10c 62,705,802 11 Investments—porgram-related. See Part IV, line 11 113,705,712 12 11,659,452 12 Investments—porgram-related. See Part IV, line 11 13,705,712 14 16		n 990 (20	,			Page 11
Beginning of year (A) (B) 1 Cash—non-interest-bearing 3.568,824 1 7,707,840 2 Savings and temporary cash investments 7,802,70 2 7,148,803 3 Piedges and grants receivable, net 7,802,70 2 7,148,903 4 Accounts receivable, net 115,401,801 4 17,777,840 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 0 5 0 6 Loans and other receivables from other disgualified persons (as defined under section 4958(r)(3)(8) 0 6 0 9 Prepaid expenses and deferred charges 1.080,173,419 140,1562,862 1106 47,467,617 78,342,488 10c 42,2708,802 11 Investmenta – other socurities. See Part IV, line 11 11,370,5172 11,162,030,001 11 16,020,300 11 16,020,300 11 16,020,300 11 16,020,300 11 16,020,300 11 16,020,300 11 16,020,300	Р	art X				_
1 Cash—non-interest-bearing 3.888.824 1 7.707.649 2 Savings and temporary cash investments 0 3 0 4 Accounts receivable, net 0 3 0 4 Accounts receivable, net 115.401.901 4 17.777.649 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. 0 5 0 6 Loans and other receivables from other dispualified persons (as defined under section 4958(c)(3)(B) 0 6 0 7 Notes and loans receivable, net 10 13.0173.419 0 7 140.055 9 Prepaid expenses and deferred charges 10.30.577 9 140.156 16.203.000 11 10.62.0300 11 10.62.0300 11 10.62.0300 11 10.62.0300 11 10.62.0300 11 10.62.0300 11 10.62.0300 11 10.62.0300 11 10.62.0300 11 10.62.03000 11.62.03000 11.62.0300			Check if Schedule O contains a response or note to any line in this Par	(A)		(B)
george 2 Savings and temporary cash investments 7,982,570 2 7,148,993 Accounts receivable, net 0 3 0 0 3 0 4 Accounts receivables from any current or former officer, director, trustes, key employee, creator or founder, substantial contribution, or 35% controlled entity or family member of any of these persons 0 5 0 6 Loans and other receivables from other disqualified persons (as defined under section 4956(l)(1)), and persons described in section 4958(c)(3)(B) 0 6 0<		1	Cash-non-interest-bearing		1	-
3 Pledges and grants receivable, net 0 3 0 4 Accounts receivable, net 15.401,901 4 17.774,431 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. 0 5 0 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B) 0 6 0 9 Prepaid expenses and deferred charges 10a 130,173,419 0 14.076,087 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11.30,173,419 10a 130,173,419 11 Investments—publicit traded securities 11.32,178,419 11.32,012 11.809,452 12 Investments—program-related. See Part IV, line 11 11.370,172 11.30,173,419 11.32,012 11.809,452 13 Investments—program-related. See Part IV, line 11 11.312,012 11.809,452 11.809,452 14 Total assets. Add lines 1 through 15 (must equal line 33) 164,685,474 16 169,021,667 15 Total assets. See Part IV						
4 Accounts receivable, net 15,401,801 4 17,774,431 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 0 5 0 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) 0 6 0 7 Notes and loans receivable, net 10 17 0 7 0 9 Prepaid expenses and deferred charges 10a 130,173,419 0 6 0 10 Loss: accoundated depreciation 10a 130,173,419 0 8 16,2203,000 11 16,2203,000 11 16,203,000 11 16,203,000 12 11,059,452 11 16,203,000 14 0 0 16 16,203,000 14 0 16 16,203,000 14 0 16 16,203,000 17 17,317,685 16,223,707,802 14,100,103,10,10,10,10,10,10,10,10,10,10,10,10,10,						
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 0 5 0 6 Loans and other receivables from other disqualified persons (as defined under section 4958(0)(1)). 0 7 0 9 Prepaid expenses and deferred charges 1.812.934 8 1.676.058 9 Prepaid expenses and deferred charges 1.030.173.419 10b 47.467.617 73.342.488 10c 82.705.802 11 Investments – publicly traded securities 10a 13.0.173.419 10b 47.467.617 73.342.488 10c 82.705.802 12 Investments – publicly traded securities 2.848.000 11 16.203.000 13 Investments – program-related. See Part IV, line 11 11.370.621 12 11.859.482 14 Intangible assets. See Part IV, line 11 0 13 0 14 0 14 Total assets. Add lines 1 through 15 (must equal line 3) 164.485.474 16 169.021.067 15 Other assets. Add lines 1 through 15 (must equal line 3) 0 14 10 17.317.865		-		15.401.901	-	17.774.431
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6 Loans and other receivables from other disqualified persons (as defined under section 4958(b)(1)), and persons described in section 4958(b)(3)(8) 0 6 0 7 Notes and loans receivable, net				0	5	0
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17 Accounts payable and accrued expenses 14,116,304 17 17,317,685 18 Grants payable 0 18 0 19 Deferred revenue 0 19 175,136 20 Tax-exempt bond liabilities 0 19 175,136 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 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 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities. Add lines 17 through 25 77,443,416 26 69,559,569 0 Organizations that follow FASB ASC 958, check here raid complete lines 27, 28, 32, and 33. 87,242,058 27 99,461,498 28 Net assets with donor restrictions 0 28 0 0 0 29 Capital stock or trust principal, or current funds 0 29		15	Other assets. See Part IV, line 11		15	24,005,616
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20 Tax-exempt bond liabilities 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 22 Loans and other payables to 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 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities not included on lines 17–24). Complete Part X of Schedule D 63,327,112 25 52,066,748 26 Total liabilities. Add lines 17 through 25 77,443,416 26 69,559,569 0 Organizations that follow FASB ASC 958, check here raid complete lines 27, 28, 32, and 33. 87,242,058 27 99,461,498 28 Net assets with donor restrictions 0 28 0 0 29 0 0 29 0 29 Capital stock or trust principal, or current funds 0 30 0 29 Capital surplus, or land, building, or equipment fund		18	Grants payable	0	18	v
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 22 0 0 23 0 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 0 24 0 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 0 24 0 26 Total liabilities. Add lines 17 through 25 77,443,416 26 69,559,569 0 Organizations that follow FASB ASC 958, check here [r] and complete lines 27, 28, 32, and 33. 87,242,058 27 99,461,498 28 Net assets with donor restrictions 0 28 0 0 Paid-in or capital surplus, or land, building, or equipment fund 0 30 0 29 Oal in or capital surplus, or land, building, or equipment fund 0 30 0 31 Other liabilities or fund balances 0 31 0		19	Deferred revenue		19	175,136
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24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 0 24 0 26 Total liabilities. Add lines 17 through 25 63,327,112 25 52,066,748 26 Total liabilities. Add lines 17 through 25 77,443,416 26 69,559,569 30 Organizations that follow FASB ASC 958, check here reand complete lines 27, 28, 32, and 33. 87,242,058 27 99,461,498 27 Net assets with donor restrictions 0 28 0 0 0 28 0 0 28 0 0 0 28 0 0 29 0 0 29 0 0 30 0 0 10 9aid-in or capital surplus, or land, building, or equipment fund 0 30 0 0 29 Total net assets or fund balances 87,242,058 32 99,461,498	lities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
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27Net assets without donor restrictions87,242,0582799,461,49828Net assets with donor restrictions0280Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.029029Capital stock or trust principal, or current funds029030Paid-in or capital surplus, or land, building, or equipment fund030031Retained earnings, endowment, accumulated income, or other funds87,242,0583299,461,49833Total net assets or fund balances87,242,0583299,461,49834Total liabilities and net assets/fund balances164,685,47433169,021,067	nces					
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Organizations that do not follow FASB ASC 958, check hereImage: Complete lines 29 through 33.29Capital stock or trust principal, or current funds030Paid-in or capital surplus, or land, building, or equipment fund031Retained earnings, endowment, accumulated income, or other funds032Total net assets or fund balances87,242,05833Total liabilities and net assets/fund balances164,685,474	Ő	28		0	28	0
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Ž 33 Total liabilities and net assets/fund balances	зtА			87,242,058	32	99,461,498
	Ň			164,685,474	33	169,021,067

Form **990** (2022)

Form 99	00 (2022)				Pa	ige 12
Part					-	
	Check if Schedule O contains a response or note to any line in this Part XI					~
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	65,90	9,433
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	58,26	8,005
3	Revenue less expenses. Subtract line 2 from line 1	3			7,64	1,428
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			87,24	2,058
5	Net unrealized gains (losses) on investments	5			2,55	1,220
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			2,02	6,792
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			99,46	1,498
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	(nlain				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	cpiain	on			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		-	2a	_	~
	If "Yes," check a box below to indicate whether the financial statements for the year were cor reviewed on a separate basis, consolidated basis, or both:	npileo	or			
	•					
	Separate basis Consolidated basis Both consolidated and separate basis			01-	~	
b	Were the organization's financial statements audited by an independent accountant?	 tad a		2b	V	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	lea o	na			
	•					
	☐ Separate basis	waiah	t of			
С	the audit, review, or compilation of its financial statements and selection of an independent accounta			0.	~	
	If the organization changed either its oversight process or selection process during the tax year, et			2c	V	
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	~	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		3b	~	

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047 $\mathfrak{D} \cap \mathfrak{D} \mathfrak{D}$

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public
Inspection

Name of the organization

Employer identification number

CIVISTA MEDICAL CENTER, INC.

52-0445374

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
 - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
 - Enter the number of supported organizations f

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Civista Medical Center, Inc.**

Cat. No. 11285F Schedule A (Form 990) 2022 13 5/15/2024 10:54:28 AM

52-0445374

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.)

Secti	on A. Public Support						
Calen	dar 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						
	on B. Total Support	1	1	I	1	1	1
	dar 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		-			12	
13 Secti	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re			-		
14	Public support percentage for 2022 (line (11 column (fl)		14	%
15	Public support percentage from 2021 Scl					15	<u> </u>
16a	33 ¹ / ₃ % support test – 2022. If the organi box and stop here. The organization qua	ization did not	check the box	x on line 13, a		-	
b	33 ¹ /3% support test—2021. If the organi this box and stop here . The organization					is 33 ¹ /3% or m	nore, check
17a	10%-facts-and-circumstances test — 2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts	-and-circumst	ances test, ch	eck this box a	and stop here.	. Explain in
b	10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	acts-and-circu	mstances test	, check this bo	ox and stop he	re . Explain
18	Private foundation. If the organization instructions		a box on line	e 13, 16a, 16b	o, 17a, or 17b	, check this bo	ox and see
						Schedule	A (Form 990) 2022

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.)

Secti	on A. Public Support						
Calen	dar 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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support			ł	1		
Calen	dar 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						
с	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 yea	ar as a sec	ction 501(c)(3)
	organization, check this box and stop he	re					🗌
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2022 (line 8	3, column (f), c	livided by line ⁻	13, column (f))		15	%
16	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment In		-				
17	Investment income percentage for 2022 (-		17	%
18	Investment income percentage from 2021					18	%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 33 ¹ / ₃ %, check this box	-	-	-		-	
b	33 ¹ / ₃ % support tests-2021. If the organiz						
	line 18 is not more than 331/3%, check this I	-	-	-			
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box a	and see ins	structions .
						.	/

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

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

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). Yes No
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **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? 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.
- 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? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

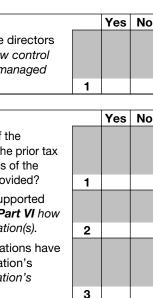
Schedule A (Form 990) 2022

2a

2b

3a

3b



Yes No

1

2

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

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.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	\square Check here if the current year is the organization's first as a non-function	-		

7 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	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continuos	4)	Page I
				<i>יי</i> 	
Sect	on D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	h th		7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(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				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	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:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Dort VI	Over the second of the second of the second of the second of the Device the Second Sec
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.)

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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

Employer identification number 52-0445374

CIVISTA MEDICAL CENTER, INC. 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 33¹/₃% 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).

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

Cat. No. 30613X



Department of the Treasury Internal Revenue Service Name of the organization

Name of organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number 52-0445374

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					
		\$655,021	PersonImage: Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	PersonPayrollDoncashNoncash(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	PersonPayrollDoncashNoncash(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	PersonPayrollNoncashImage: Noncash(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$\$	PersonPayrollDoncashNoncash(Complete Part II for noncash contributions.)					

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)	Page 3
Name of organization	Employer identification number
CIVISTA MEDICAL CENTER, INC.	52-0445374

Part II

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	

Schedule B (Form 990) (2022)			Page 4			
Name of or	-			Employer identification number			
Part III	IEDICAL CENTER, INC. Exclusively religious, charitable, et (10) that total more than \$1,000 for						
		tions completing Part III, ne year. (Enter this inform	enter the total of	exclusively religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer o nd ZIP + 4	-	ip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
_	(e) Transfer of gift						
	Transferee's name, address, a			ip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
	Transferee's name, address, a	f gift Relationship of transferor to transferee					

Schedule B (Form 990) (2022) 5/15/2024 10:54:28 AM

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.



Inspection

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

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

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

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

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

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

Name o	of organization			Er	nployer iden	ntification number	
CIVIST	TA MEDICAL CENTER, INC.					52-0445374	
Part	-A Complete if the	e organization is exempt und	ler section 501(c	c) or is a sec	tion 527 c	organization.	
1 2	definition of "political can	the organization's direct and in npaign activities." y expenditures. See instructions	·				
3		cal campaign activities. See instructions			••••		
Part		e organization is exempt und			· · ·		
1 2 3 4a b	Enter the amount of any enter	excise tax incurred by the organiz excise tax incurred by organizatio and a section 4955 tax, did it file Fo	ation under sectior n managers under orm 4720 for this ye	4955 section 4955 ear?	\$	Yes] No] No
Part		e organization is exempt und	ler section 501(c) excent se	ction 501	(c)(3)	
1	Enter the amount directl activities	y expended by the filing organi	zation for section	527 exempt	function		
2		filing organization's funds contrivities					
3 4	line 17b	expenditures. Add lines 1 and 2 			\$	Yes .	No
5	Enter the names, address organization made payme the amount of political co	ses and employer identification nue ents. For each organization listed, ontributions received that were pro- fund or a political action committed	imber (EIN) of all se enter the amount p omptly and directly	ection 527 pol paid from the delivered to a	itical organi: filing organi . separate p	zations to which the zation's funds. Also olitical organization,	e filing enter , such
	(a) Name	(b) Address	(c) EIN	(d) Amount filing orgar funds. If none	ization's	(e) Amount of politic contributions received promptly and direct delivered to a separa political organization If none, enter -0	and Iy ate n.
(1)							
(2)							
(3)			-				
(4)							
(5)							
			1	1			

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

Cat. No. 50084S

Schedule C (Form 990) 2022

(6)

Sch	nedu	ıle C (Form 990) 2022			Page 2
Ра	art	II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
Α	Cł	neck I if the filing organization belongs to EIN, expenses, and share of exces	an affiliated group (and list in Part IV each affiliate ss lobbying expenditures).	ed group member's	name, address,
В	Cł	neck 🔲 if the filing organization checked b	ox A and "limited control" provisions apply.		
		Limits on Lobby	ring Expenditures	(a) Filing	(b) Affiliated
		(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
•	1a	Total lobbying expenditures to influence p	oublic opinion (grassroots lobbying)		
	b	Total lobbying expenditures to influence a	a legislative body (direct lobbying)		
	С	Total lobbying expenditures (add lines 1a	and 1b)		
	d	Other exempt purpose expenditures			
	е	Total exempt purpose expenditures (add	lines 1c and 1d)		
	f	Lobbying nontaxable amount. Enter the	ne amount from the following table in both		
		columns.			
	[If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	[Not over \$500,000	20% of the amount on line 1e.		
	[Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Ī	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Ī	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	[Over \$17,000,000	\$1,000,000.		
	g	Grassroots nontaxable amount (enter 259	% of line 1f)		
	h	Subtract line 1g from line 1a. If zero or les	ss, enter -0		
	i	Subtract line 1f from line 1c. If zero or les	s, enter -0		
	j	If there is an amount other than zero of	on either line 1h or line 1i, did the organization	file Form 4720	
		reporting section 4911 tax for this year?		<u></u> . [Yes 🗌 No
		/-Ve	ar Averaging Period Under Section 501(b)		

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

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
с	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990) 2022

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	iled	Form	5768		
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
desci	iption of the lobbying activity.	Yes	No	Α	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
•	referendum, through the use of: Volunteers?					
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		~ ~			
c	Media advertisements?		~			
d	Mailings to members, legislators, or the public?		~			
е	Publications, or published or broadcast statements?		~			
f	Grants to other organizations for lobbying purposes?		~			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	~			5	7,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		~			
i		~				5,737
J 2a	Total. Add lines 1c through 1i . <		~		6	2,737
za b	If "Yes," enter the amount of any tax incurred under section 4912		•			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	or se	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2 3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Part			-	-		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."				ine 3	8, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
c	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
	and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par			-			
2 (See	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou instructions); and Part II-B, line 1. Also, complete this part for any additional information. IEXT PAGE	up list	t); Par	t II-A, I	ines 1	and
			Sched	ule C (Fo	orm 99	0) 202

Schedule C (Form 990) 2022

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	DIRECT LOBBYING EFFORTS RELATE TO FEDERAL, STATE AND LOCAL LEGISLATION AFFECTING HEALTH CARE ISSUES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 2.36% AND 27.29% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART II-B AS LOBBYING ACTIVITIES.

SCHEDULE	D
(Form 990)	

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. 2022 Open to Public

OMB No. 1545-0047

lr	nspection
	mu uma la a u

Name of the organization

Employer identification number

CIVIS	TA MEDICAL CENTER, INC.			52-0445374
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Si	milar Funds or	Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part	IV, line 6.	
		(a) Donor advised fur	nds	(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	e assets held in	donor advised
	funds are the organization's property, subject to the	e organization's exclusive le	egal control? .	· · · · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, ar			
	only for charitable purposes and not for the benefi			
	conferring impermissible private benefit?			· · · · · 🗌 Yes 🗌 No
Par	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 o	organization (check all that	apply).	
	Preservation of land for public use (for example, recre	•		storically important land area
	Protection of natural habitat	,		ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation	contribution in th	ne form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements	8		2b
с	Number of conservation easements on a certified h			2c
d	Number of conservation easements included in (c) a	acquired after July 25, 200	6, and not on a	
	historic structure listed in the National Register .			2d
3	Number of conservation easements modified, trans	ferred, released, extinguis	hed, or terminate	ed by the organization during the
	tax year			
4	Number of states where property subject to conserv	vation easement is located		
5	Does the organization have a written policy reg			
	violations, and enforcement of the conservation eas	sements it holds?		· · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, a	nd enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	g, handling of violations, and	d enforcing conse	ervation easements during the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requi	rements of sectio	on 170(h)(4)(B)(i)
•				
9	In Part XIII, describe how the organization repo			
	balance sheet, and include, if applicable, the text of			
	organization's accounting for conservation easement	nts.		
Par	III Organizations Maintaining Collections	of Art, Historical Trea	sures, or Othe	er Similar Assets.
	Complete if the organization answered "			
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report i	n its revenue sta	tement and balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibition	education, or r	esearch in furtherance of public
	service, provide in Part XIII the text of the footnote t	o its financial statements t	hat describes the	ese items.
b	If the organization elected, as permitted under FAS	B ASC 958, to report in it	s revenue staten	nent and balance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, educ	ation, or researcl	h in furtherance of public service,
	provide the following amounts relating to these item			
	(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,			
	following amounts required to be reported under FA			
а	Revenue included on Form 990, Part VIII, line 1 .			\$
b	Assets included in Form 990, Part X	<u></u>		\$

Schedu	le D (Form 990) 2022									Page 2
Part	III Organizations Maintaining	Colle	ections of	Art, His	torical 1	Freasures,	, or Ot	her Similar A	ssets (conti	nued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and of	ther reco	rds, chec	k any of the	e follov	ving that make	significant us	e of its
а	Public exhibition			d	🗌 Loan	or exchange	e proqi	ram		
b	Scholarly research				Other	-				
с	Preservation for future generations	6								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Part	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										
b	If "Yes," explain the arrangement in P	art XIII	and compl	ete the fo	llowing ta	able:				
			•		U			l A	Amount	
с	Beginning balance						10	;		
d	Additions during the year						10	1		
е	Distributions during the year						16	•		
f	Ending balance						11	:		
2a	Did the organization include an amou						ustodia	l account liabilit	y? 🗌 Yes	No No
b	If "Yes," explain the arrangement in P	art XIII	. Check her	re if the e	xplanatio	n has been	provid	ed on Part XIII .		
Par	V Endowment Funds.									
	Complete if the organization	answ	vered "Yes	" on For	m 990, F	Part IV, line	e 10.			
		(a) C	Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bac	ck (e) Four yea	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	the cur	rent year er	nd balanc	e (line 1g	, column (a)) held	as:	!	
а	Board designated or quasi-endowment	nt	-	%						
b	Permanent endowment	%								
с	Term endowment %									
	The percentages on lines 2a, 2b, and	2c sho	ould equal 1	00%.						
3a	Are there endowment funds not in the	e poss	ession of th	he organi	zation the	at are held	and ad	ministered for t	he	
	organization by:								Ye	s No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	rganiza	ations listed	d as requi	red on So	chedule R?			3b	
4	Describe in Part XIII the intended uses			on's endo	owment f	unds.				
Part					<i></i>					
	Complete if the organization	n answ	vered "Yes	" on For	m 990, I	Part IV, line	e 11a.	See Form 990	, Part X, line	9 10.
	Description of property		(a) Cost or o (investm			or other basis other)	• • •	Accumulated epreciation	(d) Book va	llue
1a	Land	. [0		0				0
b	Buildings	. [0		78,097,786		20,721,856	57,3	375,930
С	Leasehold improvements	. [0		0		0		0
d	Equipment	. [0		40,714,395		24,919,968	15,	794,427
e	Other			0		11,361,238		1,825,793	9,	535,445
Total.	Add lines 1a through 1e. (Column (d) n	nust ed	qual Form 9	90, Part 2	X, columr	n (B), line 10	ic.) .		82,	705,802

S	chedule D (Form 990) 2022

Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives . . . (2) Closely held equity interests (3) Other END OF YEAR MARKET VALUE (A) ALTERNATIVE INVESTMENTS 11.659.452 (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 11.659.452 Investments-Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) CONSTRUCTION FUNDS 7,191,000 (2) ECONOMIC INTEREST ASSETS LTD TO USE 5.534.413 (3) INVESTMENT IN CHESAPEAKE POTOMAC HLTHCR ALLIANCE 4,915,462 (4) FINANCING LEASE 3.360.634 OTHER ACCOUNTS RECEIVABLE 2,564,821 (5) DUE TO/FROM AFFILIATES (6) 439,286 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 24,005,616 Other Liabilities. Part X 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 0 DUE TO AFFILIATES 41,932,917 (2) **CREDIT BALANCE** 1,462,527 (3) OTHER LIABILITIES 58,426 (4) FINANCING LEASE 3,683,411 (5) ADVANCES FROM THIRD PARTIES 4,929,467 (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 52,066,748

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.

Schedule D (Form 990) 2022

Schedu	le D (Form 990) 2022				Page 4
Pari	XI Reconciliation of Revenue per Audited Financial Staten Complete if the organization answered "Yes" on Form 990,			Return.	i.
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Returi	n.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments			-	
c	Other losses				
d	Other (Describe in Part XIII.)			-	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i .			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			-	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, li</i>			5	
_	XIII Supplemental Information.	110 10.)		J	
2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par STATEMENT				

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE ORGANIZATION IS A SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE CORPORATION). THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN THE INCOME TAXES (FIN 48) ON JULY 1, 2007. THE FOOTNOTE RELATED TO ASC 740 IN THE CORPORATION'S AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS: THE CORPORATION FOLLOWS A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX LIABILITIES OR BENEFITS THAT SHOULD BE RECOGNIZED.

SCHEDULE	F
(Form 990)	

Department of the Treasury

Internal Revenue Service

Hospitals

OMB No. 1545-0047

Open to Public

Inspection

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.

Name of the organization Employer identification number CIVISTA MEDICAL CENTER, INC. 52 0445374 Part I **Financial Assistance and Certain Other Community Benefits at Cost** Yes No Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . 1a ~ 1a v h If "Yes," was it a written policy? 1b If the organization had multiple hospital facilities, indicate which of the following best describes application of 2 the financial assistance policy to its various hospital facilities during the tax year: Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities Generally tailored to individual hospital facilities Answer the following based on the financial assistance eligibility criteria that applied to the largest number of 3 the organization's patients during the tax year. Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing ~ free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: 3a □ 100% 200% ☐ Other % 150% Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," b indicate which of the following was the family income limit for eligibility for discounted care: 3b ~ % 200% 250% ✓ 300% 350% 400% Other 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 4 ~ Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5a 5a If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? V b 5b С If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 5c Did the organization prepare a community benefit report during the tax year? V 6a 6a . . If "Yes," did the organization make it available to the public? 6b v h 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 (b) Persons (c) Total community (d) Direct offsetting (e) Net community (f) Percent **Financial Assistance and** benefit expense activities or served benefit expense revenue of total Means-Tested Government Programs programs (optional) (optional) expense а Financial Assistance at cost (from 0 1.34 Worksheet 1) 2.012.119 2.012.119 b Medicaid (from Worksheet 3, column a) 0 0.00 С Costs of other means-tested government programs (from Worksheet 3, column b) 0.00 0 Total. Financial Assistance and Means-Tested Government Programs 0 0 0 2,012,119 2,012,119 1.34 **Other Benefits** Community health improvement е services and community benefit operations (from Worksheet 4) . 1,370,196 483,851 886,345 0.59 Health professions education f (from Worksheet 5) 300,649 0 300,649 0.20 Subsidized health services (from α Worksheet 6) 10,952,803 3,686,898 7,265,905 4.85 h Research (from Worksheet 7) 0 0.00 Cash and in-kind contributions for community benefit (from 41,770 0 41,770 0.03 Worksheet 8) . . . 0 0 12,665,418 4,170,749 8,494,669 5.67 Total. Other Benefits . i 0 0 14,677,537 4,170,749 10,506,788 7.01 **k** Total. Add lines 7d and 7j

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

Cat. No. 50192T

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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		Percen al expe	
1	Physical improvements and housing					C)		0.00
2	Economic development			356		356	5		0.00
3	Community support			13,828		0 13,828			0.01
4	Environmental improvements					C)		0.00
5	Leadership development and training for community members]		420		420)		0.00
6	Coalition building			25,411		25,411			0.02
7	Community health improvement advocac	у				C)		0.00
8	Workforce development					C)		0.00
9	Other					C)		0.00
10	Total	0	0	40,015		40,015	5		0.03
Par		& Collection	n Practice	es				1	
Secti	on A. Bad Debt Expense							Yes	No
1	Did the organization report bad debt ex	pense in accorda	ance with He	althcare Financial Mar	nagement Associatio	n Statement No. 15?	1	~	
2	Enter the amount of the orga			• •		1			
	methodology used by the organiz	zation to estin	hate this ar	nount		2 6,825,715	5		
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 expense or the page number on	footnote to t	he organiza	ation's financial st		escribes bad debt			
Secti	on B. Medicare								
5	Enter total revenue received from	n Medicare (in	cluding DS	H and IME)		55,836,038	3		
6	Enter Medicare allowable costs of					6 50,007,782	2		
7	Subtract line 6 from line 5. This is					7 5,828,256	5		
8	Describe in Part VI the extent t	o which any	shortfall re	ported on line 7	should be treate	ed as community			
	benefit. Also describe in Part VI on line 6. Check the box that des	-	•	•	to determine the	amount reported			
	Cost accounting system	Cost to ch	arge ratio	Other					
Secti	on C. Collection Practices								
9a	Did the organization have a writte	en debt collec	tion policy	during the tax yea	ar?		9a	~	
b	If "Yes," did the organization's collection	policy that appli	ied to the larg	est number of its pati	ents during the tax ye	ear contain provisions			
	on the collection practices to be follo	wed for patients	s who are kn	own to qualify for fin	ancial assistance?	Describe in Part VI	9b	~	
Par	t IV Management Compan	ies and Join	t Ventures	6 (owned 10% or more by	officers, directors, trustee	s, key employees, and phys	icians-	see instru	uctions)
	(a) Name of entity		escription of p activity of entit		(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	profit	Physicia % or st nership	tock
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Schedule H (Form 990) 2022

