- 0		PUBLIC INSPECTION COP	7							
Form	990	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	n Income Tax	OMB No. 1545-0047						
Departn	nent of the Treasury	-	Open to Public							
and the second second	Revenue Service	Inspection Inspection								
		ar year, or tax year beginning JUL 1, 2008 and ending lame of organization	JUN 30, 2009							
B Che app	licable: Please UN	D Employer identifica	tion number							
	ddrass labal or	ION HOSPITAL OF CECIL COUNTY, INC.								
	hange type. D	loing Business As	52-06	07945						
re		lumber and street (or P.O. box if mail is not delivered to street address) Room/s		07945						
La	tion Instruc- 10	6 BOW STREET		398-4000						
Llre	aturn C	ity or town, state or country, and ZIP + 4		134,480,094.						
Lti	on <u>EL</u> .	KTON, MD 21921-5596	H(a) Is this a group retu							
		nd address of principal officer:KENNETH S.LEWIS, MD, AS C ABOVE	JD for affiliates?							
I Tax	exempt status:		H(b) Are all affiliates incluc							
	bsite: 🕨 WWW . 1		If "No," attach a lis H(c) Group exemption r							
	e of organization:	X Corporation	rear of formation: 1903 M S							
Part										
8 8	1 Briefly describe	e the organization's mission or most significant activities: PROVIDE	HEALTHCARE SERV	/ICES TO						
Governance	THE RES.	IDENTS OF CECIL COUNTY, MD, AND THE S	URROUNDING AREA	4.						
Veri	 Check this box Number of voti 	if the organization discontinued its operations or disposed of n in moments of the assumption had a (20 th) the table.								
	Number of inde	ng members of the governing body (Part VI, line 1a)		15						
40	Total number of	ependent voting members of the governing body (Part VI, line 1b) of employees (Part V, line 2a)	4	14						
Activities	Total number of	5	1205							
7 cti	a Total gross unr	of volunteers (estimate if necessary) elated business revenue from Part VIII, line 12, column (C)	6	300						
4	b Net unrelated b	business taxable income from Form 990-T, line 34	7a 7b	808,057.						
			Prior Year	- <u>513</u> , 265. Current Year						
<u>e</u> 8	Contributions a	and grants (Part VIII, line 1h)	1,410,471.	1,326,143.						
Bevenue Revenue	Program servic	e revenue (Part VIII, line 2g)		25,031,434.						
a 10	D Investment inco	ome (Part VIII, column (A), lines 3, 4, and 7d)	7,398,917.	1,290,256.						
1		(Part VIII, column (A), lines 5, 6d, 8c. 9c. 10c, and 11e)	857,598.	890,920.						
12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,538,753.						
		ilar amounts paid (Part IX, column (A), lines 1-3)		9,104,910.						
14		o or for members (Part IX, column (A), line 4)								
s 15 16 Exbenses	Salaries, other (compensation, employee benefits (Part IX, column (A), lines 5-10)	50,694,800.	59,824,778.						
uad 10		ndraising fees (Part IX, column (A), line 11e)								
ă 17		g expenses (Part IX, column (D), line 25) ► s (Part IX, column (A), lines 11a·11d, 11f·24f)	<u> </u>	(
18		Add lines 13-17 (must equal Part IX, column (A), line 25)		64,786,860.						
19	 Revenue less et 	xpenses. Subtract line 18 from line 12		33,716,548.						
Or				-5,177,795.						
Net Assets or Fund Balances) Total assets (Pa	art X, line 16)	Beginning of Year	End of Year 66,050,325.						
ST 21	Total liabilities (I	Part X, line 26)		89,130,780.						
		nd balances. Subtract line 21 from line 20		76,919,545.						
Part										
	and complete. Decla	perjury, I declare that I have examined this return, including accompanying schedules and statemen aration of preparer (other than officer) is based on all information of which preparer has any knowled	its, and to the best of my knowledge an	d belief, it is true, correct,						
		£. 73	1 - 1 - 1							
Sign	Signature o	atticer	018110							
Here			Date							
		E R. BEYER, CPA, SENIOR VP/CFO								
	Preparer's		Check if Preparer's ro	lentifying number						
Paid	signature	All in a state	self- employed	ons)						
Preparei	Finn Shame (or	PARENTEBEARD LLC								
Use Only	self-employed).	1650 MARKET STREET, SUITE 4500								
	address, and ZIP + 4	PHILADELPHIA, PA 19103	Phone no ► / 21	5) 972-0701						
May the	IRS discuss this r	eturn with the preparer shown above? (see instructions)	F (21	X Yes No						

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

105.01	Art III Statement of Program Service Accomplishments (see instructions) 52-0607945 Briefly describe the organization's mission: 52-0607945
	UNION HOSPITAL OF CECIL COUNTY'S MISSION IS TO PROVIDE HEALTHCAPE
	SERVICES TO THE RESIDENTS OF CECIL COUNTY, MARYLAND WESTERN NEW
	CASTLE COUNTY, DELAWARE, AND SOUTHERN CHESTER COUNTY, PENNSYLVANIA.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990 EZ?
	i res , describe trese new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	SEE SCHEDULE O FOR CONTINUATION(S)
4a	(Code:) (Expenses \$ 129,687,027, including grants of \$ 9,104,910,) (Revenue \$ 104,015
	ONION HOSPITAL OF CECIL COUNTY'S MISSION IS TO DROVIDE DEALTHU GARD
	SERVICES TO THE RESIDENTS OF CECIL COUNTY, MARYLAND, WESTERN NEW CAST COUNTY, DELAWARE, AND SOUTHERN CHESTER COUNTY PENNSYLVANIA THAT
	COUNTY, DELAWARE, AND SOUTHERN CHESTER COUNTY, PENNSYLVANIA, THAT
	REPRESENT QUALITY AND VALUE AND ARE PROVIDED WITH MODERN TECHNOLOGY, COMPASSIONATE NURSES AND STAFF, AND CONVENIENT TO THE CITIZENS OF OUR
	COMMUNITY. THESE HEALTHCARE SERVICES ARE PROVIDED REGARDLESS OF RACE,
	CREED, SEA, NATIONAL ORIGIN, HANDICAP, ACE OR ABILITY TO DAY ALTION
	REIMBORSEMENT FOR SERVICES RENDERED IS VITALLY IMPORTANT TO THE
	OPERATION, STABILITY, AND VIABILITY OF UNION HOSPITAL OF CECTL COLUMN
	WE RECOGNIZE THAT NOT ALL MEMBERS OF OUR COMMUNITY ARE IN THE DIMANCE
	TOSTITON TO PORCHASE ESSENTIAL MEDICAL SERVICES THEREFORE CONGLEMENT
4b	WITH ONION HOSPITAL S COMMITMENT TO SERVE ALL MEMBERS OF CECIL COUNTY
15	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
iii	
2	
-	
-	
- - 4d (Other program services (Describe in Schodule O)
	Other program services. (Describe in Schedule O.) Expenses \$ including grants of \$) (Revenue \$)
(
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ \$ 129,687,027. (Must equal Part IX, Line 25, column (B).) Form 990 (20)

Form 990 (2	2008)
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				1
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	
з	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	X	
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II	_4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			<u></u>
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
2100.00	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	x	
13	is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule F	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business			
45	and program service activities outside the U.S.? If "Yes." complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	1		
10	located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
17	located outside the United States? If "Yes," complete Schedule F. Part III	16		_X
18	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes." complete Schedule H	19		<u>X</u>
21		20	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 20 (Fill)	21	X	
23	Did the organization report more than \$5.000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	X	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
b	If "No", go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	<u>X</u>	
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		X
	any tax-exempt bonds?	~		17
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		<u>X</u>
	disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		v
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	25a		X
	prior year? // "Yes," complete Schedule L, Part I	254		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26	x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	20	47	
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

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Form	990	(2008)	
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28	During the tax year, did any person who is a surrent or former officer, discussed in the second		Yes	No
a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct husiness relationship with the operation (alter the start of the			
	or an oncer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII. Section A)2 // "Yas." complete Schedule 1. Part VI			
b	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV Have a family member who had a direct or indirect business relationship with the organization?	28a		<u> </u>
~	If "Yes," complete Schedule I. Part IV			
c	If "Yes," complete Schedule L, Part IV	28b		_X_
Ŭ	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
29	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
32	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			77
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	00		v
34	Was the organization related to any tax-exempt or taxable entity?	33		<u>X</u>
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1			
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	X	
	If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		X
	If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			17
		37		Χ_

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	m 990 (2008) UNION HOSPITAL OF CECIL COUNTY, INC. 52-060 art V Statements Regarding Other IRS Filings and Tax Compliance	794	5	Page 5
			1	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
	U.S. Information Returns. Enter 0 if not applicable	3		•
t	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>		
	(gambling) winnings to prize winners?	1c	X	
2a	The full be number of employees reported on Form W-3, Transmittal of Wage and Tax Statements			-
	tiled for the calendar year ending with or within the year covered by this return	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file this return (soo instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	x	
L L	res, has it lied a form 990-1 for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	00		
	mancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	n res, enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	in res, to question 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Reporting Prohibits of			<u></u>
	Tax oneiter Transaction?	5c		
6a	and the organization solicit any contributions that were not tax deductible?	6a		x
b	and the organization include with every solicitation an express statement that such contributions or diffs	-04-		<u></u>
	were not tax deductible?	6b		
7	organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
b	if res, 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	1.2		
		7c		Х
d	These indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_		77
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098.C as required?	7g		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)	<u>7h</u>		
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?			
9	desired of (c)(s) and other sponsoring organizations maintaining donor advised funds	8		
а	Did the organization make any taxable distributions under section 4966?			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter: N/A	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
D	Gloss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: N/A			
	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 10412	12-		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	12a		

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UNION HOSPITAL OF CECIL COUNTY INC. Man

52-0607945 Page 6

Dart VI	Coverner M	HODI TIND OF	CECIL COUNTY,	INC.	52-0607945	Pa
Fait VI	Governance, Manageme	ent, and Disclosu	e (Sections A. B. and C rea	uest information about	t policies not required by	
	Internal Revenue Code.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	acor mormation about	r policies not required by	y the
1211						

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
1-	processes, or changes in Schedule O. See instructions.			8
10		15		
b	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
~	officer, director, trustee, or key employee?			x
3	Did the organization delegate control over management duties customarily performed by or upder the direct supervision			ALC: NOT
4	of officers, directors or trustees, or key employees to a management company or other person?	. 3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	bles the organization have members or stockholders?	6		X
7a	bees the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	but the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а		8a	x	
b	Each committee with authority to act on benail of the governing body?		X	
9a	bees the organization have local chapters, branches, or affiliates?	9a	1 11	X
b	" res, does me organization have written policies and procedures governing the activities of such chapters, affiliates	. 54		<u></u>
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	- 50		
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	x	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		х
Sec	tion B. Policies	<u> </u>	<u> </u>	Λ
122			Yes	No
h h	Does the organization have a written conflict of interest policy? If "No." go to line 13	12a	X	
IJ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
-		12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
10	in Schedule O how this is done	12c	X	
	Does the organization have a written whistleblower policy?		X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	but the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	x	
	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)	100		
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		Х
b	If Yes, has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	104		<u></u>
	in joint venture arrangements under applicable federal tax law, and taken steps to safequard the organization's			
-	exempt status with respect to such arrangements?	104		
Sect	ion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ►MD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		-
	public inspection. Indicate how you make these available. Check all that apply.	3 101		
	Own website X Another's website X Upon request			

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public. State the name indusical add on

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
	CARLA MOORE - (410) 398-4000

Form 990 (2008)

L3100202 789762 100852:	21-7
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6

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	1002.00			itior			Reportable	Reportable	Estimated
	hours	(0	chec	k all	that	app	oly)	compensation	compensation	amount of
	per week	ctor						from	from related	other
	WCCK	trustee or director	e۵			ited		the organization	organizations (W-2/1099-MISC)	compensation
		ustee	truste		92	pensa		(W-2/1099-MISC)	(***2/1099-10150)	from the organization
		fual tr	Institutional trustee		Key employee	Highest compensated employee				and related
		adividual	nstilu	Officer	(ey en	highes	ormei			organizations
KENNETH S. LEWIS, MD, JD				_	-					
PRESIDENT/CEO	40.00	V		177				_		20.00
HARLAND GRAEF	40.00	X		X			-	0.	605,873.	25,892.
CHAIRMAN	1 00	v		77						
HOWARD COSGROVE	1.00	X	-	X				0.	0.	0.
VICE CHAIRMAN	1.00	v		77						
RICHARD GUTTENDORF	I .00	A		X				0.	0.	0.
TREASURER	1.00	v		x						
EUGENE MACKIE	1.00	A		<u> </u>				0.	0.	0.
DIRECTOR	1.00	v								
MARY BOLT, PH.D.	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	v								
JACK GOLDSTEIN	1.00						-	0.	0.	0.
DIRECTOR	1.00	x								
PHILLIP FARMER	1.00	Δ			_		-	0.	0.	0.
DIRECTOR	1.00	x						0		
RONALD GRAYBEAL	1.00				-			0.	0.	0.
DIRECTOR	1.00	x						0.		
HENRY PASSI				-			-	······································	0.	0.
DIRECTOR	1.00	x						0.		
SHEELMOHAN SACHDEV, MD								0.	0.	0.
DIRECTOR	1.00	x						0.		-
TIMOTHY SMITH								0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0
CYDNEY TEAL, MD								U.	U.	0.
DIRECTOR	1.00	x						0.	0	0
DWIGHT THOMEY								0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0
MARTIN J. HEALY						-		0.		0.
DIRECTOR	1.00	X						0.	0.	0
JEFFREY TIONGSON, MD									U. -	0.
DIRECTOR	1.00	x						0.	0.	0
LAURIE R. BEYER, CPA							\uparrow	V.		0.
SENIOR VP/CFO	40.00			x				0.	233,769.	25,057.
832007 12-18-08								0.		<u>23,057.</u>

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Form 990 (2008) UNION HO: Part VII Section A. Officers, Directors, True	Istees, Kev F	mole			고 니 and	High		NTY, INC.	<u>52-06(</u>)794	15	Page
(A)	(B)		Jyee	1.00	C)	ragi	est	(D)	100-04520	- T		
Name and title	Average			Pos		1		(D) Reportable	(E)		(F	
	hours	(cl				t app	olv)	compensation	Reportable compensation		Estim	
	per		1		T	1		from	from related		amou oth	
	week	irecto						the	organizations	0	ompen	
		e or d	tee			sated		organization	(W-2/1099-MISC)		from	
		ruste	I trus		66	ubeu		(W-2/1099-MISC)			organiz	
		d leal t	liona		nplay	stcon	_				and re	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			0	rganiza	ations
DAVID GIPSON	*		-			-				_		
SENIOR VP/COO	40.00				x			0.	221 270		24	710
JOANNE MILLER								0.	231,270	•	24,	710
SENIOR VP PATIENT CARE S	40.00				x			0	100 200			
JOSE MA	10.00		-		Δ			0.	198,328	•	16,	691
VP MEDICAL AFFAIRS	40.00				x							
PETER GLOGGNER	40.00				X			0.	294,129	•	26,	497.
VP HUMAN RESOURCES	10 00											
MARY JANE KAMPS	40.00				X		_	161,608.	0		8,	216.
VP/CIO	10.00											
	40.00		_		Χ			156,395.	0		15,	312.
NADER J. DABANEH, MD												
PHYSICIAN	40.00					Х		481,628.	0		19	160.
IRFAN M. HISAMUDDIN, MD												100.
PHYSICIAN	40.00					X		392,298.	0		20,0	126
RANI S. CHINTAM, MD									0	•	20,0	120.
PHYSICIAN	40.00					X		409,943.	0	0. 9,889		000
JOHN M. HEBEKA, MD			-	-				105,515.	0	•	9,0	589.
ANESTHESIOLOGIST	40.00					x		325,666.	0		1	
DAVID W. COMPTON, MD				-				,000.	0	•	41,9	57.
ANESTHESIOLOGIST	40.00					x		315,437.	0			
1b Total	10.00							2 242, 437.	0			06.
2 Total number of individuals (including those i	n 1a) who roo	01100			la a va			2,242,975.	1,563,369	2.	35,3	13.
compensation from the organization	in raj wilo rec	eivet	ame	JIEI	ावा	1910	0,00	iu în reportable				
									₽	•	Yes	59 No
3 Did the organization list any former officer. d	irector or trus	tee. I	key	emp	olovi	ee. o	r hia	hest compensated em		[
line 1a? If "Yes," complete Schedule J for suc	ch individual		,	1	,		5	inser compensated emp	Sloyee on			v
4 For any individual listed on line 1a, is the sun	of reportable	con	nper	nsat	ion	and	othe	r compensation from th		3		X
and related organizations greater than \$150.0	000? <i>If</i> "Yes "	com	nlet	e Sr	hor		Lfor	analy individual				
5 Did any person listed on line 1a receive or ac	crue compeos	satior	n frr	10 0 C			ator			4	X	
the organization? If "Yes," complete Schedul	e I for such n	oreor	n nc n		u iy i	unrei	ateu	organization for servic	es rendered to			12134-057
Section B. Independent Contractors	coror sucrip	61301			******			***************************************		5		X
1 Complete this table for your five highest com	pensated inde	eneno	dent	t co	ntra	ctor	tha	t received more than f	100.000			
the organization.	pendated inde	pen	Gen	1 00	ina	CIOR	stra	received more than \$	100,000 of compens	sation	from	
(A)							1	(B)			~	
Name and business ad	dress							Description of ser	vices	י) פמחסכ	C) Insatio	n
EATHERBY LOCUMS					0.0		1				- outro	
0. BOX 972633, DALLAS, 7	X 7539	7					PH	IYSICIAN		20	0 7	01
AY LEVY, 8820 HOWARD FORE	ST LAN	F.					-	TUTCIM		29	2,7	81.
ALTIMORE , MD 21208		Ξ,					ATT			~ ~		
EDFORD F. BOYLSTON							AI	TORNEY		20	0,0	00.
028 HARNEY ROAD, TANEYTOW		717	70	7				VOTOTAT				
ARNE, SONG, AND WOO, 2007	DOORDI	<u>ω τ /</u>	NC	/ 7			PH	IYSICIAN		15	2,3	08.
OAD, FOREST HILLS, MD 210	LED	rrl	140	כ								
TANLEY GRAMCH CROCCIAND			C 1	-	~		19H	YSICIAN		15	0,0	00.
TANLEY GRAMCH CROSSLAND, ARLIN SPRINGS ROAD, ARLIN	MD, L'I'I	J,	61		S	•						
SALATING RUAD, ARIAN		A I	1.7	125	10		DU	VCTOTAN		4.0	• •	