13

Part V Facility Information										
Section A. Hospital Facilities	Ę.	G	ç	Те	ç	Re	Ē	Ŧ		
(list in order of size, from largest to smallest-see instructions)	cens	enera	nildr	ach	itica	esea	7-24	ER-other		
How many hospital facilities did the organization operate during	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	her		
the tax year?1	dsot	dica	hos	dsor	cess	facili	Irs			
Name, address, primary website address, and state license number	ital	& st	pital	ital	hos	ţ.				Facility
(and if a group return, the name and EIN of the subordinate hospital		Irgica			pita					reporting
organization that operates the hospital facility):		<u>a</u>			_				Other (describe)	group
1 CIVISTA MEDICAL CENTER INC. 5 GARRETT AVE, LA PLATA, MD 20646	-									•
WWW.UMMS.ORG/CHARLES STATE LICENSE NO. : 08-001	~						~			
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	on B. Facility Policies and Practices			
(comp	lete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)			
Name	e of hospital facility or letter of facility reporting group: <u>1</u>			
	number of hospital facility, or line numbers of hospital			
facilit	ties in a facility reporting group (from Part V, Section A):1		Yes	Na
Comr	nunity Health Needs Assessment		res	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the			
	current tax year or the immediately preceding tax year?	1		~
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		~
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	~	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	A definition of the community served by the hospital facility			
b	 Demographics of the community Existing health care facilities and resources within the community that are available to respond to the 			
C	health needs of the community			
d e	 How data was obtained The significant health needs of the community 			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,			
	and minority groups			
g	✓ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	The process for consulting with persons representing the community's interests			
i	 The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) 			
j	Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 20			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	~	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		~
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		
7	Did the hospital facility make its CHNA report widely available to the public?	7	~	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):	_		
а	Hospital facility's website (list url): (SEE STATEMENT)			
b	Other website (list url):			
C d	 Made a paper copy available for public inspection without charge at the hospital facility Other (describe in Section C) 			
d 8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs			
	identified through its most recently conducted CHNA? If "No," skip to line 11	8	~	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 20	10		
10 а	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes," (list url): (SEE STATEMENT)	10	~	
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why			
	such needs are not being addressed.			
12a	5	10		
b	CHNA as required by section 501(r)(3)?	12a 12b		~
с С	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form	120		
v	4720 for all of its hospital facilities? \$			

Schedule H (Form 990) 2022

Facility Information (continued)

Part V

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: 1

				Yes	No
	Did 1	he hospital facility have in place during the tax year a written financial assistance policy that:			
13	Expla	ained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	~	
	lf "Y	es," indicate the eligibility criteria explained in the FAP:			
а	~	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of $2 0 \%$ and FPG family income limit for eligibility for discounted care of $3 0 \%$			
b	~	Income level other than FPG (describe in Section C)			
С	~	Asset level			
d	~	Medical indigency			
е	~	Insurance status			
f	~	Underinsurance status			
g		Residency			
h		Other (describe in Section C)	4.4		
14		ained the basis for calculating amounts charged to patients?	14 15	く く	
15	-	ained the method for applying for financial assistance?	15	V	
		ained the method for applying for financial assistance (check all that apply):			
а	~	Described the information the hospital facility may require an individual to provide as part of his or her application			
b	•	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
С	~	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d		Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
е		Other (describe in Section C)			
16	Was	widely publicized within the community served by the hospital facility?	16	~	
		es," indicate how the hospital facility publicized the policy (check all that apply):			
а	~	The FAP was widely available on a website (list url): (SEE STATEMENT)			
b	~	The FAP application form was widely available on a website (list url): (SEE STATEMENT)			
C	~	A plain language summary of the FAP was widely available on a website (list url): (SEE STATEMENT)			
d	~	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	~	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	•	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	~	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	~	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	4	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j		Other (describe in Section C)			

Part V	Facility Information	(continued)
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Billing and Collections

Name	of hospital facility or letter of facility reporting group: 1			
			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	~	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a b c	 Reporting to credit agency(ies) Selling an individual's debt to another party Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment 			
_	of a previous bill for care covered under the hospital facility's FAP			
d e	 Actions that require a legal or judicial process Other similar actions (describe in Section C) 			
f	None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	19		~
а	 Reporting to credit agency(ies) 			
b	Selling an individual's debt to another party			
C	 Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP 			
d	Actions that require a legal or judicial process			
е	Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions line the checked) in line 19 (check all that apply):	sted (wheth	her or
а	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language FAP at least 30 days before initiating those ECAs (if not, describe in Section C)	sumr	nary o	of the
b	Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, descr	ibe in	Section	on C)
с	Processed incomplete and complete FAP applications (if not, describe in Section C)			-
d	Made presumptive eligibility determinations (if not, describe in Section C)			
е	Other (describe in Section C)			
f	None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	~	
	If "No," indicate why:			
а	The hospital facility did not provide care for any emergency medical conditions			
b	The hospital facility's policy was not in writing			
С	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
Ь	C Other (describe in Section C)			

Schedu	le H (Fo	orm 990) 2022		F	Page 7
Part	V	Facility Information (continued)			
Charg	jes to	o Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Name	of h	ospital facility or letter of facility reporting group: 1			
				Yes	No
22		cate how the hospital facility determined, during the tax year, the maximum amounts that can be charged AP-eligible individuals for emergency or other medically necessary care:			
а		The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b		The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
С		The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	~	The hospital facility used a prospective Medicare or Medicaid method			
23	prov indiv	ing the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility vided emergency or other medically necessary services more than the amounts generally billed to viduals who had insurance covering such care?	23		~
24	char	ing the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross rge for any service provided to that individual?	24		~

Supplemental Information. 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.

Return Reference - Identifier	Explanation
	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT	FACILITY NAME: CIVISTA MEDICAL CENTER INC.
FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	DESCRIPTION: FROM JULY 2020 TO FEBRUARY 2021, THE UNIVERSITY OF MARYLAND CHARLES REGIONAL MEDICAL CENTER UNDERTOOK A COMPREHENSIVE ASSESSMENT OF THE HEALTH NEEDS OF CHARLES COUNTY, MARYLAND. TO PROVIDE A COMPREHENSIVE ASSESSMENT OF THE HEALTH NEEDS OF CHARLES COUNTY, A PLAN WAS DEVELOPED WHICH INCLUDED FIVE DIFFERENT SOURCES OF DATA: A LONG ONLINE SURVEY OF CHARLES COUNTY RESIDENT PERCEPTIONS OF HEALTH AND HEALTH BEHAVIORS, A SHORT PAPER SURVEY ON HEALTH PERCEPTIONS THROUGHOUT THE COUNTY, A FOCUS GROUP WITH COMMUNITY STAKEHOLDERS, KEY INFORMANT INTERVIEWS OF COMMUNITY LEADERS AND STAKEHOLDERS, AND A QUANTITATIVE DATA ANALYSIS OF SECONDARY, PUBLISHED DATA. DATA COLLECTION OCCURRED BETWEEN JULY 2020 AND DECEMBER 2020.
	BECAUSE OF MEETING RESTRICTIONS IMPOSED AS A RESULT OF COVID-19, INPUT FROM COMMUNITY MEMBERS WITH SPECIAL EXPERTISE IN PUBLIC HEALTH WAS OBTAINED THROUGH QUESTIONNAIRES SUBMITTED VIA SURVEY MONKEY. 51 RESPONSES WERE RECEIVED FROM MEMBERS OF THE PARTNERSHIP FOR A HEALTHIER CHARLES COUNTY, CHARLES COUNTY DEPARTMENT OF HEALTH, CHARLES COUNTY DEPARTMENT OF SOCIAL SERVICES, CHARLES COUNTY SHERIFF'S OFFICE, AND HEALTH PARTNERS.
	THE USE OF THE MULTIPLE DATA COLLECTION METHODS STRENGTHENED THE VALIDITY OF THE ASSESSMENTS FINDINGS AND ENSURED THAT CHARLES COUNTY RESIDENTS HAD AN OPPORTUNITY TO PARTICIPATE IN THE ASSESSMENT PROCESS AND FEEL INVESTED IN ITS OUTCOME.
	DUE TO THE COVID-19 PANDEMIC AND THE LIMITATIONS ON IN-PERSON GATHERINGS, ONLY ONE SMALL FOCUS GROUP WAS CONDUCTED IN DECEMBER 2020. THIS FOCUS GROUP TARGETED INDIVIDUALS WORKING IN HEALTHCARE AND COMMUNITY ROLES ASSOCIATED WITH ACCESS TO CARE AND CHRONIC DISEASE PREVENTION AND MANAGEMENT. A TOTAL OF EIGHT PEOPLE PARTICIPATED IN THIS FOCUS GROUP.
	A TOTAL OF 561 CHARLES COUNTY RESIDENTS COMPLETED THE 27-QUESTION ONLINE SURVEY THAT WAS CREATED USING SURVEY MONKEY. THE LINK TO THE SURVEY WAS AVAILABLE ON THE UNIVERSITY OF MARYLAND CHARLES REGIONAL MEDICAL CENTER WEBSITE AND THE CHARLES COUNTY DEPARTMENT OF HEALTH WEBSITE. THE FIRST SECTION OF THE SURVEY ASKED PARTICIPANTS ABOUT THEIR PERCEPTION OF HEALTH AND HEALTH SERVICES WITHIN THE COUNTY. THE SECOND SECTION ASKED THEM ABOUT THEIR HEALTH BEHAVIORS, IN ORDER TO DETERMINE THEIR RISK FOR THE DEVELOPMENT OF CERTAIN HEALTH CONDITIONS. MOST OF THE RESPONDENTS WERE FROM CHARLES COUNTY (90.6%). THE SECOND LARGEST PERCENTAGE OF RESPONDENTS WERE FROM ST. MARY'S COUNTY (4.1%). ONLY 1.7% REPORTED LIVING OUTSIDE OF SOUTHERN MARYLAND (CHARLES, CALVERT, ST. MARY'S, OR PRINCE GEORGE'S). APPROXIMATELY 68.5% OF THE RESPONDENTS WERE BETWEEN THE AGES OF 45-74 YEARS. THE HIGHEST PERCENTAGE WAS IN THE 65-74-YEAR AGE GROUP (27.1%). THE OVERWHELMING MAJORITY OF THE RESPONDENTS WERE FEMALE (77.4%). MINORITIES MADE UP 26% OF THE TOTAL SURVEY POPULATION. AFRICAN AMERICANS COMPRISED 22.5% OF THE RESPONDENTS. APPROXIMATELY 3% OF THE SURVEY RESPONDENTS SELF-IDENTIFIED AS HISPANIC. THE SURVEY PARTICIPANTS WERE A HIGHLY EDUCATED GROUP WITH 83.7% REPORTING HAVING HAD AT LEAST SOME LEVEL OF COLLEGE EDUCATION. JUST UNDER HALF OF THE GROUP HAD COMPLETED AN UNDERGRADUATE DEGREE OR HIGHER (47.4%). MOST OF THE PARTICIPANTS WERE EMPLOYED AND WORKING FULL-TIME. INDIVIDUALS WITH A HOUSEHOLD INCOME LESS THAN \$60,000 MADE UP ONE-FIFTH OF THE 2020 SURVEY (20.2%).
	NEARLY ALL OF THE SURVEY PARTICIPANTS (98.6%) REPORTED HAVING HEALTH INSURANCE. THE MAJORITY OF THE PARTICIPANTS ALSO REPORTED HAVING DENTAL INSURANCE (78.6%) THOUGH THIS PERCENTAGE IS SMALLER THAN THOSE REPORTING HEALTH INSURANCE. MANY OF THE RESPONDENTS ALSO HAD VISION INSURANCE (64.3%). ONLY 1.1% OF THE SURVEY POPULATION REPORTED HAVING NO TYPE OF INSURANCE.
	THE ONLINE SURVEY PARTICIPANTS WERE ALSO ASKED ABOUT ACCESS TO HEALTH CARE: 88.2% HAVE HAD A ROUTINE DOCTOR'S VISIT IN THE PAST 12 MONTHS AND 96.2% RECEIVE THEIR ROUTINE HEALTH CARE IN A PRIMARY CARE PHYSICIAN OR PROVIDER'S OFFICE.
	MANY RESIDENTS (75.3%) WERE ABLE TO SEE A DOCTOR WHEN NEEDED. IF THEY WERE UNABLE TO SEE THE DOCTOR WHEN NEEDED, THE MOST COMMON REASONS WERE THAT THERE WERE NO AVAILABLE APPOINTMENTS (29.3%) OR THAT IT WAS TOO EXPENSIVE, AND THEY COULD NOT AFFORD IT (3.5%).
	MORE THAN THREE-QUARTERS OF RESPONDENTS (78%) TRAVEL OUTSIDE OF CHARLES COUNTY FOR MEDICAL CARE AT SOME POINT. ONLY 5.8% REPORTED THAT THEY ALWAYS TRAVEL OUTSIDE THE COUNTY FOR CARE. THE MOST COMMON MEDICAL SERVICES THAT PEOPLE RECEIVE OUTSIDE OF CHARLES COUNTY ARE SPECIALIST DOCTOR APPOINTMENTS (61.4%), DENTAL APPOINTMENTS (22.2%), PRIMARY CARE DOCTOR APPOINTMENTS (19.0%), AND SURGERIES (19.0%). THE MOST COMMON RESPONSES AMONG PARTICIPANTS WERE THAT THE QUALITY IS BETTER ELSEWHERE (37.1%) AND SERVICES ARE NOT AVAILABLE IN CHARLES COUNTY (23.6%).
	A SHORT FIVE-QUESTION SURVEY WAS DISTRIBUTED THROUGHOUT THE COUNTY REGARDING PERCEPTIONS OF HEALTH WITHIN THE COUNTY. A TOTAL OF 755 SHORT SURVEYS WERE COMPLETED. ONGOING SURVEY COLLECTION WAS CONDUCTED AT THE CHARLES COUNTY DEPARTMENT OF HEALTH, THE UNIVERSITY OF MARYLAND CHARLES REGIONAL MEDICAL CENTER'S DIABETES EDUCATION CENTER, WOUND HEALING CENTER, AND OUTPATIENT REHABILITATION. SHORT SURVEYS WERE ALSO COLLECTED DURING BLOOD DRIVES AT THE UNIVERSITY OF MARYLAND CHARLES REGIONAL MEDICAL CENTER (CRMC) AND THE LA PLATA AMERICAN LEGION.
	CRMC ALSO COORDINATED WITH THE CHARLES COUNTY PUBLIC SCHOOLS TO SURVEY INDIVIDUALS AT THE MEAL DISTRIBUTION SITES. PARTICULAR EMPHASIS WAS GIVEN TO THE WESTERN REGION OF THE COUNTY THAT IS MORE GEOGRAPHICALLY ISOLATED.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH	FACILITY NAME: CIVISTA MEDICAL CENTER, INC.
ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES	DESCRIPTION: UM CRMC LED THE EFFORT AND COVERED 100% OF THE COST OF THE CHNA HOWEVER THE HOSPITAL WORKED COLLABORATIVELY WITH THE CHARLES COUNTY DEPARTMENT OF HEALTH AND THE LOCAL HEALTH IMPROVEMENT COALITION (LHIC) - PARTNERSHIPS FOR A HEALTHIER CHARLES COUNTY (PHCC) TO COMPLETE THE CHNA. EXECUTIVE LEADERSHIP OF PHCC CONSISTS OF THE CEO OF UM CRMC, THE COUNTY HEALTH OFFICER, THE SUPERINTENDENT OF CHARLES COUNTY PUBLIC SCHOOLS AND THE PRESIDENT OF THE COLLEGE OF SOUTHERN MARYLAND.
	EXECUTIVE COMMITTEE OF LHIC CHARLES COUNTY DEPT. OF HEALTH, DIANNA ABNEY, MD; CHARLES COUNTY HEALTH OFFICER CHARLES COUNTY PUBLIC SCHOOLS, DR. MARIA V. NAVARRO; SUPERINTENDENT, COLLEGE OF SOUTHERN MARYLAND, DR. YOLANDA WILSON, PRESIDENT; UM CRMC, NOEL CERVINO, PRESIDENT AND CEO;
	STEERING COMMITTEE OF LHIC CHARLES COUNTY DEPT. OF HEALTH, AMBER STARN, EPIDEMIOLOGIST; CHARLES COUNTY PUBLIC SCHOOLS, JENNIFER CONTE, COORDINATOR OF STUDENT INTERVENTION PROGRAMS:
	COLLEGE OF SOUTHERN MARYLAND, KELLY WINTERS, EXECUTIVE DIRECTOR OF WORKFORCE DEVELOPMENT; UM CRMC, MARY LEVY, COMMUNITY HEALTH SPECIALIST, COMMUNITY DEVELOPMENT AND PLANNING
	SUBCOMMITTEES: HEALTH PARTNERS CLINIC, CHRISSIE MULCAHEY, DIRECTOR, CO CHAIR, ACCESS TO CARE; UM CRMC, MARY HANNAH, CHAIR, ACCESS TO CARE; CHARLES COUNTY DEPT. OF HEALTH, MARY BETH KLICK, TOBACCO PREVENTION COORDINATOR, CO-CHAIR
	CHRONIC DISEASE PREVENTION AND MANAGEMENT SUBCOMMITTEE UM CRMC, MARY LEVY, CO CHAIR, CHRONIC DISEASE SUB COMM.; CHARLES COUNTY CORE SERVICES, KARYN BLACK, DIRECTOR CO-CHAIR, BEHAVIORAL HEALTH SUBCOMMITTEE
	CHARLES COUNTY DEPT. OF HEALTH, ANGELA DEAL, COMMUNITY HEALTH EDUCATOR, CO-CHAIR, CHRONIC DISEASE PREVENTION AND MANAGEMENT SUBCOMMITTEE CHARLES COUNTY DEPARTMENT OF HEALTH, LAURA BORAWSKI, COMMUNITY OUTREACH WORKER CO- CHAIR, CHRONIC DISEASE PREVENTION AND MANAGEMENT SUBCOMMITTEE
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	HTTPS://WWW.UMMS.ORG/CHARLES/COMMUNITY/ASSESSMENT-IMPLEMENTATION-PLAN
SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)	HTTPS://WWW.UMMS.ORG/CHARLES/COMMUNITY/ASSESSMENT-IMPLEMENTATION-PLAN

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW	FACILITY NAME: CIVISTA MEDICAL CENTER, INC.
HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	DESCRIPTION: CUMULATIVE ANALYSIS OF ALL QUANTITATIVE AND QUALITATIVE DATA WAS USED TO PRIORITIZE THE TOP HEALTH CARE NEEDS IN CHARLES COUNTY. THE PRIORITIES WERE CHOSEN BY THE PARTNERSHIPS FOR A HEALTH CARE NEEDS IN CHARLES COUNTY S STEERING COMMITTEE AND SUBCOMMITTEE LADDERS USING THE HANLON METHOD, A NATIONAL ASSOCIATION OF CITY AND COUNTY HEALTH OFFICIALS' RECOMMENDED MEANS FOR HEALTH PRIORITIZATION. THE HANLON OF CITY AND COUNTY HEALTH CONDITIONS BASED ON THE SIZE OF THE PROBLEM, SERIOUSNESS OF THE PROBLEM, AND THE EFFECTIVENESS OF AVAILABLE INTERVENTIONS. THE HEALTH PRIORITIZES CHOSEN INCLUDE: 1. DISEASE PREVENTION AND MANAGEMENT 'MAJOR CARDIOVASCULAR DISEASE (HEART DISEASE, HYPERTENSION, AND STROKE) 'OBESITY AND OVERWEIGHT 'DIABETES PREVALENCE 'INFECTIOUS DISEASES 2. BEHAVIORAL HEALTH 'SUBSTANCE USE DISORDERS 'MENTAL HEALTH 'SUBSTANCE USE DISORDERS 'MENTAL HEALTH 'SOCIAL DETERMINANTS OF HEALTH (TRANSPORTATION, HEALTH AND PRIMARY CARE 'UNNECESSARY HOSPITAL AND EMERGENCY DEPARTMENT UTILIZATION 'SOCIAL DETERMINANTS OF THEALTH (TRANSPORTATION, HEALTH AND PRIMARY CARE 'UNNECESSARY HOSPITAL AND RETENTION, EMPHASIS ON MENTAL HEALTH AND PRIMARY CARE 'UNNECESSARY HOSPITAL AND RETENTION, EMPHASIS ON MENTAL HEALTH AND PRIMARY CARE 'UNNECESSARY HOSPITAL AND RETENTION, EMPHASIS ON MENTAL HEALTH AND PRIMARY CARE 'UNNECESSARY HOSPITAL AND THE COMPORTING, HEALTH HITERACY) ALL 3 PRIORITIES OUTLINED IN THE CHAR ARE BEING ADDRESSED BY UM CRMC EITHER DIRECTLY (PHYSICIAN RECRUITMENT), OF THROUGH PARTINERSHIPS WITH OTHER ORGANIZATIONS (I.E. CHRONIC DISEASE SELF-MANAGEMENT PROGRAM, OR THROUGH THE LINC, PARTNERSHIPS FOR A HEALTHIER COUNTY (PHCC) TO COMMUNICATE INITIATIVES, PROVIDE FINANCIALLY SUPPORT AND/OR ASSISTANCE OR DATA WHEN NEEDED, AND REVIEW RESULTS (I.E., SUBSTANCE ABUSE, MENTAL HEALTH). EACH LHE CHARLES OUNTY DEVALOPED AND REVIEW RESULTS (I.E., SUBSTANCE ABUSE, MENTAL HEALTH). EACH LHE CARE HAS DEVELOPED AND REVIEW RESULTS (I.E., SUBSTANCE ABUSE, MENTAL HEALTH). EACH LHIC TEAM HAS DEVELOPED AND NELEMENTED STRATEGIES SP
	ARE ABLE TO OFFER DIABETES PREVENTION PROGRAMS TO INCLUDE DIABETES 101, DIABETES SELF- MANAGEMENT AND PREVENTION AND DIABETES SUPPORT GROUP.
SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE	FACILITY NAME: CIVISTA MEDICAL CENTER, INC. DESCRIPTION: THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAT THE FPG INCOME LEVELS.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	WWW.UMMS.ORG/CHARLES/PATIENTS-VISITORS/FOR-PATIENTS/FINANCIAL-ASSISTANCE-AND-BILLING
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	WWW.UMMS.ORG/CHARLES/PATIENTS-VISITORS/FOR-PATIENTS/FINANCIAL-ASSISTANCE-AND-BILLING
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	WWW.UMMS.ORG/CHARLES/PATIENTS-VISITORS/FOR-PATIENTS/FINANCIAL-ASSISTANCE-AND-BILLING

How many non-hospital health care facilities did	the organization operate during the tax year?	0
Name and address	Type of facility (des	scribe)
1		
2		
3		
4		
5		
-		
6		
7		
8		
9		
10		

Schedule H (Form 990) 2022

Schedule H (Form 990) 2022

Facility Information (continued)

Part V

Provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments reported in Part V, Section B.
- 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.
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

community benefi	
Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - CRITERIA FOR FREE OR DISCOUNTED CARE	CRMC IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAT THE FPG INCOME LEVELS.
	THE FAP ALSO USES A FINANCIAL HARDSHIP THRESHOLD WHEN DETERMINING ELIGIBILITY. A PATIENT WITH MEDICAL DEBT EXCEEDING 25% OF FAMILY ANNUAL HOUSEHOLD INCOME MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE.
SCHEDULE H, PART I, LINE 6B - COMMUNITY BENEFIT REPORT	THE ORGANIZATION ANNUALLY FILES A COMMUNITY BENEFIT REPORT AS REQUIRED BY THE MARYLAND HSCRC. THE REPORT CAN BE FOUND AT HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	8,472,834
CALCULATION SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	AS THE ONLY HOSPITAL SERVING CHARLES COUNTY, MARYLAND, UNIVERSITY OF MARYLAND CHARLES REGIONAL MEDICAL CENTER (UM CHARLES REGIONAL) SUPPORTS PROGRAMS AND ACTIVITIES WHERE THE HOSPITAL'S EXPERTISE AND RESOURCES CAN INFLUENCE THE FUNDAMENTAL ISSUES THAT AFFECT THE HEALTH OF OUR COMMUNITY. BECAUSE COMMUNICATION IS CRITICAL IN ADDRESSING VARIOUS AREAS OF COMMUNITY HEALTH, UM (CHARLES REGIONAL IS AN ACTIVE MEMBER OF THE PARTNERSHIP FOR A HEALTHIER CHARLES COUNTY (PHCC), WHOSE MEMBERSHIP CONSISTS OF OVER 30 NONPROFIT GROUPS AND COUNTY AGENCIES. THIS ORGANIZATION MEETS REGULARLY TO DISCUSS NEEDS AND OPPORTUNITIES FOR ADDRESSING COMMUNITY HEALTH IN CHARLES COUNTY. UM CHARLES REGIONAL SUPPORTS ECONOMIC DEVELOPMENT OF THE COMMUNITY THROUGH LEADERSHIP PARTICIPATION IN ORGANIZATIONS SUCH AS THE CHARLES COUNTY CHAMBER OF COMMERCE, CHARLES COUNTY ECONOMIC DEVELOPMENT OF THE COMMUNITY THROUGH LEADERSHIP PARTICIPATION IN ORGANIZATIONS SUCH AS THE CHARLES COUNTY CHAMBER OF COMMERCE, CHARLES COUNTY ECONOMIC DEVELOPMENT COMMISSION, LEADERSHIP SOUTHERN MARYLAND, THE LA PLATA BUSINESS ASSOCIATION, AND OTHER ORGANIZATIONS. UM CRMC PARTICIPATES IN MANY STATE, COUNTY, AND REGION-WIDE EMERGENCY PREPAREDNESS PLANNING ACTIVITIES AND DRILLS WITH OUR COMMUNITY PARTNERS SUCH AS EMERGENCY SERVICES, FIRE AND RESCUE, DEPARTMENT OF HEALTH, COUNTY GOVERNMENT, FEMA AND MEMA. THIS SERVES TO ENSURE THAT IN THE EVENT OF A DISASTER, THE HOSPITAL IS READY TO SUPPORT AND CARE FOR OUR COMMUNITY. HOSPITAL ADMINISTRATION PARTICIPATES IN HEALTHCARE WORKFORCE DEVELOPMENT, FOR EXAMPLE THROUGH SUPPORT OF COLLEGE OF SOUTHERN MARYLAND NURSING AND ALLIED HEALTH PROGRAMS. ACCORDING TO A 2018 MEDICAL STAFF DEVELOPMENT PLAN AUTHORED BY LIFTON ASSOCIATES LLC CHARLES COUNTY, THE HOSPITAL'S PRIMARY SERVICE AREA HAS A PHYSICIAN SHORTAGE FOR ADULT PRIMARY CARE PHYSICIANS. UNDER MEDICAL STAFF DEVELOPMENT PLAN AUTHORED BY LIFTON ASSOCIATES LLC CHARLES COUNTY. THE HOSPITAL'S PRIMARY SERVICE AREA HAS A PHYSICIAN SHORTAGE FOR ADULT PRIMARY CARE PHYSICIANS. UNDER MEDICAL STAF