 CARLIN SPRINGS ROAD, ARLINGTON, VA 22204
 PHYSICIAN

 2
 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶

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Form 990 (2008)

109,000.

	VIII Statement of Revenue		(A)	(B)	52-060	
			Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fi tax unde sections 5 513, or 5
and other similar amounts L	a Federated campaigns	1a				
Ind	The Investory MC AVERT AN ADDRESS TO ADDRESS TO ADDRESS TO ADDRESS	1b				
Ĕ		10				
ar						
Ē		<u>1d 1,137,894.</u> 1e 88,249.				
201	f All other contributions, gifts, grants, and	10 00,249.				
the	similar amounts not included above	100 000				
0	g Noncash contributions included in lines 1a-1f: \$					
au			1005110			
-	h Total. Add lines 1a-1f		1326143.			
		Business Code				
	a <u>NET PATIENT SERVICE</u>		123,363,260,	123,363,260		
Ine	b LABORATORY REVENUE	621500	810,297.		810,297	
Ver	C OTHER OPERATING REVE		404,997.	404,997		
р Г	d ADULT DAY CARE	623990	332,839.	332,839		
	e <u>LIFELINE</u>	900099	120,041.	120,041.		
	f All other program service revenue					
-	g Total. Add lines 2a-2f		125,031,434,			
3	Investment income (including dividends,	interest, and				
	other similar amounts)		2063096.			0.050.0
4	Income from investment of tax-exempt b	ond proceeds				2,063,0
5	Royalties	▶				
	(i) Rea					
6 a	-					
ł	Less: rental expenses 51,7					
C	Rental income or (loss) 1021					
6	Net rental income or (loss)	<u>■ </u>	102,160.			
7 a	Gross amount from sales of (i) Securi		102,100.			102,16
	assets other than inventory 5,094					
h h	Less: cost or other basis	138. 22,041.				
		176677				
	· Co	and a second				
9 9 9	I Net gain or (loss)	▶	-772,840.			-77284
04	Gross income from fundraising events (no including \$ of	ot				
	contributions reported on line 1c). See					
	Part IV, line 18	a				
b	Less: direct expenses	b				
	Net income or (loss) from fundraising even					
9 a	Gross income from gaming activities. See					
	Part IV, line 19	. a				
b	Less: direct expenses	b				
	Net income or (loss) from gaming activities	s				
10 a	Gross sales of inventory, less returns					
	and allowances	а				
b	Less: cost of goods sold	b				
С	Net income or (loss) from sales of inventor	y				
	Miscellaneous Revenue	Business Code				· · · · ·
11 a	CAFETERIA/FOOD SERVIC	E 722210	779,031.			
	MISCELLANEOUS REVENUE		11,969.			779,031
	UBI LOSS FROM PARTNER					11,969
			-2,240.		-2,240.	
			700 700			
12	Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9		788,760.			
	The state of the second s	C. 10c, and 11e	128,538,753.	124,221,137	808,057.	2,183,416

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	All other organizations must com not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		CAPENSES	general expenses	expenses
	organizations in the U.S. See Part IV, line 21	9,104,910.	9,104,910.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	342,031.		342,031.	
5	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	50,003,662.	49,526,774.	476,888.	
3	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	1,049,437.		30,307.	
Э	Other employee benefits	4,783,726.		58,182.	
)	Payroll taxes	3,645,922.	3,596,629.	49,293.	
1	Fees for services (non-employees):				
	Management	3,242,421.		1,621,211.	
	Legal	268,420.		. 268,420.	
	Accounting	120,250.		120,250.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	119,224.		119,224.	
g	Other	14,077,641.		680,024.	
	Advertising and promotion	541,947.	541,947.		
1	Office expenses	18,848,326.	18,729,862.	118,464.	
	Information technology				
i	Royalties				
	Occupancy	2,429,882.	2,429,882.		
	Travel	150,709.	137,496.	13,213.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	24,951.	2,517.	22,434.	
	Interest	3,841,443.	3,841,443.		
	Payments to affiliates				
	Depreciation, depletion, and amortization	7,750,880.	7,750,880.		
	Insurance	1,832,620.	1,832,620.		
	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.) BAD DEBT	10 000 400	10 000 100		
	DUES/ACCREDITATIONS	10,823,403.	10,823,403.		
	REPAIRS & MAINTENANCE	346,382.	236,802.	109,580.	
	PUBLICATIONS	268,013.	268,013.		
9	TOPHICATIOND	100,348.	100,348.		
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	122716540	12000000	1 000 500	
	Joint Costs. Check here if following	133716548.	129687027.	4,029,521.	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	concerning an condition for house costs included a compliced				

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10 2008.05040 UNION HOSPITAL OF CECIL COU 10085211

Form 990 (2008)

Form 990 (
Part X	Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	63,011.
	2	Savings and temporary cash investments	12,671,718.		3,313,138.
	3	Pledges and grants receivable, net	/0/1/1/10.	3	<u> </u>
	4	Accounts receivable, net	18,017,783.	4	17,071,711.
	5	Receivables from current and former officers, directors, trustees, key		4	<u> </u>
		employees, or other related parties. Complete Part II of Schedule L		-	20.000
	6	Receivables from other disqualified persons (as defined under section		5	20,000.
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L			
ts	7	Notes and loans receivable, net		6	2.005.004
Assets	8	Inventories for sale or use	1 620 162	7	2,865,224.
Ä	9		<u>1,638,162</u> . <u>1,043,043</u> .	8	1,838,694.
	10a	Land, buildings, and equipment: cost basis 10a 143, 464, 981.	1,045,045.	9	1,115,404.
	b	Less: accumulated depreciation. Complete			
		Part VI of Schedule D 10b 65,576,047.			
	11	Investments - publicly traded securities		<u>10c</u>	77,888,934.
	12	Investments - other securities. See Part IV, line 11	52,118,027.	11	48,256,763.
	13	Investments · program-related. See Part IV, line 11	7,428,090.	12	5,543,093.
	14	Intangible assets		_13_	
	15	Other assets. See Part IV, line 11	0 074 520	14	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,974,538.	_15	8,074,353.
-	17	Accounts payable and accrued expenses	181,400,098.	16	166,050,325.
	18		9,946,756.	17	10,713,030.
	19	Deferred		18	
	20			19	
S	21	Escrow account liability. Complete Part IV of Schedule D	75,904,724.	20	74,468,276.
itie	22	Payables to current and former officers, directors, trustees, key employees,		21	
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
Ē		of Schedule I			
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24			23	1,502,326.
	25	Other liabilities. Complete Part X of Schedule D	2 164 105	24	0.115.110
	26	Total liabilities. Add lines 17 through 25	2,164,195.	25	2,447,148.
		Organizations that follow SFAS 117, check here X and complete	88,015,675.	26	89,130,780.
ces		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	00 621 060		
Fund Balan	28		0	27	74,993,171.
dВ	29			28	1,926,374.
, E		Organizations that do not follow SFAS 117, check here and and		29	
orF		complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds			
SSG	31	Paid in or capital surplus, or land, building, or equipment fund		30	
et A	32	Retained earnings, endowment, accumulated income, or other funds		31	
ž	33			32	
				33	76,919,545.
Par		Financial Statements and Reporting	181,400,098.	34	166,050,325.
1	Acco	unting method used to prepare the Form 990: Cash X Accrual	0.1		Yes No
		the organization's financial statements compiled or reviewed by an independent ac	Other		
b	Were	the organization's financial statements audited by an independent accountant?	countant?	(*) - • (() - ()	2a X
~ C	If "Ye	s" to lines 2a or 2b, does the organization have a committee that assumes respons	teta la construcción de la constru	1	2b X
~	review	. Or compilation of its financial statements and selection of an index of the index	ionity for oversight of the a	udit.	domest 1
3a	Asar	v. or compilation of its financial statements and selection of an independent account esult of a federal award, was the organization required to undergo as such a second to undergo as such as the organization required to undergo as the	ntant?		2c X
	Act ar	esult of a federal award, was the organization required to undergo an audit or audit nd OMB Circular A 133?	s as set forth in the Single	Audit	
				******	<u>3a X</u>
	100	s," did the organization undergo the required audit or audits?			3b

832011 12-18-08

Form 990 (2008)

SCHEDULE A	
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

Department of the Treasury nonexempt charitable trusts.				Open to Publ						
Internal Rev	See separate instructions.									
Name o	f the organizat		Employer i	dentifica	tion n	umber				
David		UNION HOSPITAL OF CECIL COUNTY, INC.		2-060						
Part I	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)									
The orga	nization is not a	a private foundation because it is: (Please check only one organization.)								
1	A church, co	nvention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
з Х	- Attach Schedule U									
4	A medical res	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A))(iiii). Enter th	ne hospita	il's nar	me				
	city, and stat	e			a o nai	110,				
5	An organizati	on operated for the benefit of a college or university owned or operated by a governmental u	init describe	d in						
r	section 170	b)(1)(A)(iv). (Complete Part II.)								
6	A federal, sta	te, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	An organizati	on that normally receives a substantial part of its support from a governmental unit or from the	ne general p	ublic desc	ribed	in				
	section 170(I	D(1)(A)(VI). (Complete Part II.)	5 1							
8	A community	trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from									
	activities relat	ed to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of i	ts support fi	rom aross	invoc	tmont				
	income and u	nrelated business taxable income (less section 511 tax) from businesses acquired by the or	anization af	ter June 3	30, 197	75.				
	See section :	(Complete the Part III.)								
10	An organizatio	on organized and operated exclusively to test for public safety. See section 509(a)(4). (see in	nstructions)							
11	An organizatio	on organized and operated exclusively for the benefit of, to perform the functions of or to cal	rry out the n	urposes d	of one	or				
	more publicly	supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509)(a)(3). Chec	k the box	that					
	uescribes the	type of supporting organization and complete lines 11e through 11h.								
	a Type I	b Type II c Type III · Functionally integrated	d 🗌 .	Type III - (Other					
e 🛄	By checking t	his box, I certify that the organization is not controlled directly or indirectly by one or more directly by one or more	squalified pe	ersons oth	ner tha	IN				
	iounuation ma	magers and other than one or more publicly supported organizations described in section 50)9(a)(1) or se	ection 509	(a)(2).					
f	n the organiza	tion received a written determination from the IRS that it is a Type I. Type II, or Type III								
		janization, check this box								
g	Since August	17, 2006, has the organization accepted any gift or contribution from any of the following per	rsons?							
	(i) A person	who directly or indirectly controls, either alone or together with persons described in (ii) and	(iii) below,	1	Yes	No				
		ning body of the supported organization?	*******	11g(i)						
	(iii) A family r	nember of a person described in (i) above?	**************	11g(ii)						
Ь	Drovido the fel	ontrolled entity of a person described in (i) or (ii) above?	•••••••	11g(iii)						
h	Fronue the fol	lowing information about the organizations the organization supports.		Provide the following information about the organizations the organization supports.						

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li	organization sted in your document?	organizat	u notify the ion in col. support?	(vi) ls organizatio (i) organiza U.S.	n in col. ed in the	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									
LHA For Privacy Act and	Paperwork Red	uction Act Notice see th							-

see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

832021 12-17-08

	art II Support Schedule for	Organization	s Described ir	Sections 170)(b)(1)(A)(iv) a	nd 170/b)(1)(A)	Page 2
	Complete only if you checke	d the box on line	5, 7, or 8 of Part I.)				
Se	ction A. Public Support						
Ca	lendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and				14,2007	10/2000	(1) 10(a)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3							
	furnished by a governmental unit to	1040					
	the organization without charge						
4	Total. Add lines 1 - 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.						
Se	ction B. Total Support						
10.000 - 00	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(-) 2000	(" 0007	T	
	Amounts from line 4	<u>(u) 2004</u>		(c) 2006	(d) 2007	(e) 2008	(f) Total
	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		8				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				and the second se		
						1	
13	Gross receipts from related activities, e	the organization's	first second the			12	
.0	First five years. If the Form 990 is for organization, check this box and stop	he organization s	iirst, second, third	I, fourth, or fifth ta:	x year as a section	on 501(c)(3)	
Sec	organization, check this box and stop tion C. Computation of Public	Support Per	centage		******		
	Public support percentage for 2008 (lir			(D)			
15	Public support percentage from 2007 s	Schedule A. Part I	Vided by line 11, ct	(1))			<u>%</u>
16a	33 1/3% support test - 2008. If the or	canization did not	check the bey en	line 10 and line 4		15	%
	stop here. The organization qualifies a	s a publicly suppr	check the box on	line 13, and line 1-	4 is 33 1/3% or n	nore, check this bo	x and
b	stop here. The organization qualifies a 33 1/3% support test - 2007. If the or	apization did not	shock a bay an lin	- 10 - 10 - 11			▶∟
-	33 1/3% support test - 2007. If the organization qualifi	es as a publiclu o	upported organization	ie is or iba, and l	ine 15 is 33 1/3%	o or more, check thi	s box
17a	and stop here. The organization qualifi	2009 If the orga	pipolied organizat	lion			▶∟
	10% -facts-and-circumstances test - and if the organization meets the "facts	and circumstance	on" tost abaala to	eck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "facts meets the "facts and circumstances" to	and circumstanc	es test, check thi	s box and stop he	ere. Explain in Pa	rt IV how the organi	zation
h	meets the "facts-and-circumstances" to	2007 If the end	ion quaimes as a p	ublicly supported	organization		▶
5	10% -facts-and-circumstances test -	2007. II the organ	nization did not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the organization meets the "facts and circu	mstances" test	istances test, che	CK THIS DOX and st	top here. Explain	in Part IV how the	
18	organization meets the "facts-and-circu Private foundation. If the organization	did not observed	ne organization qu	allies as a public	y supported orga	inization	▶
10	Private foundation. If the organization	ulu not check a b	ox on line 13, 16a,	16b, 17a, or 17b.	check this box a	nd see instructions	▶

Schedule A (Form 990 or 990-EZ) 2008

832022 12-17-08

Calendar year (or fiscal year beginning in)	(a) 2004	(1-) 0005	1 1 1 2 2 2 2			
1 Gifts, grants, contributions, and	(d) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-	1.0					
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 · 5						
7a Amounts included on lines 1, 2, and	Contractor (Contractor)					
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9,						
10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
B Public support (Subtract line 7c from line 6.)						
alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	() 0000	
Amounts from line 6			(0) 2000	(u) 2007	(e) 2008	(f) Total
a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
Total support (Add lines 9, 10c, 11, and 12.)						
First five years. If the Form 990 is for the	ne organization's	first, second third	fourth or fifth tay	Vear as a sootie	1 [] DD 501(c)/2)	
check this box and stop here		.,	, rearch, or finn tax	year as a section	on 501(c)(3) organiza	ation,
citon of Public	Support Per	centade				
Public support percentage for 2008 (line	e 8, column (f) div	ided by line 13, co	lumn (fi)		15	
Public support percentage from 2007 S	chedule A, Part I'	V-A. line 27a	······································	******	16	
ction D. Computation of Invest	nent Income	Percentage			10	
Investment income percentage for 2008	(line 10c, colum	n (f) divided by line	13 column (ft)		47	
	07 Schedule A. P	art IV-A. line 27h			17	
Investment income percentage from 20			line 14 and line 1	5 is more there	18	
investment income percentage from 20	ganization did no	t check the hox or			$1 \rightarrow 1/2\%$ and hno 17	
a 33 1/3% support tests - 2008. If the or	ganization did no	t check the box or rganization qualifier	s as a publicly sur	onorted or coni-	ation	
investment income percentage from 20	ganization did no stop here. The c ganization did no	rganization qualifie t check a box on li	es as a publicly sup an 14 or line 19a	pported organiza	ation	

832023 12-17-08

Schedule A (Form 990 or 990-EZ) 2008

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13100202 789762 1008521-7

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

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number

Name of the	organization
-------------	--------------

	NION HOSPITAL OF CECIL COUNTY, INC.	52-0607945					
organization type (check	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization for both the General Rule a	s covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8). or and a Special Rule. See instructions.)	(10) organization can check boxes					
General Rule							

X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

_	For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections
	509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the
	amount on Form 200, Dat VIII line there of (1) \$5,000 or (2) 2% of the
	amount on Form 990. Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8). or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 LHA
 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
 Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

 for Form 990. These instructions will be issued separately.
 Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

823451 12-18-08

Contributors (see instructions)		
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$88,249.	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$1,137,894.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) Name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Page 1 of 1 of Part I

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

2008.05040 UNION HOSPITAL OF CECIL COU 10085211

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12090208 789762 1008521-7

Page 1 of 1 of Part II Employer identification number

UNION HOSPITAL OF CECIL COUNTY, INC.