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Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL.
	IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO REFLECT THE CURRENT HEALTHCARE ENVIRONMENT. UNDER THIS NEW WAIVER, SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF: 1. REVENUE GROWTH PER CAPITA 2. MEDICARE HOSPITAL REVENUE PER BENEFICIARY 3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY 4. MEDICARE READMISSION RATES 5. HOSPITAL ACQUIRED CONDITION RATE
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	BECAUSE OF THE UNIQUE PAYMENT SYSTEM DESCRIBED ON LINE 2 (ABOVE), THE HOSPITAL IS UNABLE TO ESTIMATE HOW MUCH OF THE AMOUNT REPORTED IN LINE 2 IS ATTRIBUTED TO PATIENTS WHO WOULD APPLY UNDER THE FAP.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE CORPORATION RECORDS REVENUES AND ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT THEIR ESTIMATED NET REALIZABLE VALUE. REVENUE IS REDUCED FOR ANTICIPATED DISCOUNTS UNDER CONTRACTUAL ARRANGEMENTS AND FOR CHARITY CARE. AN ESTIMATED PROVISION FOR BAD DEBTS IS RECORDED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED BASED UPON ANTICIPATED UNCOMPENSATED CARE, AND IS ADJUSTED AS ADDITIONAL INFORMATION BECOMES AVAILABLE.
	THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES.
	FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAD ALREADY PAID, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT MANY PATIENTS ULTIMATELY DO NOT PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	THE ORGANIZATION FILES ANNUALLY A COMMUNITY BENEFIT REPORT WITH THE STATE OF MARYLAND'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). THE HSCRC, WHICH OPERATES UNDER A MEDICARE WAIVER, DOES NOT CONSIDER MEDICARE SHORTFALL AS A COMMUNITY BENEFIT. THE COSTING METHODOLOGY USED BY THE ORGANIZATION IS A COST-TO-CHARGE RATIO.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY.
	PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS, EVEN IN EXCESS OF 240 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS. NO EXTRAORDINARY COLLECTION ACTIONS (ECAS) WILL OCCUR EARLIER THAN 120 DAYS FROM SUBMISSION OF FIRST BILL TO THE PATIENT AND WILL BE PRECEDED BY NOTICE 30 DAYS PRIOR TO COMMENCEMENT OF THE ACTION. AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE COMMUNICATED TO THE PATIENT AND A PRESUMPTIVE ELIGIBILITY REVIEW WILL OCCUR PRIOR TO ANY ACTION BEING TAKEN. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AFTER AN ECA IS INITIATED, THE ORGANIZATION WILL TAKE REASONABLE MEASURES TO REVERSE THE ECAS AGAINST THE PATIENT ACCOUNT.
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	IN ADDITION TO CONDUCTING THE CHNA EVERY THREE YEARS, UM CRMC ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY TAKING A LEADERSHIP ROLE IN THE COUNTY AND SITTING ON THE PARTNERSHIPS FOR A HEALTHIER CHARLES COUNTY (PHCC) STEERING COMMITTEE. PHCC, THE LOCAL HEALTH IMPROVEMENT COALITION IN CHARLES COUNTY, CONSISTS OF OVER 30 KEY STAKEHOLDERS. TOGETHER, WE COLLABORATE TO DEFINE PRIORITY AREAS USING THE HANLON METHOD AND DEVELOP THE CHARLES COUNTY HEALTH IMPROVEMENT PLAN. COMMUNITY HEALTH IMPROVEMENT STRATEGIES TO ADDRESS THE IDENTIFIED NEEDS ARE INCLUDED IN THE ORGANIZATION'S STRATEGIC PLAN.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	UM CRMC POSTS ITS CHARITY CARE POLICY, OR A SUMMARY THEREOF, AS WELL AS FINANCIAL ASSISTANCE CONTACT INFORMATION IN ADMISSIONS AREAS, EMERGENCY ROOMS, BUSINESS OFFICES AND OTHER AREAS OF THE FACILITY WHERE ELIGIBLE PATIENTS ARE LIKELY TO PRESENT. ADDITIONALLY, THE POLICY AND PLAIN LANGUAGE VERSION ARE AVAILABLE ON THE HOSPITAL'S PUBLIC WEBSITE. HTTPS://WWW.UMMS.ORG/CHARLES/PATIENTS-VISITORS/FOR-PATIENTS/FINANCIAL-ASSISTANCE-AND- BILLING
	THE FINANCIAL ASSISTANCE POLICY (FAP) IS WRITTEN IN A CULTURALLY SENSITIVE AND AT AN APPROPRIATE READING LEVEL. IT IS AVAILABLE IN ENGLISH AND SPANISH. ALL PATIENT ACCESS CUSTOMER SERVICE STAFF HAVE TRAINING IN THE FINANCIAL ASSISTANCE PROCESS. AT THE TIME OF REGISTRATION EVERY PATIENT IS PROVIDED AN INFORMATION SHEET REGARDING FINANCIAL ASSISTANCE. ADDITIONALLY, PATIENTS ARE ALSO VERBALLY ADVISED OF THE EXISTENCE OF OUR FINANCIAL ASSISTANCE POLICY WHEN PRACTICAL. IF A PATIENT DISCLOSES FINANCIAL DIFFICULTY OR CONCERN WITH PAYMENT OF THE BILL, THE PATIENT IS PROVIDED WITH FAP INFORMATION. A PACKET WITH THE APPLICATION, CRITERIA AND A DOCUMENTATION CHECKLIST IS PROVIDED. ASSISTANCE COMPLETING THE APPLICATION IS AVAILABLE. ADDITIONALLY, ASSISTANCE IS PROVIDED FOR PATIENTS OR THEIR FAMILIES WHO QUALIFY AND APPLY FOR GOVERNMENT BENEFITS, I.E. MEDICAID AND OTHER STATE PROGRAMS. ONCE AN APPLICATION IS PROCESSED AND IF IT IS DEEMED INCOMPLETE, A LETTER IS SENT TO THE PATIENT REQUESTING THE MISSING OR INCOMPLETE ITEMS. PATIENTS MAY CALL THE CALL CENTER OR COME INTO THE PATIENT ACCESS OFFICE AND OR CONTACT THE CENTRALIZED BILLING OFFICE FOR ASSISTANCE.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	THE UNIVERSITY OF MARYLAND CHARLES REGIONAL MEDICAL CENTER IS CHARLES COUNTY'S ONLY HOSPITAL AND, AS SUCH, SERVES THE RESIDENTS OF THE ENTIRE COUNTY. IGEOGRAPHY
	CHARLES COUNTY IS LOCATED 23 MILES SOUTH OF WASHINGTON, D.C. IT IS ONE OF FIVE MARYLAND COUNTIES, WHICH ARE PART OF THE WASHINGTON, DC-MD-VA METROPOLITAN AREA. AT 458 SQUARE MILES, CHARLES COUNTY IS THE EIGHTH LARGEST OF MARYLAND'S TWENTY-FOUR COUNTIES AND ACCOUNTS FOR ABOUT 5 PERCENT OF MARYLAND'S TOTAL LANDMASS. THE NORTHERN PART OF THE COUNTY IS THE "DEVELOPMENT DISTRICT" WHERE COMMERCIAL, RESIDENTIAL, AND BUSINESS GROWTH IS FOCUSED. THE MAJOR COMMUNITIES OF CHARLES COUNTY ARE LA PLATA (THE COUNTY SEAT), PORT TOBACCO, INDIAN HEAD, AND ST CHARLES, AND THE MAIN COMMERCIAL CLUSTER OF HUGHESVILLE- WALDORF-WHITE PLAINS. APPROXIMATELY 60 PERCENT OF THE COUNTY'S RESIDENTS LIVE IN THE GREATER WALDORF-LA PLATA AREA. BY CONTRAST, THE SOUTHERN (COBB NECK AREA) AND WESTERN (NANJEMOY, INDIAN HEAD, MARBURY) AREAS OF THE REGION STILL REMAIN VERY RURAL WITH SMALLER POPULATIONS.
	POPULATION CHARLES COUNTY HAS EXPERIENCED RAPID GROWTH SINCE 1970, EXPANDING ITS POPULATION FROM 47,678 IN 1970 TO AN ESTIMATED CENSUS OF 168,698 IN JULY 2021. THE MAGNITUDE OF GROWTH CAN BE SEEN IN THE CHANGES IN POPULATION DENSITY. THE 1990 CENSUS SHOWED THAT THERE WERE 219.4 INDIVIDUALS PER SQUARE MILE, WHICH INCREASED TO 261.5 INDIVIDUALS PER SQUARE MILE BY 2000, AN INCREASE OF 19.2%, AND TO 364 INDIVIDUALS PER SQUARE MILE BY 2020 SOURCE: US CENSUS BUREAU TRANSPORTATION
	THE PERCENT CHANGE IN THE POPULATION GROWTH FOR CHARLES COUNTY HAS BEEN SLIGHTLY GREATER THAN THE CHANGE SEEN IN THE MARYLAND POPULATION GROWTH. THIS GROWTH HAS CREATED TRANSPORTATION ISSUES FOR THE COUNTY, IN PARTICULAR FOR THE "DEVELOPMENT DISTRICT" IN THE NORTHERN PART OF THE COUNTY WHERE MANY RESIDENTS COMMUTE TO WASHINGTON D.C. TO WORK. THE AVERAGE WORK COMMUTE TIME FOR A CHARLES COUNTY RESIDENT IS 45.0 MINUTES. PUBLIC TRANSPORTATION CONSISTS OF COMMUTER BUSES FOR OUT-OF-COUNTY TRAVEL AND THE COUNTY-RUN VAN GO BUS SERVICE FOR IN- COUNTY TRANSPORTATION. SOURCE: US CENSUS BUREAU
	DIVERSITY AS THE POPULATION OF THE COUNTY CHANGES, THE DIVERSITY OF THE COUNTY ALSO INCREASES. THE AFRICAN AMERICAN POPULATION HAS EXPERIENCED THE GREATEST INCREASE. IN 2000, AFRICAN AMERICANS MADE UP 26% OF THE TOTAL CHARLES COUNTY POPULATION; IN 2022, THEY COMPRISED 52% OF THE TOTAL COUNTY POPULATION. AS OF 2019, MINORITIES COMPRISE ROUGHLY 66% OF THE CHARLES COUNTY POPULATION. THE HISPANIC COMMUNITY HAS ALSO SEEN INCREASES OVER THE PAST FEW YEARS. THEY NOW COMPRISE 7% OF THE TOTAL COUNTY POPULATION. THIS IS THE ONE OF THE HIGHEST PERCENTAGES AMONG THE 24 MARYLAND JURISDICTIONS. CHARLES COUNTY ALSO HAS ONE OF THE LARGEST AMERICAN INDIAN/NATIVE AMERICAN POPULATIONS IN THE STATE OF MARYLAND AT 0.8% OF THE TOTAL COUNTY POPULATION. THE 2019 CHARLES COUNTY GENDER BREAKDOWN IS APPROXIMATELY 50/50. MALES MAKE UP 48.2% OF THE POPULATION, AND FEMALES MAKE UP 51.8% OF THE COUNTY POPULATION. SOURCE: US CENSUS BUREAU
	ECONOMY EMPLOYMENT AND ECONOMIC INDICATORS FOR THE COUNTY ARE FAIRLY STRONG. THE US CENSUS ESTIMATES THAT 66.6% OF THE CHARLES COUNTY POPULATION IS CURRENTLY IN THE LABOR WORK FORCE. THE CENSUS FOUND THAT APPROXIMATELY 6.7% OF CHARLES COUNTY INDIVIDUALS ARE LIVING BELOW THE POVERTY LEVEL; HOWEVER, THIS IS LOWER THAN THE MARYLAND RATE OF 9.0%. THE CHARLES COUNTY MEDIAN HOUSEHOLD INCOME WAS \$107,808, WELL ABOVE THE MARYLAND MEDIAN HOUSEHOLD INCOME. SOURCE: US CENSUS BUREAU
	EDUCATION CHARLES COUNTY HAS A LARGER PERCENTAGE OF HIGH SCHOOL GRADUATES THAN MARYLAND (93.2% VS. 90.2%); HOWEVER, CHARLES COUNTY HAS A SMALLER PERCENTAGE THAN MARYLAND OF INDIVIDUALS WITH A BACHELOR'S DEGREE OR HIGHER (28.9% VS. 40.2%). SOURCE: 2015-2019 US CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY 5 YEAR ESTIMATES
	HOUSING THERE IS A HIGH LEVEL OF HOME OWNERSHIP IN CHARLES COUNTY (78.3%). THE MEDIAN VALUE OF A HOUSING UNIT IN CHARLES COUNTY IS \$339,000. THE AVERAGE HOUSEHOLD SIZE IN CHARLES COUNTY IS 2.78 PERSONS. SOURCE: 2015-2019 US CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES
	LIFE EXPECTANCY THE LIFE EXPECTANCY FOR A CHARLES COUNTY RESIDENT, AS CALCULATED FOR 2018-2020, WAS 77.9 YEARS. THIS IS SLIGHTLY ABOVE THE STATE AVERAGE LIFE EXPECTANCY OF 77.3 YEARS. SOURCE: 2019 MARYLAND VITAL STATISTICS REPORT
	BIRTHS THERE WERE 1,789 BIRTHS IN CHARLES COUNTY IN 2020. CHARLES COUNTY REPRESENTS 45.2% OF THE BIRTHS IN SOUTHERN MARYLAND AND 2.68% OF THE TOTAL BIRTHS IN MARYLAND FOR 2020. MINORITIES MADE UP JUST OVER HALF OF THE BABIES BORN IN CHARLES COUNTY IN 2020 (65%). SOURCE: 2020 MARYLAND VITAL STATISTICS REPORT

Return Reference - Identifier	Explanation
Return Reference - Identifier SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	Explanation STHE CHUY HOSPITAL SERVING CHARLES COUNTY FMORE AND AND ACTIVITES WHERE THE HOSPITALS SERVERTISE AND RESOLUCES CAN INFLUENCE THE FUNDRENTAL ISSUES THAT AFFECT THE HEALTH OF THE COMMUNITY, GOVERNANCE IS PROVIDED THROUGH A COMMUNITY VOLUNTEER BOARD OF THE COMMUNITY, GOVERNANCE IS PROVIDED THROUGH A COMMUNITY VOLUNTEER BOARD OF THE COMMUNITY, GOVERNANCE IS PROVIDED THROUGH A COMMUNITY NEEDS OF THE AREA WE SERVE. THE MISSION IS TO INFLOY OUTBALL THROUGH A COMMUNITY NEEDS OF THE AREA WE SERVE. THE MISSION FOR UNERADE OF OUTBALL COMMUNITY HEALTH IS IMPROVEMENT ACCESS TO HEAL COLLABORATING WITH HEALTH - PROVIDING AGENCY PARTMERS, COMMUNITY HEALTH IMPROVEMENT COLLABORATING WITH HEALTH - PROVIDING AGENCY PARTMERS, COMMUNITY HEALTH IMPROVEMENT STRATEGIES ARE INCLUDED IN THE ORGANIZATION'S STRATEGIES PLAN. UM CRMC PROVIDED A ROBUST SET OF COMMUNITY BENEFITS INCLUDING SISse1.324 MILLION IN CHARITY CARE, HEALTH PROFESSIONS EDUCATION, COMMUNITY BENEFITS INCLUDING SISse21.324 MILLION IN CHARITY CARE, HEALTH PROFESSIONS SUCH AS BLOOD PRESSUES. BREAST AND CERVICAL CANCER, COLORECTAL CANCER AND STROKE RISK REDUCTION EDUCATION. MOBILE INTEGRATED HEALTH NO HOMMUNITY BUILDING ACTIVITES IN FY 2021. THIS YEAR, WE PROVIDED AND SUPPORTED PROGRAMS, CONTINUED TO IMPROVE ACCESS TO CARE AND WRAP PAOLOD HEALTH CARE TO COMMUNITY MEMBERS WITH BARRIERS. IN ADDITION TO PARTICIPATING IN THE PROGRAM IM CRWC HAS CONTRIBUTED SORETHING SUCH AS BLOOD PRISSUER ADD REPAST AND CERVICAL CANCER, AND TOBACCO CESSATION. IN ADDITION, WE SPONSORED SUPPORT GROUPS SUCH AS STROKES SUPPORT, AND THE DUSTING ACCESS TO CARE AND WRAP PAOLOD HEALTH CARE TO COMMUNITY MEMBERS WITH BARRIERS. IN ADDITION TO PARTICIPATION IN THE PROGRAM IM CRWC HAS CONTRIBUTED SORETHY FAINT FAINTY FAINT, PARTICIPATED IN COMMUNITY COALITICAR SORE SUPPORT, AND THE BETTER RECERTION, CANCER EDUCATION, RANGE CERVICAL CANCER, AND TOBACCO COSSISTION, IN ADDITION, WE SPONSORED SUPPORT GROUPS SUCH AS STROKE SUPPORT, AND THE BETTER PROGRAM IM CRWC HAS CERVICES SUCHAS STROKES SUPORT, AND
	PROGRAM PROVIDES FREE, ON-DEMAND, CURB-TO-CURB NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES TO A PATIENT'S HOME AFTER DISCHARGE AND TO POST-HOSPITALIZATION MEDICAL APPOINTMENTS. WE ARE PROUD TO SERVE OUR COMMUNITY AND APPRECIATE OUR PARTNERS WHO ALLOW US TO FULFILL OUR MISSION. WE WILL ALWAYS DO WHAT IS RIGHT FOR THE PATIENT, NO MATTER WHERE THEY ARE IN THEIR HEALTH JOURNEY, AND WILL ALWAYS STRIVE TO HAVE OUR PATIENTS RECEIVE CARE IN THE
	COMMUNITY THEY RESIDE. AS A PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) WE ARE SHAPING A NEW PARADIGM IN CARE DELIVERY THAT WE BELIEVE SHOULD BE THE FUTURE STANDARD OF CARE.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) IS A PRIVATE, NOT-FOR-PROFIT CORPORATION PROVIDING COMPREHENSIVE HEALTHCARE SERVICES THROUGH AN INTEGRATED REGIONAL NETWORK OF HOSPITALS AND RELATED CLINICAL ENTERPRISES. UMMS WAS CREATED IN 1984 WHEN ITS FOUNDING HOSPITAL WAS PRIVATIZED BY THE STATE OF MARYLAND. OVER ITS 30-YEAR HISTORY, UMMS EVOLVED INTO A MULTI-HOSPITAL SYSTEM WITH ACADEMIC, COMMUNITY AND SPECIALTY SERVICE MISSIONS REACHING PRIMARILY ACROSS MARYLAND. AS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), CHARLES REGIONAL MEDICAL CENTER UNDERSTANDS THAT HEALTH CARE GOES BEYOND THE WALLS OF THE HOSPITAL AND INTO THE COMMUNITY IT SERVES. UMMS HOSPITALS ARE COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITIES. IN DOING SO, UM CHARLES REGIONAL MEDICAL CENTER ASSESSES THE COMMUNITY'S HEALTH NEEDS, IDENTIFIES KEY PRIORITIES, AND RESPONDS WITH SERVICES, PROGRAMS AND INITIATIVES WHICH MAKE A POSITIVE, SUSTAINED IMPACT ON THE HEALTH OF THE COMMUNITY. WITH REPRESENTATION FROM ALL UMMS HOSPITALS, THE MEDICAL SYSTEM'S COMMUNITY HEALTH IMPROVEMENT COUNCIL COORDINATES THE EFFECTIVE AND EFFICIENT UTILIZATION AND DEPLOYMENT OF RESOURCES FOR COMMUNITY BASED ACTIVITIES AND EVALUATES HOW SERVICES AND ACTIVITIES MEET TARGETED COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS. UM CHARLES REGIONAL MEDICAL CENTER IS COMMINITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS. UM CHARLES REGIONAL MEDICAL CENTER IS COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS. UM CHARLES REGIONAL MEDICAL CENTER IS COMMINITY DO TO HEALTH EDUCATION, ADVOCACY, COMMUNITY PARTNERSHIPS, AND ENGAGING PROGRAMS WHICH FOCUS ON HEALTH AND WELLNESS WITH THE GOAL OF ELIMINATING HEALTH CARE DISPARITIES IN CHARLES COUNTY
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	MD

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.



Name of the organization CIVISTA MEDICAL CENTER, INC.

52-0445374

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?
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	
(1) CHARLES COUNTY VOLUNTEER FIRE & EMS								
200 BALTIMORE STREET, LA PLATA, MD 20646	52-6000925	GOVERNMENT	90,000				FY23 MOBILE HEALTH PROGRAM	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of section	501(c)(3) and go	vernment organiza	tions listed in the l	ine 1 table			. 1	
3 Enter total number of other o								

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
_1								
2								
3								
4								
5								
6								
7 Part IV	Supplemental Information. Provide	a the information r	equired in Part L lir	a 2: Part III. colum	h); and any other addit	ional information		
(SEE STAT				10 2, 1 art III, oolaini				

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE FILING ORGANIZATION GRANT TO CHARLES COUNTY EMS WAS PART OF THE MOBILE INTEGRATED HEALTH PROGRAM BETWEEN THE HOSPITAL AND LOCAL EMS.

SCHEDULE J		Compe	nsation Information		OMB No.	1545-0	047
(Form	990)	For certain Officers, Direc	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees				
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				Open to Public		
Internal	ent of the Treasury Revenue Service		90 for instructions and the latest in		Insp	ectio	
	f the organization			Employer identificat			
	TA MEDICAL CEN	nter, INC. Ins Regarding Compensation		52-	0445374		
Fall	Questio					Yes	No
1 a		ropriate box(es) if the organization pro ection A, line 1a. Complete Part III to p			orm		
	Travel for co	or charter travel ompanions ilfication and gross-up payments ry spending account	 Housing allowance or resider Payments for business use o Health or social club dues or Personal services (such as m 	f personal residence initiation fees			
b	or reimbursen	boxes on line 1a are checked, did the nent or provision of all of the exp	penses described above? If "N				
2	directors, trus	nization require substantiation prior tees, and officers, including the CEC	D/Executive Director, regarding t				
3	organization's related organiz Compensat Independer	n, if any, of the following the organizat CEO/Executive Director. Check all the zation to establish compensation of the tion committee Int compensation consultant of other organizations	at apply. Do not check any boxe	s for methods used b xplain in Part III. ly			
4		ar, did any person listed on Form 990, r a related organization:	Part VII, Section A, line 1a, with	respect to the filing			
a b c	Participate in o Participate in o	erance payment or change-of-contro or receive payment from a supplemer or receive payment from an equity-ba r of lines 4a–c, list the persons and pr	ntal nonqualified retirement plan? sed compensation arrangement?	· · · · · · · · · · · · · · · · · · ·	. 4b	v	マ マ マ
5	For persons I	501(c)(3), 501(c)(4), and 501(c)(29) o listed on Form 990, Part VII, Secti contingent on the revenues of:			any		
а	The organizati	on?			. 5a		~
b		ganization?			. 5b		~
6		isted on Form 990, Part VII, Secti contingent on the net earnings of:	on A, line 1a, did the organiza	ation pay or accrue	any		
a b	Any related or	on?					 ✓ ✓
7		isted on Form 990, Part VII, Sectio described on lines 5 and 6? If "Yes,"				~	
8	Were any amo to the initial	ounts reported on Form 990, Part VII, contract exception described in F	paid or accrued pursuant to a co Regulations section 53.4958-4(a	ntract that was subjec a)(3)? If "Yes," desc	ct ribe		v
9		ne 8, did the organization also foll action 53.4958-6(c)?					
For Pa		ion Act Notice, see the Instructions for			chedule J (F	orm 99	0) 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.

		(B) Breakdown of W-2 ar	nd/or 1099-MISC and/or		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
MOHAN SUNTHA, MD	(i)	0	0	0	0	0	0	0
1 UMMS PRESIDENT AND CEO	(ii)	2,371,864	946,575	1,042,175	12,200	29,655	4,402,469	550,000
JON P BURNS	(i)	0	0	0	0	0	0	0
2 DIRECTOR	(ii)	867,898	157,424	171,969	12,200	22,288	1,231,779	0
NOEL A CERVINO	(i)	452,734	100,074	87,696	12,200	23,785	676,489	0
3 PRESIDENT AND CEO	(ii)	0	0	0	0	0	0	0
JOSEPH D MOSER, MD	(i)	369,570	46,662	55,904	12,200	244	484,580	0
4 SVP AND CHIEF MEDICAL OFFICER	(ii)	0	0	0	0	0	0	0
ALBERT J ZANGER	(i)	238,948	37,592	25,753	8,288	27,807	338,388	0
5 VP FINANCE AND CFO	(ii)	0	0	0	0	0	0	0
DANA CECIL	(i)	217,873	32,987	42,891	9,566	10,254	313,571	0
6 CHIEF NURSING OFFICER	(ii)	0	0	0	0	0	0	0
KATHERINE MIDDLETON	(i)	262,818	12,500	298	0	11,207	286,823	0
7 REGISTERED NURSE	(ii)	0	0	0	0	0	0	0
WILLIAM GRIMES	(i)	202,127	27,617	39,952	8,886	2,204	280,786	0
8 VP ANCILLIARY SERVICES	(ii)	0	0	0	0	0	0	0
JOSIE SALVADOR	(i)	217,144	12,500	108	0	16,157	245,909	0
9 NURSE	(ii)	0	0	0	0	0	0	0
ANNE WEEKLEY	(i)	149,038	19,015	45,499	6,362	22,030	241,944	0
10 VP QUALITY AND PATIENT EXPERIENCE	(ii)	0	0	0	0	0	0	0
JOY ADIANSINGH	(i)	215,779	12,500	311	0	11,092	239,682	0
11 NURSE	(ii)	0	0	0	0	0	0	0
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)	[
	(i)							
15	(ii)	[
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

Page **2**

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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	DURING THE FISCAL YEAR-ENDED JUNE 30, 2023, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE CONTRIBUTIONS TO THE PLAN FOR THE FISCAL YEAR ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B (III), OTHER REPORTABLE COMPENSATION: MOHAN SUNTHA, \$1,015,893 DANA CECIL, \$21,524 JON P. BURNS, \$131,019 NOEL A. CERVINO, \$75,512 WILLIAM GRIMES, \$19,994 JOSEPH MOSER, \$46,931 ANNE WEEKLEY, \$41,591 ALBERT ZANGER, \$22,210
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS AND KEY EMPLOYEES.

1	

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Name of the organization

CIVISTA MEDICAL CENTER, INC.

(Form 990)

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.

OMB No. 1545-0047

G ublic

Go to www.irs.gov	Form990 for	instructions	and the late	st informatio	'n.

Employer identification number 52-0445374

1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Co	rrected?
		organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2		ed by the organization managers or disqua		·	
3	Enter the amount of tax, if any,	on line 2, above, reimbursed by the organization	ation		

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		an to or 1 the zation?	(e) Original principal amount	(f) Balance due	(g) In c	lefault?	by bo	proved ard or hittee?	(i) Wi agreei	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(1) (2) (3) (4) (5) (6)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$		•				

Part III

Grants or Assistance Benefiting Interested Persons.

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

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

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

Cat. No. 50056A

Schedule L (Form 990) 2022

Part V

			-,,,, -			
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
(1)	JAMES CECIL	SEE PART V	73,385	SEE PART V		~
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Supplemental Information.

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

(SEE STATEMENT)

Return Reference - Identifier	Explanation
SCHEDULE L, PART IV - LINE 1, COLUMN B AND COLUMN D	JAMES CECIL IS A FAMILY MEMBER OF DANA CECIL, A KEY EMPLOYEE OF THE FILING ORGANIZATION. JAMES CECIL WAS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF THE FILING ORGANIZATION.

Department of Treasury Internal Revenue Service

Name of the Organization CIVISTA MEDICAL CENTER, INC.