52-0607945

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	2008 FORD VAN (80% OF COST) ON 12/1/08; 2009 FORD VAN (80% OF COST) ON 6/1/09	-	
		\$88,249.	12/01/08
(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
			• *

13100202 789762 1008521-7

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Schedule	D
(Form 990)	

Department of the Treasury Internal Revenue Service

Supplemental	Financial	Statements
--------------	-----------	------------

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.



Nan	ne of the organization UNION HOSPITAL OF (TECTI, COUNTY INC	Employer identification number
Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	52-0607945
	organization answered "Yes" to Form 990, Part IV, line		of Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(b) i ando and other accounts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during user)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	witing that the equate held in dama while	
(75)	are the organization's property, subject to the organization's e	and g that the assets held in donor advise	
6	Did the organization inform all grantees, donors, and donor ac	twistors in writing that much funder up h	Yes No
	for charitable purposes and not for the benefit of the donor or	dopor advisor or other important funds may be t	
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 000. De	ate benefit? Yes No
1	Purpose(s) of conservation easements held by the organization	anization answered tes to Form 990, Pa	art IV, line 7.
19 9 3	Preservation of land for public use (e.g., recreation or pl		
	Protection of natural habitat		orically important land area
	Preservation of open space	Preservation of certified	d historic structure
2			
2	Complete lines 2a·2d if the organization held a qualified conse of the tax year.	evation contribution in the form of a conse	ervation easement on the last day
	of the tax year.		
а	Total number of conservation easements		Held at the End of the Year
b	T ()		
	Total acreage restricted by conservation easements		2b
с С	Number of conservation easements on a certified historic strue		2c
d 3	Number of conservation easements included in (c) acquired at		2d
3	Number of conservation easements modified, transferred, rele year	ased, extinguished, or terminated by the c	organization during the taxable
4			
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, violations, and	1
c	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and	enforcing easements during the year	
7 8	Amount of expenses incurred in monitoring, inspecting, and er	nforcing easements during the year \blacktriangleright \$ _	
0	Does each conservation easement reported on line 2(d) above		
0	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	h easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	e organization's accounting for
Par	conservation easements.	Art Historical Transmission	
1 41	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ier Similar Assets.
	Complete if the organization answered "Yes" to Form 99	JU, Part IV, line 8.	
4	If the event in the table is a second se		
Ia	If the organization elected, as permitted under SFAS 116, not t	o report in its revenue statement and bala	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public	c service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these ite		
b	If the organization elected, as permitted under SFAS 116, to re	port in its revenue statement 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, p	provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS 116	relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$
_HA	For Privacy Act and Paperwork Reduction Act Notice, see the	ne Instructions for Form 990.	Schedule D (Form 990) 2008
332051 12-23-0	8		

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2008.05040 UNION HOSPITAL OF CECIL COU 10085211

Sch	edule D (Form 990) 2008 UNION I	HOSPITAL OF	F CE	CIL CO	UNTY	TNC		52-0	6070	15 1	
Pa	rt III Organizations Maintaining	Collections of A	Art, Hi	storical T	reasures	. or Oth	er Simil	ar Ass	ets (co		
3	Using the organization's accession and oth	er records, check ar	nv of the	e following th	hat are a sig	nificant us		lection it		nnued	<i>.</i>
	that apply):				iat are a orgi	iniount de		lection it	erns (crit	eck all	
a	Public exhibition		d	Loan or ex	change pro	orams					
b	Scholarly research		e								
С	Preservation for future generations										
4	Provide a description of the organization's of	collections and expla	ain how	thev further	the organiza	ation's ex	empt nurne	nso in Pa	et XIV		
5	During the year, did the organization solicit	or receive donations	of art.	historical tre	asures or o	ther simils	ar accote	50 III F d	IT AIV.		
	to be sold to raise funds rather than to be n	naintained as part of	the ora	anization's d	collection?			—	Yes		7.0-
Pa	rust, Escrow and Custodia	I Arrangements	s. Com	plete if orga	nization ans	wered "Ye	es" to Form	990 Pa	rt IV line		No
	reported an amount on Form 990, Pa	art X, line 21.						, 550, 1 4		5 J, UI	
1a	Is the organization an agent, trustee, custoo	lian or other interme	diary fo	r contributio	ons or other i	assets no	t included				
	on Form 990, Part X?								Yes	_	No
b	If "Yes," explain the arrangement in Part XIV	and complete the f	ollowing	table:				have	_ 103	<u> </u>	
									Amour	nt	
С	Beginning balance						1c		, anota		
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						45				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No
<u>u</u>	<u>iii res, explain the arrangement in Part XIV</u>	¥									
Pa	rt V Endowment Funds. Complete	f organization answ	ered "Y	es" to Form	990, Part IV	, line 10.					
		(a) Current year		Prior year	(c) Two ye		(d) Three ye	ears back	(e) Fou	r vears	back
1a	Beginning of year balance										
b	Contributions										
С	Investment earnings or losses										
d											
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea		IS:								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment										
С	Term enclowment										
За	Are there endowment funds not in the posse	ssion of the organization	ation that	at are held a	nd administ	ered for th	ne organiza	tion			
	by:									Yes	No
	(i) unrelated organizations								3-111		
ą.,	(ii) related organizations								3a(ii)		
b	in res to sa(ii), are the related organizations	listed as required o	n Sched	dule R?					3b		
4 Par	Describe in Part XIV the intended uses of the	organization's endo	wment	funds							
<u>I ai</u>				e Form 990.	Part X, line	10.					
	Description of investment	(a) Cost or of	Concernant of the second se	(b) Cost		(c) De	epreciation		(d) Book	value	
4-	Lond	basis (investm	ient)	basis (
	Land				4,905.				1,134	1,90)5.
d	Buildings				1,003.		94,51	6. 44	4,886		
	Leasehold improvements				5,000.	3	75,00	0.			0.
	Equipment				3,766.	45,5	38,54	3. 29	9,475	5,22	23.
and the second se	Other			3,16	0,307.	7	67,98		2,392		
lotal.	Add lines 1a-1e. (Column (d) should equal For	rm 990, Part X, colui	mn (B), I	line 10(c).)]		7,888		
											_

Schedule D (Form 990) 2008

832052 12-23-08

Schedule D	(Form 990) 2008	UNION	HOSPITAL	OF	CECIL	COUNTY.	TNC.
Part VII	Investments -	Other Secu	rities See Form	000 0	Dart V line 1	<u></u> _	11,0.

52-0607945 Page 3

 (a) Description of security or category (including name of security) 	(b) Book valu	le ((c) Method of valu Cost or end-of-year ma	ation: arket value
inancial derivatives and other financial products			·····	
losely-held equity interests				
ther				
	-			
	_			
A.				
tal. (Col (b) should equal Form 990, Part X, col (B) line 12.)	•			
art VIII Investments - Program Related.	See Form 990, Part X	, line 13.		
(a) Description of investment type	(b) Book value	9	(c) Method of valu	ation:
······································	(1)	C	ost or end-of-year ma	rket value
tal. (Col (b) should equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description			(b) Book value
	-			
al. (Column (b) should equal Form 990, Part X, col (B) lit art X Other Liabilities, See Form 990, Part X	пе 15.)		▶	
	line 25.			
(a) Description of liability		(b) Amount		
leral income taxes				
IIRD PARTY ADVANCES		1,380,304.	1	
PITAL LEASE OBLIGATIONS		566,844.	1	
TIMATED MEDICAL MALPRACTICE	CLAIMS		-	
ABILITY		500,000.	4	
			1	
al. (Column (b) should equal Form 990, Part X, col (B) lin		2,447,148.		
al. (Column (b) should equal Form 990, Part X, col (B) lin Part XIV, provide the text of the footnote to the organizat		2,447,148. nents that reports the ord	anization's liability for	