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2022 Open to Public Inspection

Employer Identification Number 52-0445374

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	HEALTH PROFESSIONS EDUCATION, COMMUNITY BENEFIT OPERATIONS, COMMUNITY HEALTH IMPROVEMENT SERVICES, SUBSIDIZED HEALTH SERVICES, AND CASH AND IN-KIND DONATIONS. THIS YEAR, WE PROVIDED AND SUPPORTED PROGRAMS, ACTIVITIES AND SCREENINGS SUCH AS BLOOD PRESSURE, GLUCOSE, BREAST AND CERVICAL CANCER, COLORECTAL CANCER AND STROKE RISK REDUCTION EDUCATION. MOBILE INTEGRATED HEALTH COMPLETED THE SECOND YEAR TO IMPROVE ACCESS TO CARE AND WRAP AROUND HEALTH CARE TO COMMUNITY MEMBERS WITH BARRIERS. IN ADDITION TO PARTICIPATING IN THE PROGRAM UM CRMC WILL CONTRIBUTE FINANCIALLY TO THE PROGRAM FOR 3 YEARS. UM CRMC PROVIDED HEALTH EDUCATION PROGRAMS ON HEART HEALTHY EATING, DIABETES EDUCATION, CANCER EDUCATION, BREAST AND CERVICAL CANCER, TOBACCO CESSATION PROGRAM.
FORM 990, PART IV, LINE 24A - TAX EXEMPT BOND ISSUES	PURSUANT TO A MASTER LOAN AGREEMENT DATED DECEMBER 1, 2017 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE "CORPORATION") AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE "AUTHORITY"). AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS.
	THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES THE CORPORATION, UMROI, UM MIDTOWN, UM BALTIMORE WASHINGTON, SHORE HEALTH (UM MEMORIAL AND UM DORCHESTER), UM CHESTER RIVER, CRMC, UM ST. JOSEPH, UM UPPER CHESAPEAKE, UM HARFORD MEMORIAL, UM LAUREL, UM CAPITAL REGION, BOWIE HEALTH CENTER (BOWIE), AND THE UM MEDICINE FOUNDATION. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S \$1,869,549,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2023. ALL OF THE BONDS WERE ISSUED IN THE NAME OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.
FORM 990, PART V, LINE 1A - TAX COMPLIANCE	INDEPENDENT CONTRACTORS OF THE FILING ORGANIZATION ARE REPORTED BY THE PARENT CORPORATION, UMMS. UMMS ISSUES THE FORMS 1099 FOR THESE VENDOR PAYMENTS, WHILE THE FILING ORGANIZATION REPORTS THE EXPENSES FOR ITS INDEPENDENT CONTRACTORS ON PART VII, SECTION B, LINE 1 ON ITS FORM 990.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION ("UMMS") IS THE SOLE MEMBER OF UNIVERSITY OF MARYLAND CHARLES REGIONAL HEALTH, INC. ("UMCRH"). UMCRH IS THE SOLE MEMBER OF CIVISTA MEDICAL CENTER, INC. (D/B/A UM CHARLES REGIONAL MEDICAL CENTER, "CRMC").
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	UMCRH AND UMMS MAY ELECT MEMBERS OF THE CRMC BOARD.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE FOLLOWING DECISIONS OF THE GOVERNING BODY ARE AMONG THOSE SUBJECT TO THE APPROVAL OF THE MEMBER: AMENDMENT OF CHARTER DOCUMENTS; DISSOLUTION OF THE ORGANIZATION; STRATEGIC PLANS; PARTICIPATION IN JOINT VENTURES; AND LEASES OR INTERCOMPANY TRANSFERS OF ASSETS, SUBJECT TO CERTAIN DOLLAR THRESHOLDS.
	IN ADDITION, THE FOLLOWING DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO THE APPROVAL OF THE MEMBER AND UMMS: ANNUAL OPERATING AND CAPITAL BUDGETS; ACQUISITION OR DISPOSITION OF AN ENTITY OR SUBSTANTIALLY ALL ASSETS; MERGER OR CONSOLIDATION OF ENTITY; MORTGAGE, PLEDGE OR DISPOSITION OF PROPERTY; INCURRENCE OF DEBT OR REAL PROPERTY, SUBJECT TO CERTAIN DOLLAR THRESHOLDS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM ("UMMS") PREPARES THE IRS FORM 990 FOR UMMS AND ITS AFFILIATES. INFORMATION NEEDED TO COMPLETE THE RETURN IS GATHERED BY ACCOUNTING PERSONNEL IN THE FINANCE SHARED SERVICES DEPARTMENT UNDER THE SUPERVISION OF THE UMMS TAX DIRECTOR. DRAFT RETURNS ARE PREPARED USING IRS- APPROVED TAX SOFTWARE.
	ONCE A DRAFT RETURN IS PREPARED, IT UNDERGOES MULTIPLE LEVELS OF REVIEW BOTH INTERNALLY BY UMMS TAX & FINANCE PERSONNEL, AND EXTERNALLY BY ERNST & YOUNG LLP. FOLLOWING ANY NECESSARY CHANGES TO THE RETURN, A FINAL DRAFT IS REVIEWED BY EACH AFFILIATE'S VICE PRESIDENT OF FINANCE AND/OR CFO.
	PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, GOVERNANCE COMMITTEE CHAIRMAN, FINANCE COMMITTEE CHAIRMAN OR OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. ALL BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE FILING ORGANIZATION FOLLOWS THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) CONFLICTS OF INTEREST POLICY, WHICH REQUIRES THAT ALL COVERED PERSONS DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION. COVERED PERSONS MEANS ANY MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS, A MEMBER OF A COMMITTEE OF THE BOARD, AN OFFICER, OR AN EMPLOYEE OF ORGANIZATION (INCLUDING SUBSIDIARIES) AT THE VP LEVEL OR ABOVE.
	THE ORGANIZATION (OR ITS SOLE MEMBER) IS RESPONSIBLE FOR ADMINISTERING AND ENFORCING THE CONFLICTS OF INTEREST POLICY (POLICY). THE GOVERNANCE COMMITTEE (OR OTHER BOARD COMMITTEE HAVING SIMILAR AUTHORITY) REVIEWS ANY AND ALL CONFLICTS, SHALL REPORT ANNUALLY TO THE FULL BOARD ON THE ADMINISTRATION, INFRACTIONS, AND ENFORCEMENT OF THE POLICY AND SHALL REPORT AT THE EARLIEST OPPORTUNITY ALL MATTERS OF CONCERN TO THE FULL BOARD IN EXECUTIVE SESSION WHILE INTERESTED PARTIES ARE RECUSED.
	THE ORGANIZATION OR ITS SOLE MEMBER'S COMPLIANCE OFFICER IS THE RESPONSIBLE ADMINISTRATIVE AUTHORITY TO ASSIST THE BOARD IN ADMINISTERING AND ENFORCING THE CONFLICTS OF INTEREST POLICY AND BRINGING CONCERNS TO THE OVERSIGHT COMMITTEE. A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO COVERED PERSONS. THE CHIEF COMPLIANCE OFFICER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) DISTRIBUTES AND COLLECTS THE RESPONSES FOR UMMS AND OTHER AFFILIATES, AND MAY BE CALLED FOR CONSULT WHEN POTENTIAL CONFLICTS ARE DISCLOSED.
	IF THE OVERSIGHT COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE COMMITTEE SHALL NOTIFY THE COVERED PERSON AND THE ORGANIZATION'S BOARD CHAIR, AND FURTHER WILL NOTIFY THE FULL BOARD AT ITS NEXT MEETING. FURTHERMORE, IN THE EVENT THE COMMITTEE DETERMINES THAT AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST EXISTS, THE COMMITTEE SHALL DECIDE HOW TO ADDRESS THE CONFLICT OF INTEREST. IF THE COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS BUT THAT THE ORGANIZATION MAY ENTER INTO THE SUBJECT TRANSACTION OR ARRANGEMENT, THE INTERESTED COVERED PERSON SHALL BE RECUSED FROM ALL DELIBERATIONS AND DECISIONS CONCERNING SAID TRANSACTION OR ARRANGEMENT, ANY ARRANGEMENTS WITH THAT ENTITY, AND COMPENSATION OR BENEFITS FOR OFFICERS, DIRECTORS, AND TRUSTEES. FURTHERMORE, THE CHAIR OF THE BOARD AND THE CHAIRS OF THE OVERSIGHT COMMITTEE AND THE AUDIT AND COMPLIANCE COMMITTEE SHALL NOT HAVE ANY BUSINESS TRANSACTIONS WITH UMMS, NOR SHALL THEIR FAMILY MEMBERS.
	IF THE OVERSIGHT COMMITTEE DETERMINES THAT A COVERED PERSON HAS USED THEIR POSITION TO ACCRUE EXCESS BENEFITS OR TO KNOWINGLY ASSIST OTHERS IN ACCRUING EXCESS BENEFITS IN ANY WAY AT THE EXPENSE OF THE ORGANIZATION, THE COMMITTEE SHALL RECOMMEND TO THE EXECUTIVE COMMITTEE APPROPRIATE CORRECTIVE ACTION TO BE TAKEN.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH	THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:
COMPENSATION OF TOP MANAGEMENT OFFICIAL	EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.
	THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH	THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:
COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.
	THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE PUBLICLY AVAILABLE THROUGH THE STATE OF MARYLAND VIA THE SECRETARY OF STATE'S OFFICE. THE CONFLICT OF INTEREST POLICY IS GENERALLY AVAILABLE ON THE ORGANIZATION'S OR AFFILIATE'S WEBSITE. FINANCIAL STATEMENTS ARE MADE PUBLICLY AVAILABLE ON A QUARTERLY BASIS THROUGH FILINGS ON THE ELECTRONIC MUNICIPAL MARKET ACCESS ("EMMA") SYSTEM.

Return Reference - Identifier		Explanation											
FORM 990, PART VII, SECTION A - HOURS ON RELATED ENTITIES	UMMS IS A MULTI-ENTITY H ACUTE CARE HOSPITAL OW ENTITIES. A NUMBER OF INI SYSTEM. IN GENERAL, THE HOURS PER WEEK SERVING	INED IN A JOINT VE DIVIDUALS PROVID	ENTURE ARRANGE	MENT AND VARIOU ARIOUS ENTITIES \	JS SUPPORTING WITHIN THE								
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(e) Fundraising Expenses											
	CONTRACT	0											
	CORPORATE	0											
	LABOR	0											
	PHYSICIAN	0											
	Total	56,218,239	56,218,239	0	0								
FORM 990, PART XI, LINE 9 -		(a) Descriptio	n		(b) Amount								
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	EQUITY IN FOUNDATION				- 45,793								
	IT ENTERPRISE				- 1,870,000								
	CORPORATE DEPRECIATIO	N ALLOCATION			1,762,123								
	DB PENSION ADJUSTMENT				846,405								
	EQUITY TRANSFERS TO RE	LATED ORGS			- 864,800								
	HEALTH IBNR ADJUSTMEN	Г			2,198,857								

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

Name of the organization

CIVISTA MEDICAL CENTER, INC.

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section scont	g) 512(b)(13 rrolled tity?
						Yes	No
(1) BALTIMORE WASHINGTON EMERGENCY PHYS INC (52-1756326)	HEALTHCARE	MD	501(C)(3)	12 TYPE I	BWHS		~
301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061							
(2) BALTIMORE WASHINGTON HEALTHCARE SERVICES (52-1830243)	HEALTHCARE	MD	501(C)(3)	12 TYPE I	UMBWMS		~
301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061							
(3) BALTIMORE WASHINGTON MEDICAL CENTER INC (52-0689917)	HEALTHCARE	MD	501(C)(3)	3	UMBWMS		~
301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061							
(4) UM BALTIMORE WASHINGTON MEDICAL SYSTEM (52-1830242)	HEALTHCARE	MD	501(C)(3)	12 TYPE I	UMMSC		~
301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061							
(5) NORTH ARUNDEL DEVELOPMENT CORPORATION (52-1318404)	REAL ESTATE	MD	501(C)(2)		NCC		V
301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061							
(6) NORTH COUNTY CORPORATION (52-1591355)	REAL ESTATE	MD	501(C)(2)		UMBWMS		V
301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061							
(7) (SEE STATEMENT)							

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

Cat. No. 50135Y

64

OMB No. 1545-0047

2022

Open to Public

Inspection

Employer identification number

52-0445374

5/15/2024 10:54:28 AM

	Legal domicile (state or foreign	Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets			(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No		General or managing partner?		(k) Percentage ownership
	country)		sections 512-514)			Yes	No		Yes	No			
-		country)	e e	country) tax under	country) tax under	country) tax under	tax under	country) tax under	tax under	tax under	tax under		



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	(Section s contr ent	i) 512(b)(13) rolled tity?
								Yes	No
(1)(SEE STATEMENT)									
(2)									
(3)									
(4)									

Part V

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? Ia Ia <td< th=""></td<>
b Gift, grant, or capital contribution to related organization(s) 1b ✓ c Gift, grant, or capital contribution from related organization(s) 1c ✓ d Loans or loan guarantees by related organization(s) 1c ✓ e Loans or loan guarantees by related organization(s) 1c ✓ f Dividends from related organization(s) 1f ✓ g Sale of assets to related organization(s) 1f ✓ f Dividends from related organization(s) 1f ✓ g Sale of assets from related organization(s) 1f ✓ i Exchange of assets from related organization(s) 1j ✓ j Lease of facilities, equipment, or other assets to related organization(s) 1j ✓ k Lease of facilities, equipment, or other assets from related organization(s) 1ii ✓ n Performance of services or membership or fundraising solicitations for related organization(s) 1m ✓ n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1m ✓ n Sharing of paid employees with related organization(s) 1m ✓
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 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) (b) (c) (d) Mame of related organization
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Name of related organization Transaction Amount involved Method of determining amount involved
(1)
(2)
(3)
(4)
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(6)
Schedule R (Form 990) 2022

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

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.

I	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded	Are all sec 501	tion (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ttions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana part	ral or aging	(k) Percentage ownership
				sections 512-514)	Yes	No	lo		Yes	No		Yes	No	1
(1)														
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(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) So 512(b controlle	ection b)(13) d entity?
						Yes	No
(7) CHESTER RIVER HEALTH FOUNDATION INC (52-1338861) 100 BROWN STREET, CHESTERTOWN, MD 21620	FUNDRAISING	MD	501(C)(3)	8	UMSRH		~
(8) UNIV OF MD SHORE REGIONAL HEALTH, INC (52-2046500) 100 BROWN STREET, CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	12 TYPE I	UMMSC		~
(9) CHESTER RIVER HOSPITAL CENTER (52-0679694) 100 BROWN STREET, CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	3	UMSRH		~
(10) CHESTER RIVER MANOR INC (52-6070333) 200 MORGNEC ROAD, CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	10	UMSRH		~
(11) MARYLAND GENERAL CLINICAL PRACTICE GROUP (52-1566211) 827 LINDEN AVENUE, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	12 TYPE II	UMMTH		~
(12) UNIVERSITY OF MARYLAND MIDTOWN HEALTH, INC (52-1175337) 827 LINDEN AVENUE, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	12 TYPE II	UMMSC		~
(13) MARYLAND GENERAL HOSPITAL INC (52-0591667) 827 LINDEN AVENUE, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	3	UMMTH		~
(14) CARE HEALTH SERVICES INC (52-1510269) 219 SOUTH WASHINGTON STREET, EASTON, MD 21601	HEALTHCARE	MD	501(C)(3)	10	SHS		~
(15) MEMORIAL HOSPITAL FOUNDATION INC (52-1282080) 219 SOUTH WASHINGTON STREET, EASTON, MD 21601	FUNDRAISING	MD	501(C)(3)	12 TYPE I	SHS		~
(16) SHORE HEALTH SYSTEM INC (52-0160538) 219 SOUTH WASHINGTON STREET, EASTON, MD 21601	HEALTHCARE	MD	501(C)(3)	3	UMSRH		~
(17) UNIVERSITY OF MARYLAND COMMUNITY MEDICAL (52-1874111) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	3	UMSRH		~
(18) JAMES LAWRENCE KERNAN HOSPITAL INC (52-0591639) 2200 KERNAN DRIVE, BALTIMORE, MD 21207	HEALTHCARE	MD	501(C)(3)	3	UMMSC		~
(19) UMMS FOUNDATION, INC (52-2238893) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMMSC		~
(20) UNIVERSITY OF MD MEDICAL SYSTEM CORP (52-1362793) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	3	N/A		~
(21) UNIVERSITY OF MARYLAND CHARLES REGIONAL (52-2155576) PO BOX 1070, LA PLATA, MD 20646	HEALTHCARE	MD	501(C)(3)	12 TYPE III-FI	UMMSC		~
(22) CHARLES REGIONAL MEDICAL CENTER FOUNDATION (52-1414564) PO BOX 1070, LA PLATA, MD 20646	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMCRH		~
(23) UNIV OF MD ST. JOSEPH FOUNDATION, INC (52-1681044) 7601 OSLER DRIVE, TOWSON, MD 21204	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMSJHS		1
(24) UMSJ HEALTH SYSTEM, LLC (46-2097818) 7601 OSLER DRIVE, TOWSON, MD 21204	HEALTHCARE	MD	501(C)(3)	3	UMMSC		~
(25) HARFORD MEMORIAL HOSPITAL, INC (52-0591484) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	3	UMUCHS		~
(26) UM UPPER CHESAPEAKE HEALTH SYSTEM, INC (52-1398513) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	12 TYPE III-O	UMMSC		✓
(27) UPPER CHESAPEAKE HEALTH FOUNDATION, INC (52-1398507) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMUCHS		✓
(28) UPPER CHESAPEAKE MEDICAL CENTER, INC (52-1253920) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	3	UMUCHS		✓
(29) UPPER CHESAPEAKE MEDICAL SERVICES, INC (52-1501734) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	10	UMUCHS		~

(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) Se 512(b controlle	o)(13)
						Yes	No
(30) UPPER CHESAPEAKE PROPERTIES, INC (52-1907237) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	REAL ESTATE	MD	501(C)(2)		UMUCHS		~
(31) UPPER CHES RESIDENTIAL HOSPICE HOUSE, INC (26-0737028) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HOSPICE	MD	501(C)(3)	10	UMUCHS		~
(32) HARFORD CRISIS CENTER, INC. (52-1229742) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HOME CARE	MD	501(C)(3)	12 TYPE II	UMUCHS		~
(33) UM CAPITAL REGION HEALTH, INC (82-3596114) 250 W PRATT ST, STE 2400, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	12 TYPE III-FI	UMMSC		~
(34) DIMENSIONS HEALTH CORPORATION (52-1289729) 901 HARRY S. TRUMAN DRIVE N, UPPER MARLBORO, MD 20774	HEALTHCARE	MD	501(C)(3)	3	UMMSC		~
(35) DIMENSIONS HEALTHCARE ASSOCIATES (52-1902711) 901 HARRY S. TRUMAN DRIVE N, UPPER MARLBORO, MD 20774	HEALTHCARE	MD	501(C)(3)	12 TYPE I	UMCAPRH		~

(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	Disp tion alloc	ate ation ?	(i) Code V - UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j Gen o mana partr Yes	eral r aging ner?	(k) Percentage ownership
(1) ARUNDEL PHYSICIANS ASSOCIATES (52- 2000762) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	APA, INC	N/A	N/A	N/A	100	✓			✓	
(2) BALTIMORE WASHINGTON IMAGING (20- 0806027) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	UMBWMS	N/A	N/A	N/A		~			~	
(3) UNIVERSITYCARE LLC (52-1914892) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	HEALTHCARE	MD	UMMSC	N/A	N/A	N/A		~			1	
(4) O'DEA MEDICAL ARTS LIMITED PAR (52- 1682964) 7601 OSLER DRIVE, TOWSON, MD 21204	RENTAL	MD	SJMC PROP.	N/A	N/A	N/A		~			1	
(5) ADVANCED IMAGING AT ST JOSEPH (52- 1958002) 7601 OSLER DRIVE, TOWSON, MD 21204	HEALTHCARE	MD	UMSJMC	N/A	N/A	N/A		~			~	
(6) UM CHARLES REGIONAL IMAGING, LLC (30- 0956382) PO BOX 1070, LAPLATA, MD 20646	HEALTHCARE	MD	UMCRCP	N/A	N/A	N/A		~			1	
(7) BALTIMORE ASC VENTURES, LLC (82- 4133899) 7620 YORK ROAD, TOWSON, MD 21204	HEALTHCARE	DE	UMSJMC	N/A	N/A	N/A		~			1	
(8) UCHS/UMMS REAL ESTATE TRUST (27- 6803540) 520 UPPER CHESAPEAKE DRIVE, BEL AIR, MD 21014	HOLDING CO	MD	UMMSC	N/A	N/A	N/A		1			~	
(9) UM CHESAPEAKE SURGERY CENTER, LLC (87-3038857) 515 SOUTH TOLLGATE ROAD, BEL AIR, MD 21014	HEALTHCARE	MD	UCHV	N/A	N/A	N/A		1			~	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(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) Se 512(b contr enti Yes	o)(13) olled
(1) ARUNDEL PHYSICIANS ASSOCIATES, INC (52-1992649) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A	100	1
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES (52- 1936656) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		\checkmark
(3) BW PROFESSIONAL SERVICES, INC (52-1655640) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		~
(4) NA EXECUTIVE BUILDING CONDO ASSN, INC 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		~
(5) UM CHARLES REGIONAL CARE PARTNERS (52- 2176314) PO BOX 1070, LA PLATA, MD 20646	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		~
(6) UNIVERSITY MIDTOWN PROF CENTER (52-1891126) 827 LINDEN AVENUE, BALTIMORE, MD 21201	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		1
(7) UNIVERSITY OF MARYLAND HEALTH ADVANTAGE (46- 1411902) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORPORATION	N/A	N/A	N/A		~
(8) UNIVERSITY OF MARYLAND HEALTH PARTNERS (45- 2815803) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORPORATION	N/A	N/A	N/A		~
(9) UNIVERSITY OF MARYLAND MEDICAL SYSTEM HE (45- 2815722) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORPORATION	N/A	N/A	N/A		>
(10) UPPER CHESAPEAKE HEALTH VENTURES, INC (52- 2031264) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		>
(11) UPPER CHESAPEAKE MEDICAL CENTER LAND CON (77-0674478) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		\checkmark
(12) UPPER CHESAPEAKE MEDICAL OFFICE BUILDING (52-1946829) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		~
(13) SHORE ORTHOPEDICS, INC (37-1817262) 219 S WASHINGTON STREET, EASTON, MD 21601	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		~
(14) MADISON MANOR, INC (52-1269059) 5801 42ND AVE, HYATTSVILLE, MD 20781	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		1
(15) AFFILIATED ENTERPRISES, INC (52-1542144) 3001 HOSPITAL DRIVE, CHEVERLY, MD 20785	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		~
(16) DIMENSIONS ASSURANCE LTD (98-0348082) PO BOX 1363, GENESIS BLDG, GRAND CAYMAN, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A		~
(17) RIVERSIDE HEALTH OF DELAWARE, INC (46-3205820) 1966 GREENSPRING DRIVE, STE 600, TIMONIUM, MD 21093	HEALTHCARE	DE	N/A	C CORPORATION	N/A	N/A	N/A		>
(18) RIVERSIDE HEALTH OF DC, INC (46-1411713) 1966 GREENSPRING DRIVE, STE 600, TIMONIUM, MD 21093	HEALTHCARE	DC	N/A	C CORPORATION	N/A	N/A	N/A		~

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

University of Maryland Medical System Corporation and Subsidiaries Years Ended June 30, 2023 and 2022 With Report of Independent Auditors

Ernst & Young LLP



Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2023 and 2022

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Report of Independent Auditors

The Board of Directors University of Maryland Medical System Corporation

Opinion

We have audited the consolidated financial statements of University of Maryland Medical System Corporation and Subsidiaries (the Corporation), which comprise the consolidated balance sheets as of June 30, 2023 and 2022, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Corporation at June 30, 2023 and 2022, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Corporation and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.



Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.



Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary consolidating and combining/combined information is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Ernst + Young LLP

October 24, 2023

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Consolidated Balance Sheets (In Thousands)

	June 30			
		2023		2022
Assets				
Current assets:				
Cash and cash equivalents	\$	274,721	\$	244,529
Assets limited as to use, current portion		67,049		68,258
Accounts receivable:				
Patient accounts receivable, net		634,459		571,609
Other		92,543		292,147
Inventories		100,781		97,453
Prepaid expenses and other current assets		35,542		38,709
Total current assets		1,205,095		1,312,705
Investments		1,490,962		1,431,494
Assets limited as to use, less current portion		750,672		935,258
Property and equipment, net		2,876,463		2,828,105
Investments in joint ventures		134,642		98,016
Other assets		559,429		493,912
Total assets	\$	7,017,263	\$	7,099,490
Liabilities and net assets Current liabilities:				
Trade accounts payable	\$	294,022	\$	412,458
Accrued payroll and benefits		314,725		341,609
Advances from third-party payors		186,984		266,121
Lines of credit		80,000		81,000
Other current liabilities		160,256		135,616
Current portion of long-term debt		32,115		38,399
Total current liabilities		1,068,102		1,275,203
Long-term debt, less current portion		1,864,194		1,900,234
Other long-term liabilities		547,832		541,269
Interest rate swap liabilities		70,350		106,721
Total liabilities		3,550,478		3,823,427
Net assets:				
Without donor restrictions		3,226,247		3,041,971
With donor restrictions		240,538		234,092
Total net assets		3,466,785		3,276,063
Total liabilities and net assets	\$	7,017,263	\$	7,099,490

See accompanying notes to consolidated financial statements.

Consolidated Statements of Operations and Changes in Net Assets (In Thousands)

	Year Ended June 3			
	2023	2022		
Operating revenue, gains, and other support:				
Net patient service revenue	\$ 4,682,343	\$ 4,523,407		
State and county support	13,700	13,600		
CARES Act – provider relief funds	978	22,683		
Other revenue	371,579	333,367		
Total operating revenue, gains, and other support	5,068,600	4,893,057		
Operating expenses:				
Salaries, wages, and benefits	2,693,388	2,608,080		
Expendable supplies	924,459	864,693		
Purchased services	768,454	784,386		
Contracted services	328,588	328,391		
Depreciation and amortization	277,955	267,187		
Interest expense	57,942	40,145		
Total operating expenses	5,050,786	4,892,882		
Operating income	17,814	175		
Nonoperating income and expenses, net:				
Unrestricted contributions	7,434	3,508		
Equity (loss) in net income of joint ventures	5,209	(904)		
Investment income, net	13,378	155,850		
Change in fair value of investments	108,297	(304,297)		
Change in fair value of undesignated interest rate swaps	35,020	96,888		
Other nonoperating losses, net	(25,859)	(33,212)		
Excess (deficit) of revenues over expenses	\$ 161,293	\$ (81,992)		

Continued on page 6

Consolidated Statements of Operations and Changes in Net Assets (continued) (In Thousands)

	Without Donor Restrictions	With Donor Restrictions	Total
Balance at June 30, 2021	\$ 3,036,143	\$ 302,740	\$ 3,338,883
Deficit of revenues over expenses	(81,992)	φ 302,740	(81,992)
Investment losses, net	(01,772)	(9,443)	(9,443)
State support for capital	500	910	1,410
Contributions, net	14,044	15,909	29,953
Net assets released from restrictions used for	1.,0	10,909	_>,>00
operations and nonoperating activities	_	(5,925)	(5,925)
Net assets released from restrictions used for			
purchase of property and equipment	66,729	(66,729)	_
Change in economic and beneficial interests			
in the net assets of related organizations	1,244	(3,602)	(2,358)
Change in funded status of defined benefit			
pension plans	2,180	_	2,180
Other	3,123	232	3,355
Increase (decrease) in net assets	5,828	(68,648)	(62,820)
Balance at June 30, 2022	3,041,971	234,092	3,276,063
Excess of revenues over expenses	161,293	-	161,293
Investment gains, net	-	4,565	4,565
State support for capital	17,094	_	17,094
Contributions, net	2,027	19,558	21,585
Net assets released from restrictions used for			
operations and nonoperating activities	_	(9,473)	(9,473)
Net assets released from restrictions used for	2 0 40		
purchase of property and equipment	3,948	(3,948)	-
Change in economic and beneficial interests	1 0 5 0		
in the net assets of related organizations	1,058	(7,672)	(6,614)
Change in funded status of defined benefit	11 200		11 200
pension plans Other	11,300	- 2 /16	11,300
Increase in net assets	(12,444) 184,276	3,416 6,446	(9,028)
	/	,	<u>190,722</u>
Balance at June 30, 2023	\$ 3,226,247	\$ 240,538	\$ 3,466,785

See accompanying notes to consolidated financial statements.

Consolidated Statements of Cash Flows (In Thousands)

	Year Ended 3 2023	June 30 2022
Operating activities		
Increase (decrease) in net assets	\$ 190,722 \$	(62,820)
Adjustments to reconcile increase (decrease) in net assets to		
net cash provided by (used in) operating activities:		
Depreciation and amortization	277,955	267,187
Amortization of bond premium and deferred financing costs Net realized (gains) losses and change in fair value of	(2,366)	(2,456)
investments	(121,675)	148,447
Equity in net (income) loss of joint ventures	(5,209)	904
Change in economic and beneficial interests in net assets of		
related organizations	6,163	3,602
Change in fair value of interest rate swaps	(35,020)	(96,888)
Change in funded status of defined benefit pension plans	(11,300)	(2,180)
Restricted contributions, grants and other support, net	(24,123)	(7,376)
Gain on sale of home health agency	(3,500)	—
Change in operating assets and liabilities:		
Patient accounts receivable	(62,850)	(41,784)
Other receivables, prepaid expenses, other current assets,		
and other assets	133,453	(78,994)
Inventories	(3,328)	7,623
Trade accounts payable, accrued payroll and benefits, other		
current liabilities, and other long-term liabilities	(104,168)	(59,775)
Advances from third-party payors	 (79,137)	(447,812)
Net cash provided by (used in) operating activities	155,617	(372,322)
Investing activities		
Purchases and sales of investments and assets limited		
as to use, net	237,903	(119,745)
Purchases of alternative investments	(169,987)	(198,475)
Sales of alternative investments	139,103	342,050
Purchases of property and equipment	(326,313)	(363,384)
Sale of home health agency, net cash proceeds	4,753	4 507
Sale of UM Health Plan, LLC net cash proceeds	-	4,587
(Contributions to) Distributions from joint ventures, net	 (29,808)	2,951
Net cash used in investing activities	(144,349)	(332,016)

Continued on page 8

Consolidated Statements of Cash Flows (continued) (In Thousands)

	Year Ended June 30				
		2023	2022		
Financing activities					
Proceeds from long-term debt	\$	- \$	268,355		
Payment of debt issuance costs		_	(1,333)		
Repayment of long-term debt and finance leases		(39,958)	(297,561)		
Repayments of lines of credit, net		(1,000)	(32,000)		
Restricted contributions, grants, and other support		24,123	7,376		
UM Health Plan, LLC earnout proceeds		939	8,500		
Net cash used in financing activities		(15,896)	(46,663)		
Net decrease in cash, cash equivalents, and restricted cash		(4,628)	(751,001)		
Cash, cash equivalents, and restricted cash, beginning of year		374,423	1,125,424		
Cash, cash equivalents, and restricted cash, end of year	\$	369,795 \$	374,423		
Cash and cash equivalents	\$	274,721 \$	244,529		
Restricted cash included in assets limited as to use	•	95,074	129,894		
Cash, cash equivalents, and restricted cash, end of year	\$	369,795 \$	374,423		
Supplemental disclosures of cash flow information					
Cash paid during the year for interest, net of amounts capitalized	\$	58,809 \$	39,766		
Amount included in accounts payable for construction in progress	\$	48,764 \$	40,913		

See accompanying notes to consolidated financial statements.