	edule D (Form 990) 2008 UNION HOSPITAL OF CECIL C rt XI Reconciliation of Change in Net Assets from Form 990	COUNTY to Fina	(, INC. ncial Statements	52-	-0607945 Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)				100 500 750
2					128,538,753.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				133,716,548.
4	Net unrealized gains (losses) on investments	·····			<u>-5,177,795.</u>
5	Donated services and use of facilities	••••••			-9,171,088.
6	Donated services and use of facilities	·····			
7	Investment expenses				
	Prior period adjustments	•••••••			
8	Other (Describe in Part XIV)	·····			-2,115,995.
9	Total adjustments (net). Add lines 4.8				-11,287,083.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		-16 161 070
Par	t XII Reconciliation of Revenue per Audited Financial Staten	nents W	ith Revenue per	Retur	n
1	Total revenue, gains, and other support per audited financial statements			1	117132446.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	-9,171,088	_	
b	Donated services and use of facilities	2b		-	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-2,235,219		
е	Add lines 2a through 2d	20	-2,235,219		
3	Add lines 2a through 2d	••••••		2e	-11406307.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	• • • • • • • • • • • • • • • • • • • •		3	128538753.
		1	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b		*****	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part L line 12)			5	120520752
Par	t XIII Reconciliation of Expenses per Audited Financial Stater	ments V	Vith Expenses per	Retu	Irn
1	Total expenses and losses per audited financial statements			1	133597324.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2a 2b		-	
c	Losses reported on Form 990, Part IX, line 25	2D		-	
d	Other (Describe in Part VIA	. <u>2c</u>		-	
u	Other (Describe in Part XIV)				
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	133597324.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
Ь	Other (Describe in Part XIV)	4b	119,224.	1	
С	Add lines 4a and 4b			10	110 224
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	••••••		4c	119,224.
Par	XIV Supplemental Information		***************************************	5	133716548.
; Par	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part t XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. T X: THE HOSPITAL FOLLOWS THE PROVISIONS			b and 2	2b; Part V, line 4; Part
	ERPRETATION NO. 48, "ACCOUNTING FOR UNCER			TA	KES - AN
	ERPRETATION OF FASB STATEMENT NO. 109" ("				
1CC	OUNTING FOR UNCERTAINTY IN INCOME TAXES R	ECOGN	NIZED IN A C	OMP <i>I</i>	ANY'S
IN	ANCIAL STATEMENTS AND PRESCRIBES A RECOGN	ITION	THRESHOLD	OF	
IOR	E-LIKELY-THAN-NOT TO BE SUSTAINED UPON EX	AMINA	TION BY THE	API	PROPRIATE
AX	ING AUTHORITY. MEASUREMENT OF THE TAX UNC	ERTAI	NTY OCCURS	IF 7	HE
	OGNITION THRESHOLD HAS BEEN MET. FIN 48 A	LSO P			
32054 2-23-08	21		:	Schedu	ıle D (Form 990) 2008
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Schedule D (Form 990) 2008	UNION HOSPITAL	OF CECIL	COUNTY, IN	NC. 52-0607945	Dago F
Part XIV Supplemental Inform	nation (continued)			52 0007545	raye o
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STATEMENTS.					

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION & SUBSIDIARY: -2063331.

NET ASSETS RELEASED FROM RESTRICTION: -52664.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION & SUBSIDIARY: -2063331.

NET ASSETS RELEASED FROM RESTRICTION: -52664.

INVESTMENT FEES: -119224.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES: 119224.

Schedule D (Form 990) 2008

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	SCHEDULE H						1	OMB No.	1545-00	J47
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(from Worksheet 6) Image: Constraint of the second sec										
h Research (from Worksheet 7) i Cash and in-kind contributions to community groups (from Worksheet 8) j Total Other Benefits k Total (line 7d and 7j) B32091 12-24-08 LHA. For Privacy Act and Paperwork Poduction Act Nation and the former of		rvices								
i Cash and in-kind contributions to community groups (from Worksheet 8) j Total Other Benefits k Total (line 7d and 7j) B32091 12-24-08 LHA. For Privacy Act and Paperwork Poduction Act Nation on the basis		abast 7)								_
contributions to community groups (from Worksheet 8)		sileet /)								
groups (from Worksheet 8) j Total Other Benefits k Total (line 7d and 7j) B32091 12-24-08 LHA. For Privacy Act and Paperwork Poduction Act National and Mathematical Act National Act Na		munity								
j Total Other Benefits k Total (line 7d and 7j) B32091 12-24-08										
k Total (line 7d and 7j)										
832091 12-24-08 LHA For Privacy Act and Paperwork Poduction Act Notice and United States										
		Privacy Act and	Paperwork Reduc	tion Act Notice.	see the Instruction	ons for Form 990	Schedula	H/Form (

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Schedule H (Form 990) 2008 UNION HOSPITAL OF (Part V Facility Information (Required for 2008)	CEC	IL	C	201	JN	ΤY		IN	с.	52-0607945 Page 3
. Name and address		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER- other	Other (Describe)
UNION HOSPITAL OF CECIL COUNTY, INC. 106 BOW STREET ELKTON, MD 21921		x z	x					x		
		_	_		_					
						_				
			-	_	_				_	
			_							
				_						
	_	_								
						-				
	_									
832093 12-24-08 2 /	1									Schedule H (Form 990) 2008

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SCHEDULE I (Form 990)		Grants and Govern	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	e to Organization: luals in the U.S.	ŕ		OMB No. 1545-0047 2008	545-0047 38
Department of the Treasury Internal Revenue Service	Comp	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.	on answered "Yes," on F	," on Form 990, P; m 990.	art IV, lines 21 or 22.		Open to Public Inspection	Public
Name of the organization UNION HOSPITAL OF Part I General Information on Grants and Assistance	HOSPITAL OF ants and Assistance	CECIL COUNTY	Y, INC.				Employer identification number 52-0607945	n number 07945
1 Does the organization maintain records to substantiate the amount of th criteria used to award the grants or assistance?	to substantiate th istance?	D D	s or assistance, the	grantees' eligibility	/ for the grants or ass	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
SC-	ocedures for moni	toring the use of grant	funds in the United	d States.			Tes	N
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	omplete if the orga	Inization answered "Y	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose or government (h) Purpose or government 1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Method of (g) Description of (h) Purpose or government (h) Purpose or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(Form 990) if addition (g) Description of non-cash assistance	al space is needed (h) Purpose of grant or assistance	a ant
UNION HOSPITAL OF CECIL COUNTY HEALTH SERVICES, INC 106 BOW STREET - ELKTON , MD 21921	52-1794553	501(C)(3)	9 104 910	c				
							ALLIANTI AND ALLIALIA	SET
 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations 	nd government ar	janizations						1.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions f	or Form 990.				Schedule I (Form 990) 2008	990) 2008

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832101 12-18-08

	OF CECIL	COUNTY, I	INC.		52-0607945 Barrer
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule 1-1 (Form 990) if additional space is needed.	nited States. Con ed.	plete if the organization	ation answered "Yes'	on Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, I	ine 2, and any other a	additional information.	
SCHEDULE I, PART I, LINE 2: THE OR	ORGANIZATION	NN ONLY PROVIDES	OVIDES ASSI	ASSISTANCE TO	
ITS AFFILIATED, TAX-EXEMPT ENTITIES		IT DOES NOT PRO'	PROVIDE GRANTS	3 TO OTHER	
ORGANIZATIONS.					
832102 12-18-08		26			Schedule I (Form 990) 2008

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SCHEDULE J	Compensation Information	OMB N	o. 1545-	0047
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20)0	8
D	Compensated Employees			-
Department of the Treasury Internal Revenue Service	Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.	Open	to Pu pectio	
Name of the organizat	ion Employer i			
	UNION HOSPITAL OF CECIL COUNTY INC 52-0	6079		umber
Part I Question	s Regarding Compensation	10019	4J	
			Yes	s No
1a Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed in Form 990,		10:	S NO
Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.			
First-class or c	charter travel Housing allowance or residence for personal use			
X Travel for com	panions Payments for business use of personal residence			
	ation and gross-up payments			
X Discretionary	spending account Personal services (e.g., maid, chauffeur, chef)			
	5 E (40 C			
b If line 1a is checked	l, did the organization follow a written policy regarding payment or reimbursement or provision			
of all of the expense	es described above? If "No," complete Part III to explain	1b	x	
2 Did the organization	r require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors			
trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?	2	x	
3 Indicate which, if ar	ny, of the following the organization uses to establish the compensation of the organization's			
CEO/Executive Dire	ctor. Check all that apply.			1
X Compensation				
	ompensation consultant IX Compensation survey or study			
Form 990 of ot	her organizations X Approval by the board or compensation committee			
			1	
4 During the year, did	any person listed in Form 990, Part VII, Section A, line 1a:			
				17
	e payment of change of control payment?	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		X
c Participate in, or rec	eive payment from, an equity-based compensation arrangement?	4b	X	v
If "Yes" to any of lin	es 4a-c. list the persons and provide the applicable amounts for each item in Part III.	4c		X
Only 501(c)(3) and (501(c)(4) organizations must complete lines 5-8.			
5 For persons listed in	Form 990. Part VII. Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the re	venues of:			
a The organization?	tion?	5-0		v
b Any related organiza	ition?	5a 5b		X
If "Yes," to line 5a or	5b, describe in Part III.	00		
6 For persons listed in	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the ne	et earnings of:			
a The organization?		6a	Х	
b Any related organiza	tion?	6b	17	x
If "Yes" to line 6a or	6b, describe in Part III.			<u></u>
7 For persons listed in	Form 990. Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
not described in line	s 5 and 6? If "Yes," describe in Part III	7	х	
8 Were any amounts re	eported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	~		
initial contract excep	tion described in Regs. section 53.4958-4(a)(3)? If "Yes." describe in Part III	. 8		x
LHA For Privacy Act and	Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule		0001	