Notes to Consolidated Financial Statements (In Thousands)

June 30, 2023

1. Organization and Summary of Significant Accounting Policies

Organization

The University of Maryland Medical System Corporation (the Corporation or UMMS) is a private, not-for-profit corporation, providing comprehensive healthcare services through an integrated regional network of hospitals and related clinical enterprises. UMMS was created in 1984 when its founding hospital was privatized by the State of Maryland. Prior to that time, the founding hospital was state-owned, operated and financed as part of the University of Maryland, now a part of the University System. As part of the privatization process, the Maryland General Assembly and the University of Maryland's Board of Regents adopted legislation (the Governance Legislation) separating the major health care delivery components from the University System to UMMS. This Governance Legislation provides for a certain level of oversight by the State of Maryland to ensure UMMS' founding purposes are consistently set forth in its functions and operating practices.

Over its history, UMMS evolved into a multi-hospital system with academic, community and specialty service missions reaching across Maryland. In continuing partnership with the University of Maryland School of Medicine, UMMS operates healthcare programs that improve the physical and mental health of thousands of people each day.

The accompanying consolidated financial statements include the accounts of the Corporation, its wholly owned subsidiaries, and entities controlled by the Corporation. In addition, the Corporation maintains equity interests in various unconsolidated joint ventures, which are described in Note 5.

The significant operating divisions of the Corporation are described in further detail below.

All material intercompany balances and transactions have been eliminated in consolidation.

University of Maryland Medical Center (Medical Center)

The Medical Center, which is a major component of UMMS, is a 739-bed academic medical center located in Baltimore. The Medical Center has served as the teaching hospital of the School of Medicine of the University System of Maryland, Baltimore since 1823. As part of the privatization in 1984, only clinical faculty members of the School of Medicine may serve as medical staff of the Medical Center.

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

The Medical Center is comprised of two operating divisions: University Hospital, which includes the Greenebaum Cancer Center, and Shock Trauma Center. University Hospital, which generates approximately 80% of the Medical Center's admissions and patient days, is a tertiary teaching hospital providing over 70 clinical services and programs. The Greenebaum Cancer Center specializes in the treatment of cancer patients and is a site for clinical cancer research. The Shock Trauma Center, which specializes in emergency treatment of patients suffering severe trauma, generates approximately 20% of admissions and patient days. The Medical Center also operates 36 South Paca Street, LLC, a wholly owned subsidiary that operates a residential apartment building.

The Corporation has certain agreements with various departments of the University of Maryland School of Medicine concerning the provision of professional and administrative services to the Corporation and its patients. Total expense under these agreements in the years ended June 30, 2023 and 2022 was approximately \$201,509 and \$201,321, respectively.

University of Maryland Rehabilitation and Orthopaedic Institute (ROI)

ROI is comprised of a medical/surgical and rehabilitation hospital in Baltimore with 138 licensed beds, which includes rehabilitation beds, chronic care beds, medical/surgical beds, and off-site physical therapy facilities.

A related corporation, The James Lawrence Kernan Endowment Fund, Inc. (Kernan Endowment), is governed by a separate, independent board of directors and is required to hold investments and income derived therefrom for the exclusive benefit of ROI. Accordingly, the accompanying consolidated financial statements reflect an economic interest in the net assets of the Kernan Endowment.

University of Maryland Medical Center Midtown Campus (Midtown)

Midtown is located in Baltimore city and is comprised of University of Maryland Midtown Hospital (UM Midtown), with 201 licensed beds, including 121 acute care beds and 80 chronic care beds and a wholly owned subsidiary providing primary care.

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

University of Maryland Baltimore Washington Medical System, Inc. (Baltimore Washington)

Baltimore Washington is located in Anne Arundel County, a suburb of Baltimore city, and is a health system comprised of University of Maryland Baltimore Washington Medical Center (UM Baltimore Washington), a 314-bed acute care hospital providing a broad range of services, and several wholly owned subsidiaries providing emergency physician and other services.

Baltimore Washington Medical Center Foundation, Inc. (BWMC Foundation) is governed by a separate, independent board of directors and is required to hold investments and income derived therefrom for the exclusive benefit of UM Baltimore Washington. Accordingly, the accompanying consolidated financial statements reflect an economic interest in the net assets of the BWMC Foundation.

University of Maryland Shore Regional Health System (Shore Regional)

Shore Regional is a health system located on the Eastern Shore of Maryland. Shore Regional owns and operates University of Maryland Memorial Hospital (UM Memorial), a 146-bed acute care hospital providing inpatient and outpatient services in Easton, Maryland; University of Maryland Cambridge (UM Cambridge), a freestanding medical facility, providing outpatient services in Cambridge, Maryland; University of Maryland Chester River Hospital Center (UM Chester River), a 12-bed acute care hospital providing inpatient and outpatient and outpatient services to the residents of Kent and Queen Anne's counties; Shore Emergency Center at Queenstown (Shore Emergency Center), a free-standing emergency center; and several other subsidiaries providing various outpatient and home care services.

Dorchester General Hospital Foundation, Inc. (Dorchester Foundation) is governed by a separate, independent board of directors to raise funds on behalf of UM Dorchester. Shore Regional does not have control over the policies or decisions of the Dorchester Foundation and, accordingly, the accompanying consolidated financial statements reflect a beneficial interest in the net assets of the Dorchester Foundation.

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

University of Maryland Charles Regional Health System, Inc. (Charles Regional)

Charles Regional owns and operates University of Maryland Charles Regional Medical Center (UM Charles Regional), which is comprised of a 104-bed acute care hospital and other community healthcare resources providing inpatient and outpatient services to the residents of Charles County in Southern Maryland.

University of Maryland St. Joseph Health System, LLC (St. Joseph)

St. Joseph owns and operates University of Maryland St. Joseph Medical Center (UM St. Joseph), a 207-bed, Catholic acute care hospital located in Towson, Maryland, as well as other subsidiaries providing inpatient and outpatient services to the residents of Baltimore County.

University of Maryland Upper Chesapeake Health System (Upper Chesapeake)

Upper Chesapeake is a health system located in Harford County, Maryland. Upper Chesapeake's healthcare delivery system includes two acute care hospitals, University of Maryland Upper Chesapeake Medical Center (UM Upper Chesapeake), a 202-bed acute care hospital and University of Maryland Harford Memorial Hospital (UM Harford Memorial), an 88-bed acute care hospital; a free-standing emergency and medical facility; a physician practice; and a land holding company.

University of Maryland Capital Region Health (Capital Region)

Capital Region is a health system located in Prince George's County. Capital Region owns and operates UM Capital Region Medical Center (UM Prince George's), a 205-bed acute care teaching hospital and Level II Trauma Center; UM Laurel Medical Center (UM Laurel), a free standing medical facility providing emergency medicine and outpatient surgery; and UM Bowie Health Center (UM Bowie), a free standing medical facility providing emergency medicine and diagnostic imaging and lab services.

University of Maryland Medical System Foundation, Inc. (UM Medicine Foundation)

The UM Medicine Foundation, a not-for-profit foundation, was established for the purpose of soliciting contributions on behalf of the Medical Center and certain other subsidiaries of UMMS.

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Cash and Cash Equivalents

Cash and cash equivalents, excluding amounts shown within investments and assets limited as to use, consist of cash and interest-bearing deposits with maturities of three months or less from the date of purchase. Cash and cash equivalent balances may exceed amounts insured by federal agencies and, therefore, bear a risk of loss. The Corporation has not experienced such losses on these funds.

Investments and Assets Limited as to Use

The Corporation's investment portfolios, except alternative investments, are classified as trading and are reported in the consolidated balance sheets as long-term assets at June 30, 2023 and 2022. Investment income earnings on cash and short-term investments associated with business operations are recorded in other operating revenues. Unrealized holding gains and losses on trading securities with readily determinable market values, as well as alternative investments, are included in nonoperating income. Investment income related to long-term investments, including realized gains and losses, is included in nonoperating income in the accompanying consolidated statements of operations and changes in net assets.

Assets limited as to use include investments set aside at the discretion of the board of directors for the replacement or acquisition of property and equipment, investments held by trustees under bond indenture agreements and self-insurance trust arrangements, and assets whose use is restricted by donors. Restricted investments are recorded in net assets with donor restrictions unless otherwise required by the donor or state law. Assets limited as to use also include the Corporation's economic interests in financially interrelated organizations (Note 13).

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Alternative investments, which the Corporation defines to include multi-strategy commingled funds, hedge funds, hedge fund-of-funds, and private equity investments, are recorded under the equity method of accounting. The equity method reflects the Corporation's share of the net asset values, as a practical expedient, which is based on the unit values of the interest as determined by the issuer sponsoring such interest dividing the fund's net assets at fair value by its units outstanding at the valuation dates. Because certain investments are not readily marketable, their fair value is subject to additional uncertainty and, therefore, values realized upon disposition may vary significantly from current reported values.

Investments are exposed to certain risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, changes in the value of investment securities could occur in the near term, and these changes could materially differ from the amounts reported in the accompanying consolidated financial statements.

Inventories

Inventories, consisting primarily of drugs and medical/surgical supplies, are carried at the lower of cost or market, on a first-in, first-out basis.

Economic Interests in Financially Interrelated Organizations

The Corporation recognizes its rights to assets held by recipient organizations, which accept cash or other financial assets from a donor and agree to use those assets on behalf of or transfer those assets, the return on investment of those assets, or both, to the Corporation. Changes in the Corporation's economic interests in these financially interrelated organizations are recognized in the accompanying consolidated statements of changes in net assets.

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are stated at cost or estimated fair value at date of contribution, less accumulated depreciation. Depreciation is provided on a straight-line basis over the estimated useful lives of the depreciable assets. The estimated useful lives of the assets are as follows:

Buildings	20 to 40 years
Building and leasehold improvements	5 to 15 years
Equipment	3 to 15 years

Interest costs incurred on borrowed funds less interest income earned on the unexpended bond proceeds during the period of construction are capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Deferred Financing Costs

Costs incurred related to the issuance of long-term debt, which are included in long-term debt, are deferred and are amortized over the life of the related debt agreements or the related letter of credit agreements using the effective-interest method.

Impairment of Long-Lived Assets

Long-lived assets, such as property, plant, and equipment, and purchased intangibles subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by comparing the carrying amount of an asset to estimated undiscounted

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized in the amount by which the carrying amount of the asset exceeds the fair value of the asset. Assets to be disposed of would be separately presented in the consolidated balance sheets and reported at the lower of the carrying amount or fair value less costs to sell, and are no longer depreciated. The assets and liabilities of a disposed group classified as held for sale would be presented separately in the appropriate asset and liability sections of the consolidated balance sheets.

Impairment losses of \$0 and \$2,274 were recorded for the years ended June 30, 2023 and 2022, respectively.

Investments in Joint Ventures

When the Corporation does not have a controlling interest in an entity where less than 50% of the voting common stock is owned or does not exert a significant influence over the entity, the Corporation applies the equity method of accounting.

Self-Insurance

Under the Corporation's self-insurance programs (general and professional liability, workers' compensation, and employee health and long-term disability benefits), incurred claims are estimated primarily based upon actuarial methods which include incurred but not reported claims analysis and reported claims the severity of incidents and the expected timing of claim payments. These estimates are continually reviewed and adjusted as necessary based on experience. These adjustments are recorded within the current period operating income.

Net Assets

The Corporation classifies net assets based on the existence or absence of donor-imposed restrictions. Net assets without donor restrictions represent contributions, gifts, and grants, which have no donor-imposed restrictions or which arise as a result of operations. Net assets with donor restrictions are subject to donor-imposed restrictions that must or will be met either by satisfying a specific purpose and/or passage of time. Generally, the donors of these assets permit the use of all or part of the income earned on related investments for specific purposes. The restrictions associated with these net assets generally pertain to patient care, specific capital projects, and funding of specific hospital operations and community outreach programs.

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Net Patient Service Revenue and Patient Accounts Receivable

In accordance with Accounting Standards Codification (ASC) 606, *Revenue from Contracts with Customers*, net patient service revenue, which includes hospital inpatient services, hospital outpatient services, physician services, and other patient services revenue, is recorded at the transaction price estimated by the Corporation to reflect the total consideration due from patients and third-party payors (including commercial payors and government programs) and others. Revenue is recognized over time as performance obligations are satisfied in exchange for providing goods and services in patient care. Revenue is recorded as these goods and services are provided. The services provided to a patient during an inpatient stay or outpatient visit represent a bundle of goods and services that are distinct and accounted for as a single performance obligation.

The Corporation's estimate of the transaction price includes the Corporation's standard charges for the goods and services provided, with a reduction recorded related to explicit price concessions for such items as contractual allowances, charity care, potential adjustments that may arise from payment and other reviews, and implicit price concessions, such as uncollectible amounts. The price concessions are determined using the portfolio approach as a practical expedient to account for patient contracts as collective groups rather than individually. Based on historical experience, a significant portion of the self-pay population will be unable or unwilling to pay for services and only the amount anticipated to be collected is recognized in the transactions price. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to net patient service revenue in the period of change. Subsequent changes that are determined to be the result of an adverse change in the payor's or patient's ability to pay are considered bad debt expense and recorded within operating expenses. Estimates for uncollectible amounts are based on the historical collections experience for similar payors and patients, current market conditions, and other relevant factors. The Corporation recognizes a significant amount of patient service revenue even though it does not assess the patient's ability to pay.

The standard charges for goods and services for the Medical Center, ROI, Midtown, Baltimore Washington, Shore Regional, Charles Regional, St. Joseph, Upper Chesapeake, and Capital Region reflects actual charges to patients based on rates established by the State of Maryland Health Services Cost Review Commission (HSCRC) in effect during the period in which the services are rendered. See Note 20 for further discussion on the HSCRC and regulated rates.

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Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Patient accounts are recorded at the net realizable value based on certain assumptions determined by each payor. For third-party payors, including Medicare, Medicaid, and commercial insurance, the net realizable value is based on the estimated contractual adjustments which are based on approved discounts on charges as permitted by the HSCRC. For self-pay accounts, which include patients who are uninsured and the patient responsibility portion for patients with insurance, the net realizable value is determined using estimates of historical collection experience.

The Corporation has elected to apply the optional exemption in ASC 606-10-50-14a, as all performance obligations relate to contracts with a duration of less than one year. Under this exemption, the Corporation was not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. Any unsatisfied or partially unsatisfied performance obligations at the end of the year are completed within days or weeks of the end of the year.

Net patient service revenue by line of business is as follows:

	Year Ended June 30				
	2023	2022			
Hospital inpatient and outpatient services	\$ 4,367,049	\$ 4,233,750			
Physician services	305,467	284,410			
Other	9,827	5,247			
Net patient service revenue	\$ 4,682,343	\$ 4,523,407			

Charity Care

The Corporation is committed to providing quality healthcare to all, regardless of one's ability to pay. Patients who meet the criteria of the Corporation's charity care policy receive services without charge or at amounts less than its established rates. The criteria for charity care consider the household income in relation to the federal poverty guidelines. The Corporation provides services at no charge for patients with adjusted gross income equal to or less than 200% of the federal poverty guidelines. For uninsured patients with adjusted gross income greater than 200% of the

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

federal poverty guidelines, a sliding scale discount is applied. Income and asset information obtained from patient credit reporting data are used to determine patients' ability to pay. The Corporation maintains records to identify and monitor the level of charity care it furnished under its charity care policy.

Due to the complexity of the eligibility process, the Corporation provides eligibility services to patients free of charge to assist in the qualification process. These eligibility services include, but are not limited to, the following:

- Financial assistance brochures and other information are posted at each point of service. When patients have questions or concerns, they are encouraged to call a toll-free number to reach customer service representatives during the business day. Financial assistance programs are published on the Corporation's website and are included on the statements provided to patients.
- The Corporation offers assistance to patients in completing the applications for Medicaid or other government payment assistance programs, or applying for care under the Corporation's charity care policy, if applicable. The Corporation also employs an external firm to assist in the eligibility process.
- Any patient, whether covered by insurance or not, may meet with a UMMS representative and receive financial counseling from UMMS' dedicated financial assistance unit.

The Corporation recognizes that a large number of uninsured and insured patients meet the charity care guidelines, but do not respond to the Corporation's attempts to obtain necessary financial information. In these instances, the Corporation uses credit reporting data to properly classify these unpaid balances as charity care as opposed to bad debt expense. Utilization of income and asset information and credit reporting data indicate the vast majority of amounts reported as uncollectible (implicit price concessions) represent amounts due from patients that would otherwise qualify for charity benefits, but do not respond to the Corporation's attempts to obtain the necessary financial information. In these cases, reasonable collection efforts are pursued, but yield few collections. Amounts determined to meet the criteria under the charity care policy or determined to be uncollectible from patients are reported as reductions to net patient service revenue.

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

The amounts reported as charity care represent the cost of rendering such services. Costs incurred are estimated based on the cost to charge ratio for each hospital and applied to charity care charges. The Corporation estimates the total direct and indirect costs to provide charity care were approximately \$51,325 and \$49,429 for the years ended June 30, 2023 and 2022, respectively.

Nonoperating Income and Expenses, Net

Other activities that are only indirectly related to the Corporation's primary business of delivering healthcare services are recorded as nonoperating income and expenses, and include income earned on long-term investments, equity in the net income of joint ventures, general donations and fund-raising activities, inherent contributions, changes in fair value of investments, changes in fair value of undesignated interest rate swaps, and settlement payments on interest rate swaps that do not qualify for hedge accounting treatment. Settlement payments on interest rate swaps were approximately \$7,930 and \$23,661 for the years ended June 30, 2023 and 2022, respectively, and are reported within other nonoperating losses, net.

Derivative Financial Instruments

The Corporation records derivative and hedging activities on the consolidated balance sheets at their respective fair values.

The Corporation utilizes derivative financial instruments to manage its interest rate risks associated with long-term debt. The Corporation does not hold or issue derivative financial instruments for trading purposes.

The Corporation's specific goals for its derivative financial instruments are to: (a) manage interest rate sensitivity by modifying the repricing or maturity characteristics of some of its debt, and (b) lower unrealized appreciation or depreciation in the market value of the Corporation's fixed-rate debt when that market value is compared with the cost of the borrowed funds. The effect of this unrealized appreciation or depreciation in market value; however, will generally be offset by the income or loss on the derivative instruments that are linked to the debt.

All derivative instruments are reported as other assets or interest rate swap liabilities in the consolidated balance sheets and measured at fair value. Currently, the Corporation is accounting for its interest rate swaps as economic hedges at fair value, with changes in the fair value recognized in other nonoperating income and expenses.

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Excess (Deficit) of Revenue over Expenses

The accompanying consolidated statements of operations and changes in net assets include a performance indicator, excess (deficit) of revenues over expenses. Changes in net assets without donor restrictions that are excluded from the performance indicator, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions, which, by donor restrictions, were to be used for the purpose of acquiring such assets), changes in the funded status of defined benefit pension plans, and other items that are required by generally accepted accounting principles to be reported separately.

Income Taxes

The Corporation and most of its subsidiaries are not-for-profit corporations formed under the laws of the State of Maryland, organized for charitable purposes and recognized by the Internal Revenue Service as tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code (the Code), pursuant to Section 501(a) of the Code. The effect of the taxable status of its for-profit subsidiaries is not material to the consolidated financial statements.

The Corporation follows a threshold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. Management does not believe that there are any unrecognized tax liabilities or benefits that should be recognized.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the promise becomes unconditional. Contributions are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction is satisfied, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Such amounts are classified as other revenue or transfers and additions to property and equipment. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions on the accompanying consolidated statements of operations and changes in net assets. Contributed nonfinancial assets received from donors are subsequently monetized.

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Contributions to be received after one year are discounted at a fixed discount rate commensurate with the risks involved. An allowance for uncollectible contributions receivable is provided based upon management's judgment, including such factors as prior collection history, type of contributions, and nature of fund-raising activity.

Fair Value Measurements

The following methods and assumptions were used by the Corporation in estimating the fair value of its financial instruments:

Cash and cash equivalents, accounts receivable, assets limited as to use, investments, trade accounts payable, accrued payroll and benefits, other accrued expenses, and advances from third-party payors – The carrying amounts reported in the consolidated balance sheets approximate the related fair values.

Pension plan assets – The Corporation applies Accounting Standards Update 2009-12, *Fair Value Measurements and Disclosures (Topic 820): Investments in Certain Entities That Calculate Net Asset per Share (or Its Equivalent)*, to its pension plan assets. The guidance permits, as a practical expedient, fair value of investments within its scope to be estimated using the net asset value (NAV) or its equivalent. The alternative investments classified within the fair value hierarchy have been recorded using the NAV.

The Corporation discloses its financial assets, financial liabilities, and fair value measurements of nonfinancial items according to the fair value hierarchy required by accounting principles generally accepted in the United States of America that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

• Level 1 inputs are quoted market prices (unadjusted) in active markets for identical assets or liabilities that the Corporation has the ability to access at the measurement date.

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Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

- Level 2 inputs are inputs other than quoted market prices including within Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 inputs are unobservable inputs for the asset or liability.

Assets and liabilities classified as Level 1 are valued using unadjusted quoted market prices for identical assets or liabilities in active markets. The Corporation uses techniques consistent with the market approach and the income approach for measuring fair value of its Level 2 and Level 3 assets and liabilities. The market approach is a valuation technique that uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. The income approach generally converts future amounts (cash flows or earnings) to a single present value amount (discounted).

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level of input that is significant to the fair value measurement in its entirety.

As of June 30, 2023 and 2022, the Level 2 assets and liabilities listed in the fair value hierarchy tables presented in Notes 3 and 11 utilize the following valuation techniques and inputs:

U.S. Government and agency securities

The fair value of investments in U.S. Government, state, and municipal obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads. U.S. Government and agency securities also include treasury notes that are based on quoted market prices in active markets.

Corporate obligations

The fair value of investments in U.S. and international corporate bonds is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker-dealer quotes, issuer spreads, and

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

security specific characteristics, such as early redemption options. The fair value of collateralized corporate obligations is primarily determined using techniques consistent with the income approach, such as a discounted cash flow model. Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and quotes. Corporate obligations also include commercial paper that is based on quoted market prices in active markets.

Derivative liabilities

The fair value of derivative contracts is primarily determined using techniques consistent with the market approach. Derivative contracts include interest rate, credit default, and total return swaps. Significant observable inputs to valuation models include interest rates, treasury yields, volatilities, credit spreads, maturity, and recovery rates.

Alternative investments

Alternative investments measured at fair value represent funds included on the consolidated balance sheet that are reported using NAV as a practical expedient. These amounts are not required to be categorized in the fair value hierarchy. The fair value of these investments is based on the net asset value information provided by the general partners. Fair value is based on the proportionate share of the NAV based on the most recent partners' capital statements received from the general partners. Certain alternative investments are utilizing NAV to calculate fair value and are included in alternative investments in the fair value hierarchy tables presented in Note 3.

Commitments and Contingencies

Liabilities for loss contingencies arising from claims, assessments, litigation, fines, penalties, and other sources are recorded when it is probable that a liability has been incurred and the amount can be reasonably estimated. Legal costs incurred in connection with loss contingencies are expensed as incurred.

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Going Concern

Management evaluates whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern within one year after the date the consolidated financial statements are issued. As of the date of this report, there are no conditions or events that raise substantial doubt about the Corporation's ability to continue as a going concern.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

2. COVID-19 Pandemic and the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020

In response to COVID-19, the CARES Act was signed into law on March 27, 2020. The CARES Act authorizes funding to hospitals and other healthcare providers to be distributed through the Public Health and Social Services Emergency Fund (Relief Fund). Payments from the Relief Fund are to be used to prevent, prepare for, and respond to COVID-19 and shall reimburse the recipient for health care related expenses or lost revenues attributable to COVID-19. Such amounts are not required to be repaid, provided the recipients attest to and comply with the terms and conditions.

The U.S. Department of Health and Human Services' distributions from the Relief Fund include general distribution and targeted distributions to support hospitals in high impact areas and rural providers. For the years ended June 30, 2023 and 2022, the Corporation received and recognized as other operating revenue approximately \$978 and \$22,683, respectively, in relief funding.

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. COVID-19 Pandemic and the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 (continued)

In April 2020, the Corporation requested Medicare advanced payments under the Centers for Medicare & Medicaid Services' Accelerated and Advanced Payment Program designed to increase cash flow to Medicare providers and suppliers impacted by COVID-19. The Medicare advanced payment program allows eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. The Corporation received approximately \$641,300 of advanced payments with repayment to occur based upon the terms and conditions of the program. All funds have been repaid as of June 30, 2023. At June 30, 2022, \$105,063 was not yet repaid and represented contract liabilities under Topic 606 and was recorded in advances from third-party payors within the accompanying consolidated balance sheet.

The CARES Act provided for deferred payment of the employer portion of social security taxes through December 31, 2020, with 50% of the deferred amount due December 31, 2021, and the remaining 50% due December 31, 2022. At June 30, 2023, all deferred funds had been repaid. As of June 30, 2022, the Corporation deferred \$38,331 which was recorded in accrued payroll in the accompanying consolidated balance sheet.

Effective May 11, 2023, the COVID-19 Public Health Emergency ended.

Notes to Consolidated Financial Statements (continued) (In Thousands)

3. Investments and Assets Limited as to Use

The carrying values of assets limited as to use were as follows:

	June 30			
		2023	2022	
Investments held for collateral	\$	5,667 \$	6,840	
Debt service and reserve funds		54,279	55,873	
Construction funds – held by trustee		195,843	336,591	
Construction funds – held by the Corporation		102,828	96,629	
Board designated funds		30,000	90,000	
Self-insurance trust funds		245,536	240,220	
Funds restricted by donors		130,238	117,870	
Economic and beneficial interests in the net assets of				
related organizations (Note 13)		53,330	59,493	
Total assets limited as to use		817,721	1,003,516	
Less amounts available for current liabilities		(67,049)	(68,258)	
Total assets limited as to use, less current portion	\$	750,672 \$	935,258	

Notes to Consolidated Financial Statements (continued) (In Thousands)

3. Investments and Assets Limited as to Use (continued)

The carrying values of assets limited as to use were as follows:

	Н	estments eld for llateral	Debt Service and Reserve Funds	-	onstruction Funds	De	Board signated Funds		Self- nsurance Trust Funds		Funds estricted y Donors	В	Cconomic and Beneficial Interests	Total
June 30, 2023 Cash and cash equivalents	\$	5,667	\$ 54,279	¢	101,108	¢	5,316	¢	197	¢	16,959	¢	¢	183,526
Corporate obligations	Φ	5,007	\$ 54, 279	φ	66,548	Φ	5,510	Φ	2,469	Φ	4.112	Φ	- \$	73,129
Fixed income funds		_	_				2,260		381		18,594		_	21,235
U.S. Government and agency							2,200		201		10,051			21,200
securities		_	-		131,015		_		135		3,893		_	135,043
Common stocks, including mutual					/						,			,
funds		_	-		-		6,059		-		55,033		_	61,092
Alternative investments		-	-		-		16,365		-		31,647		-	48,012
Assets held by other organizations		-	_		_		-		242,354		-		53,330	295,684
Total assets limited as to use	\$	5,667	\$ 54,279	\$	298,671	\$	30,000	\$	245,536	\$	130,238	\$	53,330 \$	817,721
June 30, 2022														
Cash and cash equivalents	\$	-	\$ 54,132	\$	163,575	\$	65,312	\$	604	\$	8,816	\$	- \$	292,439
Corporate obligations		-	-		45,410		2,028		5,775		8,032		-	61,245
Fixed income funds		-	-		-		2,345		2,272		20,838		_	25,455
U.S. Government and agency securities		6,840	1,741		224,235		1,307		11,243		10,093		-	255,459
Common stocks, including mutual funds		_	-		_		6,141		5,750		45,639		_	57,530
Alternative investments		-	-		-		12,867		2,080		24,452		-	39,399
Assets held by other organizations		-	_		-		-		212,496		-		59,493	271,989
Total assets limited as to use	\$	6,840	\$ 55,873	\$	433,220	\$	90,000	\$	240,220	\$	117,870	\$	59,493 \$	1,003,516

Self-insurance trust funds include amounts held by the Maryland Medicine Comprehensive Insurance Program (MMCIP) for payment of malpractice claims. These assets consist primarily of cash, stocks and fixed-income, corporate obligations, and alternative investments. MMCIP is a funding mechanism for the Corporation's malpractice insurance program. As MMCIP is not an insurance provider, transactions with MMCIP are recorded under the deposit method of accounting. Accordingly, the Corporation accounts for its participation in MMCIP by carrying limited-use assets representing the amount of funds contributed to MMCIP and recording a liability for claims, which is included in other current and other long-term liabilities in the accompanying consolidated balance sheets. These assets include the Corporation's portion of the investment pool shared with University of Maryland Faculty Physicians, Inc., which is part of the University of Maryland School of Medicine.

Notes to Consolidated Financial Statements (continued) (In Thousands)

3. Investments and Assets Limited as to Use (continued)

The related restricted cash and cash equivalents included in investments held for collateral, debt service and reserve funds, construction funds (held by trustee), and funds restricted by donors are included in the accompanying consolidated statements of cash flows for the years ended June 30, 2023 and 2022.

The carrying values of investments were as follows:

	June 30				
		2023	2022		
Cash and cash equivalents	\$	204,856 \$	93,020		
Corporate obligations		41,764	121,256		
Fixed income funds		51,589	92,294		
U.S. Government and agency securities		131,370	208,956		
Common stocks		471,822	388,013		
Alternative investments:					
Hedge funds/private equity		153,325	61,449		
Commingled funds		436,236	466,506		
	\$	1,490,962 \$	1,431,494		

Alternative investments include hedge fund, private equity, and commingled investment funds, which are valued using the equity method of accounting. As of June 30, 2023, the majority of these alternative investments are subject to 30 day or less notice requirements and are available to be redeemed on at least a monthly basis. Approximately \$91,619 of the alternative investments were subject to 31–60-day notice requirements and can only be redeemed monthly, quarterly, or annually. Other funds, totaling approximately \$75,897, are subject to over 60-day notice requirements and can only be redeemed quarterly or annually. There is approximately \$29,968 of other funds that are subject to lockup restrictions and are not available to be redeemed until certain time restrictions are met, which range from three to ten years. The Corporation had approximately \$53,294 of unfunded commitments in alternative investments as of June 30, 2023.

Notes to Consolidated Financial Statements (continued) (In Thousands)

3. Investments and Assets Limited as to Use (continued)

The following table presents investments and assets limited as to use that are measured at fair value on a recurring basis at June 30, 2023:

	 Level 1		Level 2		Level 3	Total
Assets						
Investments:						
Cash and cash equivalents	\$ 204,856	\$	_	\$	_	\$ 204,856
Corporate obligations	17,960		23,804		_	41,764
Fixed income funds	51,589		-		_	51,589
U.S. Government and agency securities	95,759		35,611		_	131,370
Common stocks, including mutual funds	471,822		-		_	471,822
-	\$ 841,986	\$	59,415	\$	_	901,401
Alternative investments, reported using NAV:	 	<u> </u>		-		,
Hedge funds/private equity						153,325
Commingled funds					_	436,236
Total investments					_	\$ 1,490,962
Assets limited as to use: Cash and cash equivalents Corporate obligations Fixed income funds U.S. Government and agency securities Common stocks, including mutual funds Investments held by other organizations	\$ 183,526 16,945 21,235 134,680 61,092 - 417,478	-	- 56,184 - 363 - - 56,547	\$	- - - 53,330 53,330	\$ 183,526 73,129 21,235 135,043 61,092 53,330 527,355
Alternative investments, reported using NAV: Investments held by other organizations* Hedge funds/private equity Commingled funds					-	\$ 242,354 16,267 <u>31,745</u> 817,721

*"Investments held by other organizations" recorded using the NAV as a practical expedient include assets of the MMCIP Self-insurance Trust, which holds Level 1, Level 2 and alternative investments within its portfolios. Alternative investments include hedge fund, private equity, and commingled investment funds, which are valued using the equity method of accounting. As of June 30, 2023, the majority of these alternative investments are subject to 30 day or less notice requirements and are available to be redeemed on at least a monthly basis.

Notes to Consolidated Financial Statements (continued) (In Thousands)

3. Investments and Assets Limited as to Use (continued)

The following table presents investments and assets limited as to use that are measured at fair value on a recurring basis at June 30, 2022:

	Level 1	Level 2	Level 3	Total
Assets				
Investments:				
Cash and cash equivalents	\$ 93,020	\$ -	\$ _	\$ 93,020
Corporate obligations	46,795	74,461	_	121,256
Fixed income funds	92,294	—	—	92,294
U.S. Government and agency securities	168,767	40,189	—	208,956
Common stocks, including mutual funds	 388,013	_	_	388,013
	\$ 788,889	\$ 114,650	\$ _	903,539
Alternative investments, reported				
using NAV:				
Hedge funds/private equity				61,449
Commingled funds			_	466,506
Total investments				\$ 1,431,494
			=	
Assets limited as to use:				
Cash and cash equivalents	\$ 292,439	\$ _	\$ _	\$ 292,439
Corporate obligations	3,093	58,152	_	61,245
Fixed income funds	25,455	_	_	25,455
U.S. Government and agency securities	236,003	19,456	_	255,459
Common stocks, including mutual funds	57,530	_	_	57,530
Investments held by other organizations	 _	_	59,493	59,493
	\$ 614,520	\$ 77,608	\$ 59,493	751,621
Alternative investments, reported				
using NAV:				
Investments held by other				
organizations*				212,496
Hedge funds/private equity				17,875
Commingled funds			-	21,524
			_	\$ 1,003,516

*"Investments held by other organizations" recorded using the NAV as a practical expedient include assets of the MMCIP Self-insurance Trust, which holds Level 1, Level 2 and alternative investments within its portfolios. Alternative investments include hedge fund, private equity, and commingled investment funds, which are valued using the equity method of accounting. As of June 30, 2022, the majority of these alternative investments are subject to 30 day or less notice requirements and are available to be redeemed on at least a monthly basis.

Notes to Consolidated Financial Statements (continued) (In Thousands)

3. Investments and Assets Limited as to Use (continued)

Changes to Level 1 and Level 2 securities between June 30, 2023 and 2022 were the result of strategic investments and reinvestments, interest income earnings, and changes in the fair value of investments.

The Corporation's total return on its investments and assets limited as to use was as follows:

	Year Ended June 30			
	 2023	2022		
Dividends and interest, net of fees	\$ 30,823 \$	14,120		
Net realized (losses) gains	(13,329)	146,745		
Change in fair value of trading securities and alternative				
investments	112,488	(318,755)		
Total investment return	\$ 129,982 \$	(157,890)		

Total investment return is classified in the accompanying consolidated statements of operations and changes in net assets as follows:

	Year Ended June 30			
	2023			2022
Other operating revenue	\$	3,742	\$	_
Nonoperating investment income, net		13,378		155,850
Change in fair value of unrestricted investments		108,297		(304,297)
Investment gains (losses) on net assets with donor				
restrictions		4,565		(9,443)
Total investment return	\$	129,982	\$	(157,890)

Investment return does not include the returns on the economic interests in the net assets of related organizations, the returns on the self-insurance trust funds, returns on undesignated interest rates swaps, or the returns on certain construction funds where amounts have been capitalized.

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Notes to Consolidated Financial Statements (continued) (In Thousands)

4. Property and Equipment

The following is a summary of property and equipment:

	June 30			
	2023		2022	
Land	\$ 204,6	676	\$ 205,013	
Buildings	2,123,0)14	2,047,527	
Building and leasehold improvements	1,265,3	55	1,208,625	
Equipment	2,479,6	544	2,341,278	
Construction in progress	367,0)56	320,396	
	6,439,7	'45	6,122,839	
Less accumulated depreciation and amortization	(3,563,2	282)	(3,294,734)	
	\$ 2,876,4	63	\$ 2,828,105	

Interest cost capitalized was \$11,552 and \$19,242 for the years ended June 30, 2023 and 2022, respectively. Remaining contractual commitments on construction projects were approximately \$261,552 at June 30, 2023.

Construction in progress includes building and renovation costs for assets that have not yet been placed into service. These costs relate to major construction projects as well as routine renovations under way at the Corporation's facilities.

5. Investments in Joint Ventures

The Corporation has equity method investments valued at approximately \$134,642 and \$98,016 at June 30, 2023 and 2022, respectively, in the following unconsolidated joint ventures:

	Ownership %	2023	2022
Mt. Washington Pediatric Hospital, Inc.			
(Mt. Washington)	50%	\$ 76,305	\$ 74,407
Terrapin Insurance	50%	975	975
Other investments	10%-51%	57,362	22,634
		\$ 134,642	\$ 98,016

Notes to Consolidated Financial Statements (continued) (In Thousands)

5. Investments in Joint Ventures (continued)

During the fiscal year ending June 30, 2023, the Corporation invested \$32,934 in joint ventures related to post-acute healthcare, which are reported as other investments in the schedule below.

The Corporation recorded equity in net income (loss) of \$5,209 and \$(904) related to its joint ventures for the years ended June 30, 2023 and 2022, respectively.

The following is a summary of the Corporation's joint ventures' combined unaudited condensed financial information as of and for the years ended June 30:

			20)23			
	W	Mt. ashington	Terrapin		Others		Total
Current assets Noncurrent assets	\$	15,230 142,885	\$ 439 417,714	\$	50,799 49,590	\$	66,468 610,189
Total assets	\$	158,115	\$ 418,153	\$	100,389	\$	676,657
Current liabilities Noncurrent liabilities Net assets Total liabilities and net assets	\$ \$	14,754 6,659 136,702 158,115	\$ 2,518 413,685 1,950 418,153	\$ \$	7,491 22,622 70,276 100,389	\$ \$	24,763 442,966 208,928 676,657
Total operating revenue Total operating expenses Total nonoperating (losses) gains,	\$	65,570 (68,508)	\$ 48,408 (58,379)	\$		\$	225,768 (219,693)
Contributions from (to) owners Other changes in net assets, net		5,657 2,675	9,971 		(2,838) (8,343) 1,077		12,790 (8,343) 3,752
Increase in net assets	\$	5,394	\$ _	\$	8,880	\$	14,274

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Notes to Consolidated Financial Statements (continued) (In Thousands)

5. Investments in Joint Ventures (continued)

				20)22		
		Mt.					
	W	ashington		Terrapin		Others	Total
Current assets	\$	20,063	\$	45,504	\$	29,670 \$	95,237
Noncurrent assets	Ŷ	135,745	Ŷ	318,139	Ŷ	44,401	498,285
Total assets	\$	155,808	\$	363,643	\$	74,071 \$	593,522
Current liabilities	\$	17,945	\$	1,893	\$	5,310 \$	25,148
Noncurrent liabilities		6,555		359,800		16,445	382,800
Net assets		131,308		1,950		52,316	185,574
Total liabilities and net assets	\$	155,808	\$	363,643	\$	74,071 \$	593,522
Total operating revenue	\$	60,916	\$	85,535	\$	86,040 \$	232,491
Total operating expenses		(64,586)		(63,725)		(72,923)	(201,234)
Total nonoperating (losses) gains,				(21.010)		400	
net		(6,280)		(21,810)		499	(27,591)
Contributions from (to) owners		_		_		(14,263)	(14,263)
Other changes in net assets, net		486		—		(3,701)	(3,215)
Decrease in net assets	\$	(9,464)	\$	_	\$	(4,348) \$	(13,812)

6. Leases

The Corporation determines if an arrangement is a lease at inception of the contract. Operating leases are included in other assets, other current liabilities, and other long-term liabilities on the consolidated balance sheets. Finance leases are included in property, plant, and equipment, other current liabilities, and other long-term liabilities on the accompanying consolidated balance sheets.

The Corporation's leases primarily consist of real estate leases for medical and administrative office buildings. Operating leases are included in other assets, other current liabilities, and other long-term liabilities on the consolidated balance sheets. Finance leases are included in property, plant, and equipment, other current liabilities, and other long-term liabilities on the accompanying consolidated balance sheets.

Notes to Consolidated Financial Statements (continued) (In Thousands)

6. Leases (continued)

Lease liabilities are recognized based on its present value, net of the future minimum lease payments over the lease term using the Corporation's incremental borrowing rate based on the information available at commencement. The ROU asset is derived from the lease liability and also includes any lease payments made and excludes lease incentives and initial direct costs incurred. Certain lease agreements for real estate include payments based on actual common area maintenance expenses, and others include rental payments adjusted periodically for inflation. These variable lease payments are recognized in purchased services, net, but are not included in the ROU asset or liability balances. Lease agreements may include one or more renewal options which are at the Corporation's sole discretion. The Corporation does not consider the renewal options to be reasonably likely to be exercised; therefore, they are not included in ROU assets and lease liabilities. Lease expense for minimum lease payments is recognized on a straight-line basis over the lease term for operating leases.

In accordance with ASC 842, *Leases*, the Corporation has elected to not recognize ROU assets and lease liabilities for short-term leases with a lease term of 12 months or less. The Corporation recognizes the lease payments associated with its short-term leases as an expense on a straight-line basis over the lease term. Variable lease payments associated with these leases are recognized and presented in the same manner as all other leases.

The following table summarizes the components of operating and finance lease assets and liabilities classified as current and noncurrent on the accompanying consolidated balance sheets:

	Consolidated Balance		June 3)	
	Sheet Classification		2023	2022	
Operating leases					
Operating lease ROU assets	Other assets	\$	92,700 \$	89,633	
Operating lease obligation –					
current	Other current liabilities		(16,092)	(14,098)	
Operating lease obligation –					
long-term	Other long-term liabilities		(80,473)	(79,414)	
Finance leases					
Finance lease ROU assets	Property and equipment, net	\$	37,860 \$	37,123	
Current finance lease liabilities	Other current liabilities		(1,055)	(448)	
Long-term finance lease liabilities	Other long-term liabilities		(44,572)	(44,922)	

Notes to Consolidated Financial Statements (continued) (In Thousands)

6. Leases (continued)

The components of lease expense were as follows:

	Year Ended June 30				
		2023	2022		
Finance lease expense:					
Amortization of ROU assets	\$	1,065 \$	1,022		
Interest on lease liabilities		1,564	1,574		
Total finance lease expense		2,629	2,596		
Operating lease expense		19,681	18,648		
Short-term/variable lease expense		15,370	13,718		
Total lease expense	\$	37,680 \$	34,962		

Commitments related to noncancelable operating and finance leases for each of the next five years and thereafter as of June 30, 2023 are as follows:

	0	perating	Finance
2024	\$	18,071 \$	2,625
2025		16,106	2,625
2026		14,419	2,522
2027		9,842	2,006
2028		7,855	2,006
Thereafter		43,994	45,044
Total		110,287	56,828
Less: Present value discount		(13,722)	(11,201)
Lease liabilities	\$	96,565 \$	45,627

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Notes to Consolidated Financial Statements (continued) (In Thousands)

6. Leases (continued)

The following table provides the cash paid for amounts included in the measurement of lease obligations:

	Year Ended June 30				
		2023			
Operating leases	\$	19,222	\$	19,695	
Financing leases		2,109		2,006	
Total cash paid	\$	21,332	\$	21,701	

Other information is as follows:

	Year Ended June 30		
	2023	2022	
Weighted average remaining lease terms (in years):			
Finance leases	7.34	8.52	
Operating leases	8.83	9.15	
Weighted average discount rate:			
Finance leases	3.48%	3.53%	
Operating leases	2.79%	2.95%	

7. Line of Credit

For the years ended June 30, 2023 and 2022, the Corporation had a \$250,000 revolving line of credit outstanding with a syndicate of banking partners. The line of credit has a three year term, and its current expiration date is August 23, 2025. Interest is calculated based on a variable rate option or percentage based on the Secured Overnight Financing Rate (SOFR). As of June 30, 2023 and 2022, the amount outstanding on the line of credit was \$80,000 and \$81,000, respectively. The calculated interest rates as of June 30, 2023 and 2022 were between 4.75% and 8.25%, depending on the timing of draws.

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt and Other Borrowings

Long-term debt consists of the following:

		Payable in	Ju	ne 30
	Interest Rate	Fiscal Year(s)	2023	2022
MHHEFA project revenue bonds:				
Corporation issue, payments due				
annually UCHS Term Loan:				
Series 2021A/B Bonds	Variable rate	2023-2043(1)	\$ 262,405	\$ 268,355
Series 2020B/D Bonds	3.05%-5.00%	2041-2051	752,680	752,680
Series 2017D/E Bonds	4.00%-4.17%	2045-2049	189,965	189,965
Series 2017B/C Bonds	1.98% - 5.00%	2018-2040	219,405	238,840
Series 2016A–F Bonds	Variable rate	$2017 - 2042^{(1)}$	190,060	193,825
Series 2015 Bonds	3.00%-5.00%	2016-2042	68,965	70,585
Series 2013 Bonds	4.00%-5.00%	2014-2044	115,055	115,055
Series 2008D/ Bonds	Variable rate	2025-2042	50,000	50,000
MHHEFA Pooled Loan Program	Variable rate	2017-2035	13,300	14,250
Other long-term debt:				
Term loans	1.86%-4.44%	2009-2023	-	5,906
Other loans, mortgages and notes		Monthly,		
payable	3.25%-6.50%	2001-2026	7,714	9,915
Total debt			1,869,549	1,909,376
Less current portion of long-term debt			32,115	38,399
			1,837,434	1,870,977
Plus unamortized premiums and				
discounts, net			37,935	41,037
Less unamortized deferred financing			-	
costs			(11,175)	(11,780)
			\$ 1,864,194	\$ 1,900,234

⁽¹⁾Mandatory bond repurchases are scheduled to occur in the following (fiscal years), unless the bondholding bank and the Obligated Group agree to an extension: 2016B (2027), 2016C (2024), 2016F (2027), 2021A (2028) and 2021B (2025).

Pursuant to an Amended and Restated Master Loan Agreement, dated December 1, 2017 (UMMS Master Loan Agreement), the Corporation and several of its subsidiaries have issued debt through Maryland Health and Higher Educational Facilities Authority (MHHEFA or the Authority). As security for the performance of the bond obligation under the Master Loan Agreement, the

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt and Other Borrowings (continued)

Authority maintains a security interest in the revenue of the obligors. The UMMS Master Loan Agreement contains certain restrictive covenants. These covenants require that rates and charges be set at certain levels, limit incurrence of additional debt, require compliance with certain operating ratios and restrict the disposition of assets.

The Obligated Group under the UMMS Master Loan Agreement includes the Medical Center, ROI, UM Midtown, UM Baltimore Washington, Shore Health (UM Memorial and UM Dorchester), UM Chester River, UM Charles Regional, UM St. Joseph, UM Upper Chesapeake, UM Harford Memorial, UM Laurel, UM Prince George's, Bowie Health Center (Bowie), and the UM Medicine Foundation. Each member of the Obligated Group is jointly and severally liable for the repayment of the obligations under the UMMS Master Loan Agreement.

On December 8 and 22, 2021, MHHEFA issued \$160,845 of tax-exempt Revenue Bonds, Series 2021A, and \$107,510 of taxable Revenue Bonds, Series 2021B. The proceeds were used for the purpose of refinancing existing debt, including the redemption of the Series 2007A, 2008E, 2016A, 2016D and 2017A Bonds.

The aggregate annual future maturities of long-term debt, according to the original terms of the Master Loan Agreement and all other loan agreements, are as follows for the years ending June 30:

2024	\$ 32,115
2025	112,475
2026	35,892
2027	170,815
2028	182,405
Thereafter	1,335,847
	\$ 1,869,549

The Corporation's Series 2008D Bonds are variable rate demand bonds requiring a remarketing agent to purchase and remarket any bonds tendered before the stated maturity date. The reimbursement obligations with respect to the letters of credit are evidenced and secured by the bonds. To provide liquidity support for the timely payment of any bonds that are not successfully remarketed, the Corporation has entered into a letter-of-credit agreement with a banking institution. The agreement has a term that expires in 2027. If the bonds are not successfully

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt and Other Borrowings (continued)

remarketed, the Corporation is required to pay an interest rate specified in the letter-of-credit agreement, and the principal repayment of bonds may be accelerated to require repayment in 48 months from the date of the failed remarketing. The Corporation has reflected the amount of its long-term debt that is subject to these short-term remarketing arrangements within the consolidated balance sheet according to the maturity of the bond's related letter of credit agreements. In the event that bonds are not remarketed, the Corporation maintains available letters of credit and has the ability to access other sources to obtain the necessary liquidity to comply with accelerated repayment terms. All variable rate demand bonds were successfully remarketed as of June 30, 2023 and 2022.

The approximate interest rates on outstanding debt bearing interest at variable rates were as follows:

	June 30		
	2023	2022	
Series 2008D Bonds	3.60%	0.61%	
Series 2016B Bonds	4.59	1.72	
Series 2016C Bonds	4.56	1.76	
Series 2016E Bonds	4.89	1.57	
Series 2016F Bonds	4.56	1.12	
Series 2021A Bonds	4.55	1.45	
Series 2021B Bonds	4.29	1.19	
Series 1985 Pooled Loan Program (MHHEFA)	4.00	1.00	

9. Interest Rate Risk Management

The Corporation uses a combination of fixed and variable rate debt to finance capital needs. The Corporation maintains an interest rate risk-management strategy that uses interest rate swaps to minimize significant, unanticipated earnings fluctuations that may arise from volatility in interest rates.

Notes to Consolidated Financial Statements (continued) (In Thousands)

9. Interest Rate Risk Management (continued)

At June 30, 2023 and 2022, the Corporation's notional values of outstanding interest rate swaps and the corresponding mark-to-market values are as follows:

		Notional Amount	Pay Rate	Receive Rate	Maturity Date		Mark to Market
June 30, 2023							
Swap #1	\$	70,512	3.59%	70% 1-month LIBOR	7/1/2031	\$	(1,465)
Swap #2	·	84,000	3.93	68% 1-month LIBOR	7/1/2041	•	(12,758)
Swap #3		21,000	4.24	68% 1-month LIBOR	7/1/2041		(3,907)
Swap #4		27,225	3.99	67% 1-month LIBOR	7/1/2034		(2,004)
Swap #5		21,870	3.54	70% 1-month LIBOR	7/1/2031		(424)
Swap #6		196,000	3.93	68% 1-month LIBOR	7/1/2041		(18,612)
Swap #7		49,000	4.24	68% 1-month LIBOR	7/1/2041		(5,539)
Swap #8		63,550	4.00	67% 1-month LIBOR	7/1/2034		(1,722)
Swap #9		1,375	3.63	67% 1-month LIBOR	7/1/2032		(27)
Swap #10		85,950	3.92	67% 1-month LIBOR	1/1/2043		(5,452)
Swap #11		67,490	0.51	67% 1-month LIBOR + 0.5133%	1/1/2038		(467)
Swap #12		196,000	4.02	68% 1-month LIBOR	10/1/2028		(11,948)
Swap #13		49,000	4.33	68% 1-month LIBOR	10/1/2028		(3,780)
Swap #14		63,550	4.09	67% 1-month LIBOR	10/1/2028		(3,183)
Swap #15		85,950	3.99	67% 1-month LIBOR	11/3/2028		(4,883)
-							(76,171)
Valuation adjustments							5,821
Total						\$	(70,350)
							` <i></i>
June 30, 2022							
Swap #1	\$	75,981	3.59%	70% 1-month LIBOR	7/1/2031	\$	(4,251)
Swap #2		84,000	3.93	68% 1-month LIBOR	7/1/2041		(18,554)
Swap #3		21,000	4.24	68% 1-month LIBOR	7/1/2041		(5,444)
Swap #4		29,050	3.99	67% 1-month LIBOR	7/1/2034		(3,424)
Swap #5		23,570	3.54	70% 1-month LIBOR	7/1/2031		(1,280)
Swap #6		196,000	3.93	68% 1-month LIBOR	7/1/2041		(21,760)
Swap #7		49,000	4.24	68% 1-month LIBOR	7/1/2041		(6,361)
Swap #8		67,800	4.00	67% 1-month LIBOR	7/1/2034		(1,973)
Swap #9		1,705	3.63	67% 1-month LIBOR	7/1/2032		(80)
Swap #10		89,275	3.92	67% 1-month LIBOR	1/1/2043		(6,351)
Swap #11		70,400	0.51	67% 1-month LIBOR + 0.5133%	1/1/2038		(957)
Swap #12		196,000	4.02	68% 1-month LIBOR	10/1/2028		(21,551)
Swap #13		49,000	4.33	68% 1-month LIBOR	10/1/2028		(6,347)
Swap #14		67,800	4.09	67% 1-month LIBOR	10/1/2028		(6,051)
Swap #15		89,275	3.99	67% 1-month LIBOR	11/3/2028		(8,948)
		*					(113,332)
Valuation adjustments							6,611
Total						\$	(106,721)
1 0 mi						Ψ	(100,721)

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Notes to Consolidated Financial Statements (continued) (In Thousands)

9. Interest Rate Risk Management (continued)

As of July 1, 2023, swap payments based on the 1-month London Interbank Offered Rate (LIBOR) have transitioned to the applicable Secured overnight Financing Rate (SOFR) fallback rate. For 1-month LIBOR, the fallback rate is calculated as daily SOFR compounded over 30 days plus 0.11448%. UMMS implemented this transition with all of its swap counterparties by adhering to the International Swap and Derivatives Association (ISDA) 2020 LIBOR fallbacks protocol.

The mark-to-market values of the Corporation's interest rate swaps include a valuation adjustment representing the creditworthiness of the counterparties to the swaps.

The Corporation recorded a net nonoperating gain on changes in the fair value of nonqualifying interest rate swaps of \$35,020 and \$96,888 for the years ended June 30, 2023 and 2022, respectively.

The swap agreements are included in the consolidated balance sheets at their fair value of \$70,350 and \$106,721 as of June 30, 2023 and 2022, respectively, an amount that is based on observable inputs other than quoted market prices in active markets for identical liabilities (Level 2 in the fair value hierarchy).

The Corporation is subject to a collateral posting requirement with two of its swap counterparties. Collateral posting requirements are based on the Corporation's long-term debt credit ratings, as well as the net liability position of total interest rate swap agreements outstanding with that counterparty. The amount of such posted collateral was \$5,667 and \$6,840 at June 30, 2023 and 2022, respectively. As of June 30, 2023 and 2022, the Corporation met its collateral posting requirement through the use of collateralized investments and cash equivalents, which were selected and purchased by the Corporation and subsequently transferred to the custody of the swap counterparty. The amount of posted investments that is required to meet the collateral requirement is computed daily and is accounted for as a component of the Corporation's assets limited as to use on the accompanying consolidated balance sheets as of that date. Any excess investment value is considered a component of the Corporation's unrestricted investment portfolio and is included in investments on the accompanying consolidated balance sheets as of that date.

Notes to Consolidated Financial Statements (continued) (In Thousands)

9. Interest Rate Risk Management (continued)

In November 2021, UMMS executed four interest rate swap novation agreements with two counterparty banks. The novations resulted in the placement of \$341,400 of UMMS' existing swap exposure with substitute counterparties for a period of seven years; at the close of the seven-year period, the novated swaps will resume cash flows to their original counterparty banks. The novated swaps bear an incremental swapped-to-fixed rate, but do not require the posting of any collateral during their seven-year duration. UMMS' total swap exposure and total mark-to-market were unchanged as a result of the novations.

10. Other Liabilities

Other liabilities consist of the following:

	June 30			
		2023	2022	
Professional and general liabilities	\$	425,660 \$	417,331	
Lease obligations – operating		96,565	93,512	
Lease obligations – finance		45,627	45,370	
Accrued interest payable		27,722	28,243	
Other miscellaneous		112,514	92,429	
Total other liabilities		708,088	676,885	
Less current portion		(160,256)	(135,616)	
Other long-term liabilities	\$	547,832 \$	541,269	

11. Retirement Plans

Employees of the Corporation are included in various retirement plans established by the Corporation, the Medical Center, ROI, Midtown, Baltimore Washington, Shore Regional, Charles Regional, St. Joseph, Upper Chesapeake, and Capital Region. Participation by employees in their specific plan(s) has evolved based upon the organization by which they were first employed and the elections that they made at the times when their original employers became part of the Corporation. The following is a brief description of each of the retirement plans in which employees of the Corporation participate:

Notes to Consolidated Financial Statements (continued) (In Thousands)

11. Retirement Plans (continued)

Defined Benefit Plans

The Corporation's defined benefit plans include the following:

University of Maryland Medical Center Midtown Campus Retirement Plan for Non-Union Employees (Midtown Plan) – A noncontributory defined benefit plan covering substantially all nonunion employees. The benefits are based on years of service and compensation. Contributions to this plan are made to satisfy the minimum funding requirements of ERISA. In 2006, Midtown froze the defined benefit pension plan.

Baltimore Washington Medical Center Pension Plan (Baltimore Washington Plan) – A noncontributory defined benefit pension plan covering full-time employees who have been employed for at least one year and have reached 21 years of age. In 2018, Baltimore Washington closed the defined benefit pension plan to new hires.

On June 30, 2015, the Corporation amended the Baltimore Washington Medical Center Pension Plan to provide for the merger of the Midtown Plan and the Charles Regional Plan into the Baltimore Washington Plan and to change the name of the newly consolidated plan to the University of Maryland Medical System Corporate Pension Plan (the Corporate Plan). All provisions of the respective previous plans shall continue to apply to the respective applicable participants. All of the assets of the three formerly separate plans are now available to pay benefits for all participants under the newly consolidated Corporate Plan.