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52-0607945 UNION HOSPITAL OF CECIL COUNTY, INC. Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

)	B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ		.0	.0	.0	.0	C	C
KENNETH S. LEWIS, MD, JD	(ii) (I)	398,308.	174,162.	33,403.	6,900.	18.992.	631.765.	385 943
	Ξ			0.	.0			
LAURIE R. BEYER, CPA	(ii)	187,810.	35,908.	10,051.	6,377.	18,680.	258.826.	137.062.
	0		.0	.0	.0	0.		
DAVID GIPSON	(ij)	189,123.	30,995.	11,152.	6,109.	18,601.	255,980.	129.960.
	Ξ			.0	0.	0.		
JOANNE MILLER	<u>(</u>	160,815.	29,124.	8,389.	5,261.	11,430.	215,019.	111.439.
	Ξ			.0	0.	.0		
JOSE MA	(ii)	, 34	0	12,419.	6,900.	19,597.	320.626.	166 827
	Ξ	139,927.	14,731.	6,950.	2,336.	5,880.	, 82	200
FETER GLOGGNER	(ii)			.0	.0	0.	0.	
	Ξ	133,569.	15,758.	7,068.	2,304.	13,508.	172.207.	.0
MARY JANE KAMPS	<u>(i)</u>	- 1	.0	.0	0.	.0	4	
	9	461,420.	20,000.	208.	3,450.	16,010.	501,088.	232.600.
NADER J. DABANEH, MD	(1)			.0	.0	0.	4	
	Ξ	347,090.	45,000.	208.	6,825.	13.201.	412.324.	
IRFAN M. HISAMUDDIN, MD	(ii)		.0	.0			1	
	Ξ	374,170.	34,250.	1,523.	5,397.	4,492.	419.832.	198.231.
KAN1 S. CHINTAM, MD	(ii)	- 1		.0	.0	0.	4	
	Ξ	308,460.	16,860.	346.	6,825.	15,132.	347,623.	165.176.
JOHN M. HEBEKA, MD	([])	1	1			.0		
	Ξ	297, 546.	17,660.	231.	6,068.	15,038.	336,543.	.0
LAVID W. COMPTON, MD	0	.0	.0	.0	.0	.0	0.	.0
	Ξ							
	(ii)							
	0							
	(ii)							
	Ξ							
	(ij)							
	Ξ							
	(ii)							
							-life -life	

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Schedule J (Form 990) 2008

Page 2

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Schedule J (Form 990) 2008 UNION HOSPITAL OF CECIL COUNTY, INC. Part III Supplemental Information	52-0607945 Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	art for any additional information.
PART I, LINE 1A: THE ORGANIZATION'S PRESIDENT & CEO, DR. KENNETH LEWIS,	
RECEIVES THE FOLLOWING BENEFITS WHICH ARE PAID BY AN AFFILIATED, TAX-EXEMPT	
ENTITY, AFFINITY HEALTH ALLIANCE, INC.:	
A) TRAVEL FOR COMPANIONS - \$0	
B) GROSS-UP PAYMENTS - \$3,109.95 INCLUDED IN COMPENSATION	
C) DISCRETIONARY SPENDING ACCOUNT - \$22,500 (\$12,773 WAS INCLUDED IN	
COMPENSATION)	
D) SOCIAL CLUB DUES - \$898 WAS PART OF THE DISCRETIONARY SPENDING ACCOUNT	
NOT INCLUDED IN COMPENSATION	
PART I, LINE 4B: THE ORGANIZATION'S PRESIDENT & CEO, DR. KENNETH LEWIS,	
PARTICIPATES IN A SUPPLEMENTAL, NON-QUALIFIED RETIREMENT PLAN UNDER SECTION	
457(F) OF THE INTERNAL REVENUE CODE. \$90,000 HAS BEEN CONTRIBUTED TO THE	
PLAN EACH CALENDAR YEAR SINCE 2007. THE RIGHT TO RECEIVE PAYMENTS UNDER THE	
PLAN SHALL BE FORFEITED IN THE EVENT THAT EMPLOYMENT WITH THE HOSPITAL	
TERMINATES PRIOR TO THE VESTING DATE FOR ANY REASON OTHER THAN INVOLUNTARY	
TERMINATION WITHOUT CAUSE, DEATH, OR DISABILITY. THE ENTIRE BALANCE OF THE	
ACCOUNT SHALL VEST AND BE PAID IN A SINGLE LUMP-SUM PAYMENT ON OR AFTER	
JANUARY 1, 2011 AND ON OR BEFORE MARCH 15, 2011.	
	Schedule J (Form 990) 2008

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Schedule J (Form 990) 2008 UNION HOSPITAL OF CECIL COUNTY, INC. Part III Supplemental Information	52-0607945 F	Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	t for any additional information.	
PART I, LINE 6: A PORTION OF THE BONUSES AND MERIT INCREASE ARE TIED TO THE		
OPERATING MARGIN OF UNION HOSPITAL OF CECIL COUNTY, AN AFFILIATED		
ORGANIZATION.		
PART I, LINE 7: A PORTION OF THE BONUSES AND MERIT INCREASE ARE TIED TO THE		
ORGANIZATIONAL GOALS, SUCH AS PATIENT SATISFACTION, QUALITY, EMPLOYEE		
TURNOVER, ETC.		
	Schedule J (Form 990) 2008	2008

	 Supplemental Information on Tax-Exempt Bonds Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990). 	Supplemental Information on Tax-Exempt Bonds o be completed by organizations that answered "Yes" to ons, explanations, and any additional information on Sch	ormation on Tax- janizations that ar I any additional in	-Exempt Bond swered "Yes' formation on S	ds to Form 990, Part schedule O (Form 9	IV. line 24a. 90).		OMB No. 15 200 Open to Pu Inspection	OMB No. 1545-0047 2008 Open to Public Inspection	47
Name of the organization UNION HOSPITAL Part I Roud Issues (Required for 2008) CFF C	SPITAL OF CECIL SFF SCUEDIII F O	IL COUN		KTIKT UIVO			Employer identification number 52-0607945	ployer identificatio 52-0607945	tion numb 5	Der
adria issues (nequired for 2000)				SUDT.T.NOT.T.NO.			_	H		
	(a)	# HISOD (2)	(d) Date Issued	(e) Issue price		(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	half r
					- 1		Yes	No	Yes N	No
MARYLAND HEALTH & HIGHER A EDUCATION FACILITIES AU	AU 52-0936091	5742168B6	07/14/05	2785000	NEW ROUT	INPATIENT TOWER INE CAPITAL &	цк,	~	>	
MARYLAND HEALTH & HIGHER B EDUCATION FACILITIES AU	HER AU 52-0936091	574216724	07/14/05	2VC 61	NEW		IR,	* >	¢ >	
MARYLAND HEALTH & HIGHER C EDUCATION FACILITIES AU	IER 10 52-0936091	5742168A8	07/14/05	17,145	NEW 000.ROUT	RI:	ΞR,	×		
٩										
Ш										
Part II Proceeds (Optional for 2008)					-					
1 Total proceeds of issue		A	8		O				ш	
2 Gross proceeds in reserve funds										
	OWS									
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds	ds									
7 Capital expenditures from proceeds										
8 Year of substantial completion]
		Yes No	Yes	No	Yes No	Yes	No	Yes	Ñ	
9 were the bonds issued as part of a current retunding issue? 10 Were the bonds issued as part of an advance retunding	t retunding issue?									
issue?										
	nade?				-					
12 Does the organization maintain adequate books and records	books and records									ſ
ซ	2									
Part III Private Business Use (Optional for 2008)	008)								-	
		A-	8		U	٥			ш	
vvas trie organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	rship, or a member	Yes No	Yes	No	Yes No	Yes	No	Yes	No	
2 Are there any lease arrangements with respect to the financed property which may result in private business use?	pect to the financed									
¹²⁻¹⁹⁻⁰⁸ LHA For Privacy Act and Paperwork Reduction Act Notice, see the	Reduction Act Notice, s	ee the Instructions for Failing 990.	or Fold 1990.			_	Schedu	ule K (For	Schedule K (Form 990) 2008	800

SCHEDULE L

(Form 990 or 990-EZ)