Civista Health Inc. Retirement Plan and Trust (Charles Regional Plan) – A noncontributory defined benefit pension plan covering employees that have worked at least one thousand hours per year during three or more plan years. Plan benefits are accumulated based upon a combination of years of service and percent of annual compensation. Charles Regional makes annual contributions to the plan based upon amounts required to be funded under provisions of ERISA.

Notes to Consolidated Financial Statements (continued) (In Thousands)

11. Retirement Plans (continued)

Dimensions Health Corporation Pension Plan (Capital Region Pension Plan) – A noncontributory defined benefit pension plan covering substantially all employees. For employees not covered under collective-bargaining agreements and employees who are represented by the 1199 SEIU Health Care Workers East – Health Care Workers union (formerly District 1199E-DC, SEIU union and formerly Local No. 63 union), the Plan operates as a cash balance plan. The annual contribution by the Corporation is allocated to individual employee accounts based on years of service and the individual's retirement account. For employees represented by the 1199 SEIU Health Care Workers East – Registered Nurses Chapter union (formerly Professional Staff Nurses Association union), benefits are based on years of service and average final compensation. On December 31, 2007, the Capital Region Pension Plan was frozen. No further benefit accruals will be made to the Plan. The Plan freeze substantially reduces annual funding obligations beginning with Plan year 2008. The Corporation's funding policy is to contribute such actuarially determined amounts as necessary to provide assets sufficient to meet the benefits to be paid to the Plan participants and to meet the funding requirements of the Employees Retirement Income Security Act of 1974 (ERISA).

The Corporation recognizes the funded status (i.e., the difference between the fair value of plan assets and projected benefit obligations) of its defined benefit pension plans as an asset or liability in its consolidated balance sheets. The Corporation recognizes changes in the funded status in the year in which the changes occur as changes in unrestricted net assets. All defined benefit pension plans use a June 30 measurement date.

Effective December 31, 2022, the benefit accruals in both the Baltimore Washington and Charles Regional (non-union only) plans were frozen.

Effective August 30, 2023, all non-union Capital Region Pension Plan participants were spun off into a separate plan as part of the steps associated with the termination of this plan. UMMS initiated the plan termination process during the fiscal year ended June 30, 2023 and anticipates completion of the termination in calendar year 2024.

Notes to Consolidated Financial Statements (continued) (In Thousands)

11. Retirement Plans (continued)

The following tables set forth the combined benefit obligations and assets of the defined benefit plans:

	June 30			
		2023	2022	
Change in projected benefit obligations				
Benefit obligations at beginning of year	\$	360,582 \$	435,067	
Settlements		(1,258)	_	
Service cost		1,333	3,005	
Interest cost		17,214	12,737	
Actuarial (gain) and other		(21,770)	(68,769)	
Benefit payments		(24,243)	(21,458)	
Projected benefit obligations at end of year	\$	331,858 \$	360,582	
Change in plan assets				
Fair value of plan assets at beginning of year	\$	374,003 \$	369,056	
Actual return on plan assets		(1,114)	(50,249)	
Employer contributions		7,114	76,654	
Benefit payments		(24,244)	(21,458)	
Fair value of plan assets at end of year	\$	355,759 \$	374,003	

Notes to Consolidated Financial Statements (continued) (In Thousands)

11. Retirement Plans (continued)

The funded status of the plans and amounts recognized as other assets in the accompanying consolidated balance sheets are as follows:

	June 30			
		2023	2022	
Funded status, end of period:				
Fair value of plan assets	\$	355,759 \$	374,003	
Projected benefit obligations		331,858	360,582	
Net funded status	\$	23,901 \$	13,421	
Accumulated benefit obligation at end of year	\$	331,767 \$	359,715	
Amounts recognized in consolidated balance sheets at June 30: Accrued pension asset	<u>\$</u>	23,901 \$ 23,901 \$	<u>13,421</u> 13,421	
Amounts recognized in net assets without donor restrictions at June 30:	<u> </u>	<u> </u>		
Net actuarial loss Prior service cost	\$	(42,255) \$	(52,714) (841)	
	\$	(42,255) \$	(53,555)	

The estimated amounts that will be amortized from net assets without donor restrictions into net periodic pension cost in fiscal year 2023 are as follows:

Net actuarial loss	\$ 3,232
Prior service cost	_
	\$ 3,232

Notes to Consolidated Financial Statements (continued) (In Thousands)

11. Retirement Plans (continued)

The components of net periodic benefit (credit) cost are as follows:

	Year Ended June 30				
		2023	2022		
Service cost	\$	1,333 \$	3,005		
Interest cost		17,214	12,737		
Expected return on plan assets		(15,051)	(19,458)		
Prior service cost recognized		841	149		
Recognized losses		3,596	2,969		
Net periodic benefit (credit) cost	\$	7,933 \$	(598)		

Components of net benefit cost other than the service cost of \$1,333 and \$3,005 in 2023 and 2022, respectively, were recorded in other nonoperating losses, net in the accompanying consolidated statements of operations and changes in net assets for the years ended June 30, 2023 and 2022. Service cost is included as a component of fringe benefits, which is recorded as salaries, wages, and benefits in the accompanying consolidated statements of operations and changes in net assets.

The following table presents the weighted average assumptions used to determine benefit obligations for the plans:

	June 30			
	2023	2022		
Discount rate	5.53%-5.67%	4.37%-4.86%		
Rate of compensation increase (for nonfrozen plan)	3.00%	3.00%		
Interest crediting rate	3.00%-5.00%	3.00%-5.00%		

Notes to Consolidated Financial Statements (continued) (In Thousands)

11. Retirement Plans (continued)

The following table presents the weighted average assumptions used to determine net periodic benefit cost for the plans:

	Year Ende	Year Ended June 30			
	2023	2022			
Discount rate	4.37%-5.55%	2.35%-3.02%			
Rate of compensation increase (for nonfrozen plan)	0.00-3.00%	3.00%			
Expected long-term return on plan assets	4.15%	5.00%-5.50%			

The investment policies of the Corporation's pension plans incorporate asset allocation and investment strategies designed to earn superior returns on plan assets consistent with reasonable and prudent levels of risk. Investments are diversified across classes, sectors, and manager style to minimize the risk of loss. The Corporation uses investment managers specializing in each asset category, and regularly monitors performance and compliance with investment guidelines. In developing the expected long-term rate of return on assets assumption, the Corporation considers the current level of expected returns on risk-free investments, the historical level of the risk premium associated with the other asset classes in which the portfolio is invested, and the expectations for future returns of each asset class. The expected return for each asset class is then weighted based on the target allocation to develop the expected long-term rate of return on assets assumption for the portfolio.

The Corporation's pension plans' target allocation and weighted average asset allocations at the measurement date of June 30, 2023 and 2022, by asset category, are as follows:

	Target		Percentage of Plan Assets as of June 30				
Asset Category	Allocation	2023	2022				
Cash and cash equivalents	0%-20%	19%	6%				
Fixed income securities	75%-85%	77	85				
Equity securities	15% - 25%	4	8				
Hedge funds/private equity	0%-20%	_	1				
		100%	100%				

Notes to Consolidated Financial Statements (continued) (In Thousands)

11. Retirement Plans (continued)

Equity and fixed income securities include investments in hedge fund of funds that are categorized in accordance with each fund's respective investment holdings.

The table below presents the Corporation's combined investable assets of the defined benefit pension plans aggregated by the fair value hierarchy as described in Note 1:

]	Level 1	Level 2	Level 3]	vestments Reported at NAV*	Total
June 30, 2023							
Cash and cash equivalents	\$	66,776	\$ -	\$ -	\$	-	\$ 66,776
Common stocks, including mutual funds Alternative investments:		14,900	_	-		_	14,900
Hedge funds/private equity		_	_	_		188	188
Commingled funds		_	_	_		273,895	273,895
-	\$	81,676	\$ _	\$ -	\$	274,083	\$ 355,759
June 30, 2022 Cash and cash equivalents	\$	24,504	\$ _	\$ _	\$	_	\$ 24,504
Fixed income funds Common stocks, including mutual funds		10,556 27,314	_	_		_	10,556 27,314
Alternative investments: Hedge funds/private equity Commingled funds		-		-		4,681 306,948	4,681 306,948
-	\$	62,374	\$ _	\$ 	\$	311,629	\$ 374,003

*Fund investments reported at NAV as practical expedient.

Notes to Consolidated Financial Statements (continued) (In Thousands)

11. Retirement Plans (continued)

Alternative investments include hedge funds and commingled investment funds. The majority of these alternative investments held as of June 30, 2023 are subject to notice requirements of 30 days or less and are available to be redeemed on at least a monthly basis. The Corporation had no unfunded commitments as of June 30, 2023.

The Corporation expects to contribute \$4,398 to its defined benefit pension plans for the fiscal year ended June 30, 2024.

The following benefit payments, which reflect expected future employee service, as appropriate, are expected to be paid from plan assets in the following years ending June 30:

2024	\$ 24,573
2025	24,849
2026	25,029
2027	25,072
2028	25,035
2029–2033	118,575

The expected benefits to be paid are based on the same assumptions used to measure the Corporation's benefit obligation at June 30, 2023.

Defined Contribution Plans

The Corporation offers a number of defined contribution benefits through 403(b) and 401(k) programs that were established by its affiliate hospitals. These plans allow for deferral of compensation or employer matching of compensation, subject to vesting requirements.

Total annual retirement costs incurred by the Corporation for the previously discussed defined contribution plans were \$54,237 and \$55,017 for the years ended June 30, 2023 and 2022, respectively. Such amounts are included in salaries, wages, and benefits in the accompanying consolidated statements of operations and changes in net assets.

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Net Assets with Donor Restrictions

Net assets are restricted primarily for the following purposes:

	June 30			
		2023	2	2022
Facility construction and renovations, research, education, and other:	\$	187,208	\$	174,599
Economic and beneficial interests in the net assets of related organizations		53,330		59,493
	\$	240,538	\$ 2	234,092

Net assets were released from donor restrictions by expending funds satisfying the restricted purposes or by occurrence of other events specified by donors as follows:

	Year Ended June 30			
	 2023		2022	
Purchases of equipment and construction costs Research, education, uncompensated care, and other	\$ 8,975 9.473	\$	66,729 5,925	
	\$ 18,448	\$	72,654	

The Corporation's endowments consist of donor-restricted funds established for a variety of purposes. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Net Assets with Donor Restrictions (continued)

Interpretation of Relevant Law

The Corporation has interpreted the Maryland Uniform Prudent Management of Institutional Funds Act (MUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Corporation classifies as permanently restricted net assets: (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment funds are classified in net assets with donor restrictions until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by MUPMIFA. In accordance with MUPMIFA, the Corporation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- 1. The duration and preservation of the fund
- 2. The purposes of the Corporation and the donor-restricted endowment fund
- 3. General economic conditions
- 4. The possible effects of inflation and deflation
- 5. The expected total return from income and the appreciation of investments
- 6. Other resources of the Corporation
- 7. The investment policies of the Corporation

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Net Assets with Donor Restrictions (continued)

Endowment net assets are as follows:

	Without Donor Restrictions		· Donor			Total		
June 30, 2023 Donor-restricted endowment funds	\$	17,902	\$	75,991	\$	93,893		
June 30, 2022 Donor-restricted endowment funds	\$	765	\$	70,315	\$	71,080		

Donor restricted endowment funds within net assets with donor restrictions whose use is restricted in perpetuity were \$55,359 and \$55,359 as of June 30, 2023 and 2022, respectively.

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or MUPMIFA requires the Corporation to retain as a fund of perpetual duration. The Corporation does not have any donor-restricted endowment funds that are below the level that the donor or MUPMIFA requires.

Investment Strategies

The Corporation has adopted policies for corporate investments, including endowment assets that seek to maximize risk-adjusted returns with preservation of principal. Endowment assets include those assets of donor-restricted funds that the Corporation must hold in perpetuity or for a donor-specified period(s). The endowment assets are invested in a manner that is designed to meet the objectives of the investment policies. The Corporation expects its endowment funds, over time, to provide an average rate of return that generates earnings to achieve the endowment purpose.

To satisfy its long-term rate-of-return objectives, the Corporation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Corporation employs a diversified asset allocation structure to achieve its long-term return objectives within prudent risk constraints.

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Net Assets with Donor Restrictions (continued)

The Corporation monitors the endowment funds' returns and appropriates average returns for use. In establishing this practice, the Corporation considered the long-term expected return on its endowment assets. This is consistent with the Corporation's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term, as well as to provide additional real growth through new gifts and investment return.

13. Economic and Beneficial Interests in the Net Assets of Related Organizations

The Corporation is supported by several related organizations that were formed to raise funds on behalf of the Corporation and certain of its subsidiaries. These interests are accounted for as either economic or beneficial interests in the net assets of such organizations.

The following is a summary of economic and beneficial interests in the net assets of financially interrelated organizations:

	June 30			
		2023	2022	
Economic interests in:				
The James Lawrence Kernan Hospital Endowment				
Fund, Incorporated	\$	37,636 \$	42,776	
Baltimore Washington Medical Center Foundation, Inc.		10,316	11,243	
Total economic interests		47,952	54,019	
Beneficial interest in the net assets of:				
Dorchester General Hospital Foundation, Inc.		4,049	4,145	
University of Maryland Capital Region Health				
Foundation, Inc.		1,267	1,267	
Laurel Regional Hospital Auxiliary, Inc.		62	62	
	\$	53,330 \$	59,493	

At the discretion of its board of trustees, the Kernan Endowment Fund may pledge securities to satisfy various collateral requirements on behalf of ROI and may provide funding to ROI to support various clinical programs or capital needs.

Notes to Consolidated Financial Statements (continued) (In Thousands)

13. Economic and Beneficial Interests in the Net Assets of Related Organizations (continued)

BWMC Foundation was formed in July 2000 and supports the activities of UM Baltimore Washington by soliciting charitable contributions on its behalf.

Shore Regional maintains a beneficial interest in the net assets of Dorchester Foundation, a nonprofit corporation organized to raise funds on behalf of Dorchester Hospital. Shore Regional does not have control over the policies or decisions of the Dorchester Foundation.

University of Maryland Capital Region Health Foundation, Inc. and the Laurel Regional Hospital Auxiliary, Inc. were established to solicit contributions from the general public solely for the funding of capital acquisitions and operations of the associated Capital Region hospitals. Capital Region does not have control over the policies or decisions of these entities

A summary of the combined unaudited condensed financial information of the financially interrelated organizations in which the Corporation holds an economic or beneficial interest is as follows:

		Jun	e 30)
			2022	
Current assets	\$	5,466	\$	5,848
Noncurrent assets		47,928		53,645
Total assets	\$	53,394	\$	59,493
Current liabilities	\$	64	\$	_
Net assets		53,330		59,493
Total liabilities and net assets	\$	53,394	\$	59,493
Total operating revenue	\$	3,159	\$	3,230
Total operating expense		(8,030)		(661)
Other changes in net assets		(1,292)		(6,171)
Total decrease in net assets	\$	(6,163)	\$	(3,602)

Notes to Consolidated Financial Statements (continued) (In Thousands)

14. State and County Support

The Corporation received \$3,700 and \$3,600 in support for the Shock Trauma Center operations from the State of Maryland for the years ended June 30, 2023 and 2022, respectively.

The Corporation received \$10,000 in support for Capital Region operations from the State of Maryland for each of the years ended June 30, 2023 and 2022, respectively.

The State of Maryland appropriates funds for construction costs incurred, equipment purchases made, and other capital support. The Corporation recognizes this support as the funds are expended for the intended projects. The Corporation expended and recorded \$17,094 and \$1,410 during the years ended June 30, 2023 and 2022, respectively.

15. Functional Expenses

The Corporation provides healthcare services to residents within its geographic location. Expenses related to providing these services, based on management's estimates of expense allocations, are as follows:

			Healthca		Corporate Services,					
	Hospital & Ambulatory	Р	Retail harmacy		Physician Practices		Risk Taking)ther, and iminations	Total
Year ended June 30, 2023 Operating expenses: Salaries, wages, and	* • • • • • • • • •			ф.	220 (40	ф.		¢		¢ • <02 200
benefits Expendable supplies	\$ 2,002,868 717,228	\$	8,665 144,834	\$	330,649 54,464	\$	5,792 8	\$	345,414 7,925	\$ 2,693,388 924,459
Purchased services:										
Purchased services	1,010,557		17,394		71,538		5,993		(337,028)	768,454
Contracted services	353,736		-		31,344		_		(56,492)	328,588
Depreciation and amortization Interest expense	264,626 55,921		-		2,305		_		11,024 2,021	277,955 57,942
Total operating expenses	\$ 4,404,936	\$	170,893	\$	490,300	\$	11,793	\$	(27,136)	\$ 5,050,786

Notes to Consolidated Financial Statements (continued) (In Thousands)

15. Functional Expenses (continued)

				Corporate Services,				
	Hospital & Ambulatory	Р	Retail harmacy	Physician Practices	Risk Taking	Other, and Elimination		Total
Year ended June 30, 2022								
Operating expenses:								
Salaries, wages, and								
benefits	\$ 1,961,817	\$	8,162	\$ 305,291	\$ 5,032	\$	327,778	\$ 2,608,080
Expendable supplies	692,521		120,358	41,642	30		10,142	864,693
Purchased services:								
Purchased services	936,823		16,837	68,285	4,662		(242,221)	784,386
Contracted services	345,759		_	30,062	-		(47,430)	328,391
Depreciation and								
amortization	261,082		_	2,271	_		3,834	267,187
Interest expense	39,430		_	_	-		715	40,145
Total operating expenses	\$ 4,237,432	\$	145,357	\$ 447,551	\$ 9,724	\$	52,818	\$ 4,892,882

Corporate services are allocated primarily using a percentage of net patient service revenue.

16. Liquidity and Availability of Resources

The Corporation had financial assets available to management for general expenditure within one year of the financial reporting date, or June 30, 2023 and 2022, as follows:

	 2023	2022
Cash and cash equivalents	\$ 274,721	\$ 244,529
Receivables, net	727,002	863,756
Assets limited as to use – board designated	30,000	90,000
Investments	1,490,962	1,431,494
Total financial assets available within one year	 2,522,685	2,629,779
Less: Amounts unavailable for general expenditures within one year due to:		
Alternative investments subject to lockup restrictions	29,968	12,623
Total financial assets available to management for general expenditure within one year	\$ 2,492,717	\$ 2,617,156

Notes to Consolidated Financial Statements (continued) (In Thousands)

17. Insurance

The Corporation maintains self-insurance programs for professional and general liability risks, employee health, employee long-term disability, and workers' compensation. The accrued liabilities for these programs were as follows:

	June 30							
		2023	2022					
Professional and general liabilities	\$	425,660 \$	417,331					
Employee health		14,417	24,292					
Employee long-term disability		2,185	3,002					
Workers' compensation		26,854	27,483					
Total self-insured liabilities		469,116	472,108					
Less current portion		(56,295)	(67,201)					
-	\$	412,821 \$	404,907					

The Corporation provides for and funds the present value of the costs for professional and general liability claims and insurance coverage related to the projected liability from asserted and unasserted incidents, which the Corporation believes may ultimately result in a loss. In management's opinion, these accruals provide an adequate and appropriate loss reserve. The professional and general malpractice liabilities presented above include \$297,272 and \$280,763 as of June 30, 2023 and 2022, respectively, for which related insurance receivables have been recorded within other assets on the accompanying consolidated balance sheets.

The Corporation and each of its affiliates are self-insured for professional and general liability claims up to the limits of \$1,000 on individual claims and \$3,000 in the aggregate on an annual basis. For amounts in excess of these limits, the risk of loss has been transferred to Terrapin, an unconsolidated joint venture. Terrapin provides insurance for claims in excess of \$1,000 individually and \$3,000 in the aggregate up to \$164,000 individually and \$227,000 in the aggregate under claims made policies between the Corporation and Terrapin. For claims in excess of Terrapin's coverage limits, if any, the Corporation retains the risk of loss.

Notes to Consolidated Financial Statements (continued) (In Thousands)

17. Insurance (continued)

As discussed in Note 5, Terrapin is a joint venture corporation in which a 50% equity interest is owned by the Corporation and a 50% equity interest is owned by University of Maryland Faculty Physicians, Inc.

Total malpractice insurance expense, net of investment return on self-insurance trust funds, for the Corporation during the years ended June 30, 2023 and 2022, was approximately \$63,970 and \$137,206, respectively.

18. Business and Credit Concentrations

The Corporation provides healthcare services through its inpatient and outpatient care facilities, located in the State of Maryland. The Corporation generally does not require collateral or other security in extending credit; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits receivable under their health insurance programs, plans, or policies (e.g., Medicare, Medicaid, Blue Cross, workers' compensation, health maintenance organizations (HMOs), and commercial insurance policies).

The Corporation maintains cash accounts with highly rated financial institutions, which generally exceed federally insured limits. The Corporation has not experienced any losses from maintaining cash accounts in excess of federally insured limits and, as such, management does not believe the Corporation is subject to any significant credit risks related to this practice.

The Corporation had receivables from patients and third-party payors as follows:

	June 30					
	2023	2022				
Medicare	29%	35%				
Medicaid	29	20				
Commercial insurance and HMOs	33	35				
Self-pay and others	9	10				
	100%	100%				

Notes to Consolidated Financial Statements (continued) (In Thousands)

18. Business and Credit Concentrations (continued)

The Corporation recorded net patient service revenues from patients and third-party payors as follows:

	Year Ended June 30				
	2023	2022			
Medicare	42%	42%			
Medicaid	23	24			
Commercial insurance and HMOs	30	30			
Self-pay and others	5	4			
	100%	100%			

19. Certain Significant Risks and Uncertainties

The Corporation provides general acute healthcare services in the state of Maryland. The Corporation and other healthcare providers in Maryland are subject to certain inherent risks, including the following:

- Dependence on revenues derived from reimbursement by the federal Medicare and state Medicaid programs;
- Regulation of hospital rates by the State of Maryland Health Services Cost Review Commission;
- Government regulation, government budgetary constraints, and proposed legislative and regulatory changes; and
- Lawsuits alleging malpractice and related claims.

Such inherent risks require the use of certain management estimates in the preparation of the Corporation's consolidated financial statements, and it is reasonably possible that a change in such estimates may occur.

Notes to Consolidated Financial Statements (continued) (In Thousands)

19. Certain Significant Risks and Uncertainties (continued)

The Medicare and state Medicaid reimbursement programs represent a substantial portion of the Corporation's revenues, and the Corporation's operations are subject to a variety of other federal, state, and local regulatory requirements. Failure to maintain required regulatory approvals and licenses and/or changes in such regulatory requirements could have a significant adverse effect on the Corporation.

Changes in federal and state reimbursement funding mechanisms and related government budgetary constraints could have a significant adverse effect on the Corporation.

The healthcare industry is subject to numerous laws and regulations from federal, state, and local governments. The Corporation's compliance with these laws and regulations can be subject to periodic governmental review and interpretation, which can result in regulatory action unknown or unasserted at this time. Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the ordinary course of business, none of which, in the opinion of management, are expected to result in losses in excess of insurance limits or have a materially adverse effect on the Corporation's financial position.

The federal government and many states have aggressively increased enforcement under Medicare and Medicaid antifraud and abuse laws and physician self-referral laws (STARK law and regulation). Recent federal initiatives have prompted a national review of federally funded healthcare programs. In addition, the federal government and many states have implemented programs to audit and recover potential overpayments to providers from the Medicare and Medicaid programs. The Corporation has implemented a compliance program to monitor conformance with applicable laws and regulations, but the possibility of future government review and enforcement action exists.

20. Maryland Health Services Cost Review Commission

Effective July 1, 2013, the Health System and the Health Services Cost Review Commission (HSCRC) agreed to implement the Global Budget Revenue (GBR) methodology for the following hospitals: Medical Center, ROI, UM Midtown, UM Baltimore Washington, UM Charles Regional, UM St. Joseph, UM Memorial, UM Dorchester, UM Chester River, Shore Emergency Center, UM Upper Chesapeake, UM Harford Memorial, UM Prince George's, and UM Laurel. The agreements will continue each year and on July 1 of each year thereafter; the agreements will renew for a

Notes to Consolidated Financial Statements (continued) (In Thousands)

20. Maryland Health Services Cost Review Commission (continued)

one-year period unless they are canceled by the HSCRC or by the Corporation. The agreements were in place for the years ended June 30, 2023 and 2022. The GBR model is a revenue constraint and quality improvement system designed by the HSCRC to provide hospitals with strong financial incentives to manage their resources efficiently and effectively in order to slow the rate of increase in healthcare costs and improve healthcare delivery processes and outcomes. The GBR model is consistent with the Corporation's mission to provide the highest value of care possible to its patients and the communities it serves.

The GBR agreements establish a prospective, fixed revenue base "GBR cap" for the upcoming year. This includes both inpatient and outpatient regulated services. Under GBR, a hospital's revenue for all HSCRC regulated services is predetermined for the upcoming year, regardless of changes in volume, service mix intensity, or mix of inpatient or outpatient services that occurred during the year. The GBR agreement allows the Corporation to adjust unit rates, within certain limits, to achieve the overall revenue base for the Corporation at year-end. Any overcharge or undercharge versus the GBR cap is prospectively subtracted from the subsequent year's GBR cap. Although the GBR cap is fixed each year, it does not adjust for changes in payor mix and uncompensated care. The Corporation will receive an annual adjustment to its cap for the change in population in the Corporation's service areas. GBR is designed to encourage hospitals to operate efficiently by reducing excess utilization and managing patients in the appropriate care delivery setting. The HSCRC also may impose various other revenue adjustments, which could be significant in the future.

21. Subsequent Events

The Corporation evaluated all events and transactions that occurred after June 30, 2023 and through October 24, 2023, the date the consolidated financial statements were issued. Other than described below, the Corporation did not have any material subsequent events during the period.

Effective August 30, 2023, all non-union Capital Region Pension Plan participants were spun off into a separate plan as part of the steps associated with the termination of this plan. UMMS initiated the plan termination process during the fiscal year ended June 30, 2023 and anticipates completion of the termination in calendar year 2024 (see Note 11).

Supplementary Information

Consolidating Balance Sheet by Division (In Thousands)

June 30, 2023

	University of Maryland I Medical Center & Affiliates	Rehabilitation & Orthopaedic Institute	Midtown	Baltimore Washington Medical System	Shore Regional	Charles Regional	St. Joseph Health	Upper Chesapeake	Capital Region	UM Health Plans	UMMS Foundation	Other	Eliminations	Consolidated Total
Assets				•										
Current assets:														
Cash and cash equivalents	\$ 81,704	\$ 11,261 \$	29,341 \$	22,751 \$	59,726 \$	16,702 \$	10,779	\$ 29,844 \$	3,533 5	\$ 146 \$	8,685 \$	249 \$		\$ 274,721
Assets limited as to use, current portion	67,049	_	_	_	_	_	_	-	_	_	_	_	_	67,049
Accounts receivable:														
Patient accounts receivable, net	301,089	17,027	33,133	57,583	48,802	18,965	55,748	50,993	54,019	-	_	_	(2,900)	634,459
Other	218,600	97	6,107	5,583	3,800	657	2,387	1,976	11,472	255	_	2,025	(160,416)	92,543
Inventories	61,332	1,783	3,900	6,780	4,266	1,676	5,078	8,656	6,999	_	_	311	_	100,781
Prepaid expenses and other current assets	30,737	263	392	456	660	145	1,088	540	1,261	-	_	-	-	35,542
Total current assets	760,511	30,431	72,873	93,153	117,254	38,145	75,080	92,009	77,284	401	8,685	2,585	(163,316)	1,205,095
Investments	625,038	49,234	4,775	203,410	181,127	29,896	20,210	351,208	3,077	-	22,987	_	_	1,490,962
Assets limited as to use, less current portion:														
Investments held for collateral	5,667	_	_	-	_	_	_	-	_	-	_	_	_	5,667
Debt service funds	68	-	-	-	-	-	-	-	-	-	-	_	-	68
Construction funds	117,094	11,000	_	6,738	34,358	7,191	_	101,740	20,550	_	_	-	-	298,671
Board designated and escrow funds	-	-	_	_	30,000	_	_	-	_	_	_	-	-	30,000
Self-insurance trust funds	229,515	-	-	-	3,183	-	-	-	-	-	-	_	-	232,698
Funds restricted by donor	-	-	1,155	_	42,572	705	20,600	13,265	_	_	51,941	_	_	130,238
Economic and beneficial interests in the net assets of														
related organizations	91,206	39,270	547	10,316	4,051	-	-	-	1,330	-	_	_	(93,390)	53,330
	443,550	50,270	1,702	17,054	114,164	7,896	20,600	115,005	21,880	_	51,941	_	(93,390)	750,672
Property and equipment, net	873,482	40,191	146,954	270,860	175,232	107,734	257,131	381,544	619,870	_	_	3,465	_	2,876,463
Investments in joint ventures and other assets	612,689	28,496	1,810	2,537	37,239	11,228	32,599	74,707	40,678	4,656	15,751	11,826	(180,145)	694,071
Total assets	\$ 3,315,270	,	228,114 \$	587,014 \$	625,016 \$	194,899 \$	405,620	,	762,789 5			17,876 \$	(436,851)	
Liabilities and net assets Current liabilities:														
Trade accounts payable	\$ 141,188		13,706 \$	16,571 \$	15,059 \$	11,767 \$	19,579		36,355 5	\$ 551 \$		3,347 \$	- 5	
Accrued payroll and benefits	148,067	4,797	12,164	30,271	22,854	7,720	31,437	35,063	21,029	-	229	1,094	-	314,725
Advances from third-party payors	100,102	5,993	8,465	16,802	7,714	4,929	13,351	11,098	18,530	-	—	-	-	186,984
Lines of credit	80,000	_	_	_	_	_	_	_	_	_	_	_	-	80,000
Other current liabilities	104,452	944	4,463	4,342	6,113	2,662	7,376	7,549	65,782	73,255	6,852	38,827	(162,361)	160,256
Current portion of long-term debt	5,234	365	563	4,125	2,466	1,036	4,637	8,822	4,867					32,115
Total current liabilities	579,043	21,335	39,361	72,111	54,206	28,114	76,380	88,649	146,563	73,806	7,627	43,268	(162,361)	1,068,102
Long-term debt, less current portion	660,233	16,854	26,030	190,521	113,860	41,163	195,490	407,414	212,629	-	—	_	-	1,864,194
Other long-term liabilities	482,781	429	584	6,520	35,681	3,347	118,389	5,427	67,626	4,320	-	3,828	(181,100)	547,832
Interest rate swap liabilities	70,350	_	—	-	-	_	-	_	_	_	—	-	-	70,350
Total liabilities	1,792,407	38,618	65,975	269,152	203,747	72,624	390,259	501,490	426,818	78,126	7,627	47,096	(343,461)	3,550,478
Net assets:														
Without donor restrictions	1,451,129	120,708	115,714	307,546	369,800	121,252	(10,544)	496,090	331,123	(73,069)	25,718	(29,220)	_	3,226,247
With donor restrictions	71,734	39,296	46,425	10,316	51,469	1,023	25,905	16,893	4,848	_	66,019	_	(93,390)	240,538
Total net assets	1,522,863	160,004	162,139	317,862	421,269	122,275	15,361	512,983	335,971	(73,069)	91,737	(29,220)	(93,390)	3,466,785
Total liabilities and net assets	\$ 3,315,270	\$ 198,622 \$	228,114 \$	587,014 \$	625,016 \$	194,899 \$	405,620	\$ 1,014,473 \$	762,789	\$ 5,057 \$	\$ 99,364 \$	17,876 \$	(436,851)	\$ 7,017,263

Consolidating Statement of Operations by Division (In Thousands)

Year Ended June 30, 2023

	University of Maryland Medical Center & Affiliates	Rehabilitation & Orthopaedic Institute		Baltimore Washington Medical System	Shore Regional	Charles Regional	St. Joseph Health	Upper Chesapeake	Capital Region	UM Health Plans	UMMS Foundation	Other	C Eliminations	onsolidated Total
Operating revenue, gains and other support:				-										
Net patient service revenue	\$ 1,852,375	\$ 123,762 \$	236,047 \$	520,544 \$	388,667 \$	167,517 \$	486,387	\$ 495,369 \$	394,082	\$ –	\$ - \$	21,663	\$ (4,070) \$	4,682,343
State support	13,700	-	_	_	_	_	-	_	10,000	_	_	-	(10,000)	13,700
CARES Act – provider relief funds	-	-	_	-	-	248	-	_	730	-	_	-	-	978
Other revenue	1,103,695	2,905	33,388	6,079	6,471	2,316	9,066	13,841	12,930	_	-	16,627	(835,739)	371,579
Total operating revenue, gains, and other support	2,969,770	126,667	269,435	526,623	395,138	170,081	495,453	509,210	417,742	-	-	38,290	(849,809)	5,068,600
Operating expenses:														
Salaries, wages and fringe benefits	1,322,900	68,306	122,039	304,919	209,911	78,998	275,575	287,655	220,048	_	_	22,047	(219,010)	2,693,388
Expendable supplies	519,140	13,032	44,376	81,688	46,072	20,596	76,613	75,112	44,715	_	_	5,838	(2,723)	924,459
Purchased services	754,614	23,336	55,031	108,624	92,362	44,003	107,595	88,974	105,106	_	-	13,239	(624,430)	768,454
Contracted services	168,249	10,920	35,821	18,905	23,090	11,903	6,206	15,592	41,548	_	-	_	(3,646)	328,588
Depreciation and amortization	102,989	8,430	17,287	32,157	22,106	6,990	27,918	23,280	35,796	_	_	1,002	_	277,955
Interest expense	18,786	361	1,008	7,569	4,604	1,637	8,861	7,574	7,542	_	_	_	_	57,942
Total operating expenses	2,886,678	124,385	275,562	553,862	398,145	164,127	502,768	498,187	454,755	_	_	42,126	(849,809)	5,050,786
Operating income (loss) from continuing operations	83,092	2,282	(6,127)	(27,239)	(3,007)	5,954	(7,315)	11,023	(37,013)	_	_	(3,836)	_	17,814
Nonoperating income and expenses, net:														
Contributions	2,688	-	_	_	569	434	(156)	(1,407)	2,500	_	2,806	_	-	7,434
Equity in net income of joint ventures	1,333	-	_	_	330	518	1,978	522	473	_	_	55	-	5,209
Investment income	2,479	247	70	860	4,941	576	665	1,596	70	_	1,874	_	_	13,378
Change in fair value of investments	44,107	4,162	200	16,248	14,423	2,644	1,000	23,586	309	_	1,618	_	_	108,297
Change in fair value of undesignated interest rate swaps	35,020	-	_	_	-	-	-	-	_	-	-	-	-	35,020
Other nonoperating gains and losses	(6,898)	(75)	(1,795)	(4,975)	(1,031)	(1,993)	(2,158)	(2,208)	(1,667)	_	(3,084)	25	_	(25,859)
Total nonoperating income and expenses	78,729	4,334	(1,525)	12,133	19,232	2,179	1,329	22,089	1,685	_	3,214	80	_	143,479
Excess (deficiency) of revenues over expenses	\$ 161,821	\$ 6,616 \$	(7,652) \$	(15,106) \$	16,225 \$	8,133 \$	(5,986)		(35,328)	\$ -	,	(3,756) 5	\$ - \$	161,293

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Consolidating Balance Sheet – Obligated Group (In Thousands)

June 30, 2023

	University of Maryland Medical Center & Affiliates*	Rehabilitation & Orthopaedic Institute	University of Maryland Midtown Campus	Baltimore Washington Medical Center, Inc.	Shore Health System, Inc.**	Chester River Medical Center	Charles Regional Medical Center	St. Joseph Medical Center	Upper Chesapeake Hospitals***	University of Maryland Capital Region Health****	UMMS Foundation	Eliminations	Obligated Group Total
Assets					-								
Current assets:													
Cash and cash equivalents	\$ 74,738	\$ 11,260	\$ 28,806	\$ 24,987	\$ 8,392 \$	42,017 \$	14,857 \$	5,523	\$ 28,682	\$ 24	\$ 8,685	\$ - \$	\$ 247,971
Assets limited as to use, current portion	67,049	_	_	_	_	_	_	_	_	_	_	_	67,049
Accounts receivable:													
Patient accounts receivable, net	300,596	17,012	33,133	47,159	39,471	4,097	17,774	48,616	45,725	51,611	_	_	605,194
Other	221,563	97	2,929	38,176	25,663	1,096	1,013	2,781	977	11,357	-	(60,565)	245,087
Inventories	61,332	1,783	3,900	6,755	3,776	490	1,676	5,078	7,893	6,999	_	_	99,682
Prepaid expenses and other current assets	29,923	263	384	351	393	11	140	557	174	1,177	_	_	33,373
Total current assets	755,201	30,415	69,152	117,428	77,695	47,711	35,460	62,555	83,451	71,168	8,685	(60,565)	1,298,356
Investments	625,038	49,234	4,771	203,410	125,411	3,330	27,862	17,967	321,359	3,077	22,987	_	1,404,446
Assets limited as to use, less current portion:													
Investments held for collateral	5,667	_	_	_	_	_	_	_	_	_	_	_	5,667
Debt service funds	68	_	_	_	_	_	_	_	_	_	_	_	68
Construction funds	117,094	11,000	_	6,738	34,358	_	7,191	_	101,740	20,550	_	_	298,671
Board designated and escrow funds	, 	, _	-	, _	25,000	5,000	, _	_	, 	, 	_	_	30,000
Self-insurance trust funds	229,515	_	_	_	3,183	,	_	_	_	_	_	_	232,698
Funds restricted by donor	-	-	1,155	-	3,364	-	_	-	_	_	51,941	_	56,460
Economic interests in the net assets of related organizations	91,206	39,270	547	10,316	98,666	7,976	5,534	28,973	31,109	1,330	· _	(93,390)	221,537
	443,550	50,270	1,702	17,054	164,571	12,976	12,725	28,973	132,849	21,880	51,941	(93,390)	845,101
Property and equipment, net	866,018	40,191	145,168	250,523	161,754	9,770	82,706	244,433	361,834	617,520	_	_	2,779,917
Investments in joint ventures and other assets	613,413	28,496	1,810	2,537	37,053	180	10,267	25,466	67,112	37,885	15,751	(180,144)	659,826
Total assets	\$ 3,303,220	\$ 198,606	\$ 222,603	\$ 590,952	\$ 566,484 \$	73,967 \$	169,020 \$	379,394	\$ 966,605	\$ 751,530	\$ 99,364	\$ (334,099) \$	\$ 6,987,646
Liabilities and net assets Current liabilities:													
Trade accounts payable	\$ 141,155	\$ 9,234	5 13,622	\$ 13,866	\$ 11,597 \$	2,224 \$	11,341 \$	17,472	\$ 23,806	\$ 34,582	\$ 546	\$ - \$	\$ 279,445
Accrued payroll and benefits	148,067	4,797	11,814	21,910	13,153	1,722	6,035	21,845	24,544	19,439	229	-	273,555
Advances from third-party payors	100,102	5,993	8,464	16,802	6,962	752	4,929	13,308	11,003	18,530	-	_	186,845
Lines of credit	80,000	-	-	-	-	-	-	-	-	-	-	-	80,000
Other current liabilities	104,299	944	4,443	3,978	5,357	536	2,405	6,881	19,504	64,921	6,852	(59,610)	160,510
Current portion of long-term debt	5,234	365	563	4,125	2,394	72	887	4,099	8,822	4,594	-	-	31,155
Total current liabilities	578,857	21,333	38,906	60,681	39,463	5,306	25,597	63,605	87,679	142,066	7,627	(59,610)	1,011,510
Long-term debt, less current portion	660,233	16,854	26,030	190,521	110,559	3,300	41,046	189,282	407,414	212,202	-	-	1,857,441
Other long-term liabilities	482,781	429	584	1,373	35,348	333	3,075	118,389	5,424	67,626	-	(181,099)	534,263
Interest rate swap liabilities	70,350	-	-	-	-	-	-	-	-	-	-	-	70,350
Total liabilities	1,792,221	38,616	65,520	252,575	185,370	8,939	69,718	371,276	500,517	421,894	7,627	(240,709)	3,473,564
Net assets:													
Without donor restrictions	1,439,265	120,694	110,658	328,061	335,770	58,904	99,302	(19,711)	434,978	324,800	25,718	_	3,258,439
With donor restrictions	71,734	39,296	46,425	10,316	45,344	6,124	-	27,829	31,110	4,836	66,019	(93,390)	255,643
Total net assets	1,510,999	159,990	157,083	338,377	381,114	65,028	99,302	8,118	466,088	329,636	91,737	(93,390)	3,514,082
Total liabilities and net assets	\$ 3,303,220					73,967 \$	169,020 \$	379,394					

* Includes University of Maryland Medical System Corporation (Parent)

** Includes both Memorial Hospital and Dorchester Hospital

*** Includes both Upper Chesapeake Medical Center and Harford Memorial Hospital

**** Includes Prince George's Hospital Center, Laurel Regional Hospital and Bowie Health Center

Consolidating Statement of Operations and Changes in Net Assets Without Donor Restrictions – Obligated Group (In Thousands)

Year Ended June 30, 2023

	University of Maryland Medical Center & Affiliates*	Rehabilitation & Orthopaedic Institute	University of Maryland Midtown Campus	Baltimore Washington Medical Center, Inc.	Shore Health System, Inc.**	Chester River Medical Center	Charles Regional Medical Center	St. Joseph Medical Center	Upper Chesapeake Hospitals***	University of Maryland Capital Region Health****	UMMS Foundation	Eliminations	Obligated Group Total
Operating revenue, gains and other support:													
Net patient service revenue	φ 1,000,000	\$ 123,310	\$ 231,392	\$ 440,247	\$ 286,767 \$	46,599 \$	154,871 \$	398,038	\$ 422,010		\$ -	¢ (0,00)) ())
State support	13,700	-	-	-	-	-	-	-	-	10,000	-	(10,000)	13,700
Other revenue	1,103,242	2,894	31,387	3,707	8,036	1,404	1,744	4,483	5,277	12,023	-	(828,442)	345,755
Total operating revenue, gains, and other support	2,967,938	126,204	262,779	443,954	294,803	48,003	156,615	402,521	427,287	405,886	_	(843,951)	4,692,039
Operating expenses:													
Salaries, wages, and benefits	1,321,706	67,595	118,863	228,857	132,914	15,037	68,592	169,333	202,142	205,745	-	(219,010)	2,311,774
Expendable supplies	518,987	13,031	44,172	57,648	36,808	2,630	19,813	72,728	55,552	43,919	-	(2,723)	862,565
Purchased services	752,745	23,174	53,281	101,626	65,621	16,878	41,200	79,716	87,617	107,410	_	(622,218)	707,050
Contracted services	168,249	10,920	32,182	24,198	19,197	4,955	11,176	29,148	24,512	28,446	-	_	352,983
Depreciation and amortization	102,604	8,430	17,023	30,597	18,798	2,603	6,452	26,605	21,710	35,507	-	_	270,329
Interest expense	18,634	361	1,008	7,549	4,604	_	1,601	8,576	6,620	7,514	-	_	56,467
Total operating expenses	2,882,925	123,511	266,529	450,475	277,942	42,103	148,834	386,106	398,153	428,541	_	(843,951)	4,561,168
Operating income (loss)	85,013	2,693	(3,750)	(6,521)	16,861	5,900	7,781	16,415	29,134	(22,655)	_	-	130,871
Nonoperating income and expenses, net:													
Contributions	2,688	-	-	-	_	-	_	_	-	2,500	2,806	-	7,994
Equity in net income of joint ventures	1,333	-	-	-	330	-	485	1,978	-	-	-	-	4,126
Investment income	2,478	247	70	860	3,265	18	490	147	1,370	64	1,874	-	10,883
Change in fair value of investments	44,107	4,162	200	16,248	9,629	558	2,551	1,509	23,796	309	1,618	-	104,687
Change in fair value of undesignated interest rate swaps	35,020	-	-	-	-	-	-	-	-	-	-	-	35,020
Other nonoperating gains and losses	(6,897)	(76)	(1,795)	(4,195)	(423)	-	(1,106)	(854)	(1,768)	(1,594)	(3,084)	-	(21,792)
Total nonoperating income and expenses	78,729	4,333	(1,525)	12,913	12,801	576	2,420	2,780	23,398	1,279	3,214	_	140,918
Excess (deficiency) of revenues over expenses	163,742	7,026	(5,275)	6,392	29,662	6,476	10,201	19,195	52,532	(21,376)	3,214	_	271,789
Net assets released from restrictions used for purchase of property and equipment	_	_	_	_	_	_	_	_	_	_	9	_	9
Contributions			_	2,027					_			_	2,027
State support for capital	-	—	_	3,000	_	—	_	—	-	14,094	-	—	17,094
Change in economic and beneficial interest in the net assets	_	_	_	5,000	_	_	_	_	_	14,074	_	_	17,074
of related organizations	992	_		_	6.327	378	_	_	_		_	_	7.697
Capital transfers (to) from member organization	(570,570)	6,399	47,306	(22,872)	(26,896)	1,609	1,226	(25,777)	(133,986)	(15,613)	(9)	551,749	(187,434)
Change in funded status of defined benefit pension plans	(570,570)	0,399	1,645	3,579	(20,890)	1,009	846	(25,777)	(155,980)	5,230	(9)	551,749	11,300
Other	1,351	_	1,045	5,519	_	246	- 040	_	_	5,250	366	_	1,963
Increase (decrease) net assets without donor restrictions	\$ (404,485)		\$ 43,676	\$ (7,874)	\$ 9,093 \$	8,709 \$	12,273 \$	(6,582)	\$ (81,454)	\$ (17,665)		\$ 551,749	
mercase (decrease) net assets without donor restrictions	ψ (404,403)	ψ 15,425	φ +3,070	ψ (7,074)	ψ 7,075 Φ	0,703 \$, 12,273 Ø	(0,362)	ψ (01,434)	φ (17,003)	ψ 5,560	ψ 551,749	ψ 124,44J

* Includes University of Maryland Medical System Corporation (Parent)

** Includes both Memorial Hospital and Dorchester Hospital

*** Includes both Upper Chesapeake Medical Center and Harford Memorial Hospital

**** Includes Prince George's Hospital Center, Laurel Regional Hospital and Bowie Health Center

Consolidating Balance Sheet – Hospital Format (In Thousands)

June 30, 2023

	University of Maryland Medical Center	Rehabilitation & Orthopaedic Institute	Midtown	Baltimore Washington Medical Center, Inc.	Shore Health System, Inc.	Chester River Medical Center	Charles Regional Medical Center	St. Joseph Medical Center	Upper Chesape Medical Center	ake Hospitals Harford Memorial	University of Maryland Capital Region Health Hospitals	All Other Entities	(Eliminations	Consolidated Total
Assets														
Current assets:														
Cash and cash equivalents	\$ 16,162	\$ 11,261 \$	28,806 \$	24,987	8,392 \$	42,017 \$	14,857 \$	5,523	\$ 28,682 \$	5 –	\$ 24 5		- \$	274,721
Assets limited as to use, current portion	-	-	-	-	-	-	-	-	-	-	-	67,049	-	67,049
Accounts receivable:														
Patient accounts receivable, net	300,596	17,027	33,133	47,159	39,471	4,097	17,774	48,616	37,704	8,021	51,611	32,150	(2,900)	634,459
Other	82,434	97	5,753	35,391	5,150	1,060	574	313	756	26,496	11,357	28,994	(105,832)	92,543
Inventories	52,360	1,783	3,900	6,755	3,776	490	1,676	5,078	6,398	1,495	6,999	10,071	-	100,781
Prepaid expenses and other current assets	1,949	263	384	351	393	11	140	557	136	38	1,177	30,143	(100.722)	35,542
Total current assets	453,501	30,431	71,976	114,643	57,182	47,675	35,021	60,087	73,676	36,050	71,168	262,417	(108,732)	1,205,095
Investments	427,327	49,234	4,771	203,410	125,411	3,330	27,862	17,967	205,538	115,821	3,077	307,214	_	1,490,962
Assets limited as to use, less current portion:														
Investments held for collateral	-	-	_	_	_	_	_	_	_	_	_	5,667	_	5,667
Debt service funds	-	_	-	_	_	-	_	-	_	-	_	68	_	68
Construction funds	126,018	11,000	—	6,738	34,358	_	7,191	_	101,740	-	20,550	-	(8,924)	298,671
Board designated and escrow funds	-	_	—	_	25,000	5,000	_	_	_	-	_	_	_	30,000
Self-insurance trust funds	-	-	_	-	3,183	_	-	_	_	-	_	229,515	_	232,698
Funds restricted by donor	-	-	1,155	-	3,364	_	-	_	_	-	_	125,719	_	130,238
Economic interests in the net assets of related organizations	91,206	39,270	547	10,316	98,666	7,976	5,534	28,973	31,109	_	1,330	_	(261,597)	53,330
ionica organizations	217,224	50,270	1,702	17,054	164,571	12,976	12,725	28,973	132,849		21,880	360,969	(270,521)	750,672
Property and equipment, net	623,515	40,191	145,168	250,523	161,754	9,770	82,706	244,433	305,084	56,750	617,520	339,049	_	2,876,463
Investments in joint ventures and other assets	170,816	28,496	1,810	2,537	37,053	180	10,267	25,466	61,388	5,724	37,885	498,841	(186,392)	694,071
Total assets	\$ 1,892,383	\$ 198,622 \$	225,427 \$	588,167 \$	545,971 \$	73,931 \$	168,581 \$	376,926	\$ 778,535	\$ 214,345	\$ 751,530 \$	\$ 1,768,490 \$	(565,645) \$	7,017,263
Liabilities and net assets Current liabilities:														
Trade accounts payable	\$ 102,006	\$ 9,236 \$	13,622 \$	13,866	11,597 \$	2,224 \$	11,341 \$	17,472	\$ 13,804 \$	5 10,002	\$ 34,582 \$	\$ 54,270 \$	- \$	294,022
Accrued payroll and benefits	95,429	4,797	11,814	21,910	13,153	1,722	6,035	21,845	20,053	4,491	19,439	94,037	-	314,725
Advances from third-party payors	100,102	5,993	8,464	16,802	6,962	752	4,929	13,308	8,919	2,084	18,530	139	-	186,984
Lines of credit	-	-	-	_	-	-	-	-	-	-	-	80,000	-	80,000
Other current liabilities	60,221	944	4,443	3,978	5,357	4,177	7,649	6,881	50,187	764	65,248	61,166	(110,759)	160,256
Current portion of long-term debt	12,136	365	563	4,125	2,394	72	887	4,099	8,822	-	4,594	-	(5,942)	32,115
Total current liabilities	369,894	21,335	38,906	60,681	39,463	8,947	30,841	63,605	101,785	17,341	142,393	289,612	(116,701)	1,068,102
Long-term debt, less current portion	560,458	16,854	26,030	190,521	110,559	3,300	41,046	189,282	384,541	22,873	212,202	106,528	-	1,864,194
Other long-term liabilities	19,172	429	584	1,373	35,348	333	3,075	118,389	4,227	1,197	67,626	477,179	(181,100)	547,832
Interest rate swap liabilities		-	-	-	-	-	-	-	-	-	-	70,350	-	70,350
Total liabilities	949,524	38,618	65,520	252,575	185,370	12,580	74,962	371,276	490,553	41,411	422,221	943,669	(297,801)	3,550,478
Net assets:														
Without donor restrictions	889,421	120,708	113,482	325,276	315,257	55,227	93,619	(22,179)	256,872	172,934	324,473	656,403	(75,246)	3,226,247
With donor restrictions	53,438	39,296	46,425	10,316	45,344	6,124	-	27,829	31,110	-	4,836	168,418	(192,598)	240,538
Total net assets	942,859	160,004	159,907	335,592	360,601	61,351	93,619	5,650	287,982	172,934	329,309	824,821	(267,844)	3,466,785
Total liabilities and net assets	\$ 1,892,383	\$ 198,622 \$	225,427 \$	588,167	545,971 \$	73,931 \$	168,581 \$	376,926	\$ 778,535	\$ 214,345	\$ 751,530 5	\$ 1,768,490 \$	(565,645) \$	7,017,263

Consolidating Statement of Operations – Hospital Format (In Thousands)

Year Ended June 30, 2023

	University of Maryland Medical Center Shock			University of Maryland	Baltimore Washington		Shore Health System, Inc.							a i	ы р • н •	4 1			
			_Rehabilitation						Chester River	Charles Regional	St. Joseph	Upper Chesape	aka Uaspitala	Capital Region Hospitals Bowie					
	University	Trauma	Corthopaedic	Midtown	Medical	Memorial	Dorchester		Medical	Medical	Medical	Medical	Harford	Capital	Laurel	Health	All Other		Consolidated
	Hospital	Center	Institute	Campus	Center, Inc.	Hospital	General	OAEC	Center	Center	Center	Center	Memorial	Regional	Regional	Center	Entities	Eliminations	Total
Operating revenue, gains and other support:	i			•	,	•								8	8				
Net patient service revenue	\$ 1,632,360	\$ 218,636	\$ 123,762	\$ 231,392	\$ 440,247	\$ 259,938	\$ 20,005 \$	6,824	\$ 46,599	\$ 154,871	\$ 398,038	\$ 319,582	\$ 102,428	\$ 339,335	\$ 27,603 \$	6 16,925	\$ 350,400	\$ (6,602)	\$ 4,682,343
State support	-	3,700	-	-	-	-	_	-	-	-	-	-	-	10,000	-	_	10,000	(10,000)	13,700
CARES Act – provider relief funds	-	_	_	_	_	-	_	_	_	-	-	_	-	_	_	_	978	-	978
Other revenue	244,605	315	2,905	31,387	3,707	7,298	551	187	1,404	1,744	4,483	4,542	735	11,990	33	_	1,091,393	(1,035,700)	371,579
Total operating revenue, gains, and other support	1,876,965	222,651	126,667	262,779	443,954	267,236	20,556	7,011	48,003	156,615	402,521	324,124	103,163	361,325	27,636	16,925	1,452,771	(1,052,302)	5,068,600
Operating expenses:																			
Salaries, wages, and benefits	705,563	82,035	68,306	118,863	228,857	115,757	10,721	6,436	15,037	68,592	169,333	146,412	55,730	184,835	14,855	6,055	916,072	(220,071)	2,693,388
Expendable supplies	484,316	29,923	13,032	44,172	57,648	34,836	1,006	966	2,630	19,813	72,728	48,123	7,429	37,495	5,064	1,360	66,641	(2,723)	924,459
Purchased services	389,719	50,115	23,336	53,281	101,626	58,157	5,915	1,549	16,878	41,200	79,716	61,366	26,251	83,605	17,752	6,053	421,043	(669,108)	768,454
Contracted services	151,917	16,332	10,920	34,355	47,769	39,063	798	319	8,717	12,501	52,904	30,071	10,284	32,623	7,322	989	32,105	(160,400)	328,588
Depreciation and amortization	87,647	7,264	8,430	17,023	30,597	15,187	3,394	217	2,603	6,452	26,605	17,611	4,099	33,785	277	1,445	15,319	-	277,955
Interest expense	18,088	-	361	1,008	7,549	4,604	-	_	-	1,601	8,576	5,820	800	7,514	_	_	2,021	-	57,942
Total operating expenses	1,837,250	185,669	124,385	268,702	474,046	267,604	21,834	9,487	45,865	150,159	409,862	309,403	104,593	379,857	45,270	15,902	1,453,201	(1,052,302)	5,050,786
Operating income (loss)	39,715	36,982	2,282	(5,923)	(30,092)	(368)	(1,278)	(2,476)	2,138	6,456	(7,341)	14,721	(1,430)	(18,532)	(17,634)	1,023	(430)	_	17,814
Nonoperating income and expenses, net:																			
Contributions	2,688	_	-	_	-	-	_	_	-	-	-	-	-	2,500	-	_	2,246	-	7,434
Equity in net income of joint ventures	159	-	-	-	-	330	-	-	-	485	1,978	-	-	-	-	-	2,257	-	5,209
Investment income	3,425	-	247	70	860	3,265	-	-	18	490	147	929	441	64	-	-	3,422	-	13,378
Change in fair value of investments	33,219	-	4,162	200	16,248	9,629	-	-	558	2,551	1,509	15,036	8,760	309	-	_	16,116	-	108,297
Change in fair value of undesignated interest	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	35,020	_	35,020
rate swaps																			,
Other nonoperating gains and losses	(6,898)	_	(75)	(1,795)		(423)	-	-	-	(1,106)	(854)		-	(1,520)	(53)	(21)	(7,151)	-	(25,859)
Total nonoperating income and expenses	32,593	_	4,334	(1,525)	12,913	12,801	-	-	576	2,420	2,780	14,197	9,201	1,353	(53)	(21)	51,910	_	143,479
Excess (deficiency) of revenues over expenses	\$ 72,308	\$ 36,982	\$ 6,616	\$ (7,448)	\$ (17,179)	\$ 12,433	\$ (1,278) \$	(2,476)	\$ 2,714	\$ 8,876	\$ (4,561)	\$ 28,918	\$ 7,771	\$ (17,179)	\$ (17,687) \$	5 1,002	\$ 51,480	\$ -	\$ 161,293

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