Transactions with Interested Persons

Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	16:	or or	990, Part IV, lines 25a, Form 990-EZ, Part V,	, 256, 26, 27, 28a, 28 lines 38a or 40b.	b, or 280	c,			oen To F spectior	
Name of the organization	ON HO	SPTTAT.	OF CECIL CO					er identi		numbe
Part I Excess Benefit	Transac	tions (section	ion 501(c)(3) and section	on 501(c)(4) organizati	ons only).).	52-0	6079	45	_
To be completed by	organizatio	ns that answ	vered "Yes" on Form 99	0, Part IV, line 25a or	25b, or	Form 9	90-EZ. F	art V. line	e 40h	
1 (a) Name of disc										rrected
(-)				(b) Description	or trans	action			Yes	No
		*				-				
2 Enter the amount of tax impo										
section 4958 3 Enter the amount of tax, if an	v. on line 2	aboue reim	buye ed by the					6		01011-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
3 Enter the amount of tax, if an	y, on line ∠,	above, rein	ibursed by the organiza	ation			. • •	6		
Part II Loans to and/or	From In	terested	Persons.					-		
To be completed by o	organization	is that answ	ered "Yes" on Form 99	0, Part IV, line 26, or I	- orm 99(D-EZ, Pa	art V. line	e 38a.		
(a) Name of interested person and purpose	(b) Loan	to or from inization?	(c) Original principal	(d) Balance due	(e) In	(f) Ap	proved oard or	(g) V	/ritten
person and purpose	-		amount			ault?		nittee?	agree	ment?
BERNARD JOHN HYNE	To	From X	20,000.	20 000	Yes	No	Yes	No	Yes	No
Selding Com IIINE			20,000.	20,000.		X	X		X	
otal Part III Grants or Assist	ance Bei	refiting lr	▶ \$ nterested Persons	20,000.			1			
			ered "Yes" on Form 990							
(a) Name of interested pe			(b) Relationship betwe		and			unt of gr	ant or tu	
			the org	janization	anu		(C) Aino	f assista	nce	pe
						_				
	1990-000-000-000-000-000-000-000-000-000									
						-				
			nterested Persons							
		s that answe	ered "Yes" on Form 990), Part IV, lines 28a, 28	3b, or 28	lc.				
(a) Name of interested pe	erson		elationship between int erson and the organiza	(-)			Descript	20.073323 HDD 77	(e) Sha organiz	
			croon and the organiza	ition transac	tion		ransact	ion	reven	
									Yes	No
										-
HA For Privacy Act and Paperw										

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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SCHEDULE M (Form 990)

NonCash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.



Name of the organization

Attach to Form 990.

UNION HOSPITAL OF CECIL COUNTY, INC. Part I | Types of Property

Employer identification number 52-0607945

L	if if the state of							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de revenu	etermin	ing	
1	Art - Works of art							
2	Art · Historical treasures							
3	Art · Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	2	88 249	FAIR MARKET	177T1		
7	Boats and planes			00,249.	TAIN MARKET	VAL		
8	Intellectual property							
9	Securities - Publicly traded					-		
10	Securities - Closely held stock			· · · · · · · · · · · · · · · · · · ·				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution						17 12 - 17 - 17	
	(historic structures)							
14	Qualified conservation contribution (other)			-				
15	Real estate - Residential							
16	Real estate · Commercial							
17	Real estate · Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other 🕨 ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	ation during	the tax year fo	or contributions				
	for which the organization completed Form 828	3, Part IV, D	onee Acknowl	edgment 29				
				252 BALLER BA			Yes	No
30a	During the year, did the organization receive by	contribution	any property	reported in Part I, lines 1-28	that it must hold for		105	110
	at least three years from the date of the initial c	ontribution,	and which is n	ot required to be used for ex	empt purposes for			
	the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.					004		
31	Does the organization have a gift acceptance p	olicy that red	quires the revie	ew of any non-standard cont	ributions?	31	x	
32a	Does the organization hire or use third parties of	r related org	anizations to s	olicit, process, or sell nonca	sh		- 17	
	contributions?					32a		х
	If "Yes," describe in Part II.							
33	If the organization did not report revenues in co	lumn (c) for a	a type of prope	erty for which column (a) is c	hecked.			
	describe in Part II.					1		

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

Schedule M (Form 990) 2008

832141 03-11-09

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



UNION HOSPITAL OF CECIL COUNTY, INC. 52

Employer identification number 52-0607945

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

MARYLAND, FREE CARE AND/OR SUBSIDIZED CARE AND HEALTH ACTIVITIES AND

PROGRAMS TO SUPPORT THE COMMUNITY WILL BE CONSIDERED WHERE THE NEED

AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS. THESE ACTIVITIES

INCLUDE COMMUNITY EDUCATION, SPECIAL PROGRAMS FOR THE ELDERLY, SPECIAL

PROGRAMS FOR THE PHYSICALLY/MENTALLY CHALLENGED, MEDICAL UNDERSERVED

AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES.

UNION HOSPITAL OF CECIL COUNTY SERVICED 8,521 ADMISSIONS PROVIDING

29,535 PATIENT DAYS TO INPATIENTS IN FISCAL YEAR 2009 OF WHICH:

1) PATIENTS COVERED UNDER THE MEDICARE PROGRAM WERE 3,474 ADMISSIONS

AND 14,497 PATIENT DAYS

2) PATIENTS COVERED UNDER THE MEDICAID PROGRAM WERE 346 ADMISSIONS AND

1,211 PATIENT DAYS

3) PATIENTS COVERED UNDER THE MEDICAID HMO PROGRAM WERE 1,374

ADMISSIONS AND 3,680 PATIENT DAYS

4) PATIENTS COVERED UNDER THE SELF PAY PROGRAM WERE 481 ADMISSIONS AND

1,250 PATIENT DAYS

CHARITY CARE IS ALSO PROVIDED THROUGH MANY REDUCED PRICE SERVICES AND

FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND

SERVICES THAT UNION HOSPITAL OF CECIL COUNTY BELIEVES WILL SERVE A BONA

FIDE COMMUNITY NEED. THESE INCLUDE:

A) ADULT DAY CARE SERVICES FOR THE ELDERLY AND PHYSICALLY/MENTALLY

CHALLENGED

 B)
 SUPPORT GROUPS FOR CANCER PATIENTS AND FAMILIES, DIABETES,

 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
 Schedule O (Form 990) 2008

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SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



UNION HOSPITAL OF CECIL COUNTY, INC.

Employer identification number 52-0607945

ALCOHOLICS ANONYMOUS, OSTOMY AND SMOKELESS

C) OFFERING AND CONDUCTING FREE BLOOD PRESSURE, CHOLESTEROL SCREENINGS

AND PROSTATE SCREENINGS

D) IN CONJUNCTION WITH THE STATE OF MARYLAND AND THE LOCAL DEPARTMENT

OF HEALTH, OFFERING AND CONDUCTING A CANCER SCREENING PROGRAM FOR

INDIGENT FEMALES

E) PROVIDING MEETING FACILITIES FOR A VARIETY OF NONPROFITS AND

VOLUNTEER FIRE COMPANIES

F) HOSPITAL STAFF VOLUNTEERS ON NONPROFIT ORGANIZATION BOARDS SUCH AS

THE AMERICAN CANCER SOCIETY

DURING THE YEAR, UNION HOSPITAL OF CECIL COUNTY PROVIDED \$14,717,597 IN UNCOMPENSATED CARE.

FORM 990, PART VI, SECTION A, LINE 4: THE FOLLOWING SIGNIFICANT REVISIONS

WERE MADE TO THE HOSPITAL'S BYLAWS DURING THE YEAR ENDED JUNE 30, 2009:

1) SECTION 3.03(II) CLARIFIES THAT THE BY-LAWS MANDATE THE BOARD SHALL

INCLUDE AS DIRECTORS TWO (2) PHYSICIANS, ONE (1) OF WHOM IS THE PRESIDENT

OF THE MEDICAL STAFF. THE BOARD, MAY, IN ITS DISCRETION, APPOINT

ADDITIONAL PHYSICIANS SO LONG AS THE TOTAL NUMBER OF PHYSICIANS IS LESS

THAN 50% OF THE TOTAL NUMBER OF BOARD MEMBERS.

2) SECTION 3.03(III) CLARIFIES THAT THE CEO, ALTHOUGH EX OFFICIO, HAS FULL VOTING RIGHTS.

3) SECTION 4.01(B)(IX) PROVIDES THAT THE AUDIT COMMITTEE WILL APPOINT THE INDEPENDENT AUDITOR.

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Schedule O (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

UNION HOSPITAL OF CECIL COUNTY, INC. Employer identification number 52-0607945

FORM 990, PART VI, SECTION A, LINE 10: THE FINANCE COMMITTEE OF THE

ORGANIZATION REVIEWS THE FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: ALL VICE PRESIDENTS ANNUALLY RECEIVE A LIST OF THE INDIVIDUALS UNDER THEIR SUPERVISION WHO MAY HAVE A POTENTIAL CONFLICT OF INTEREST. THE LIST IS COMPRISED OF ALL MANAGERS CERTAIN PROFESSIONAL STAFF WHO MAY HAVE RESPONSIBILITY NEGOTIATING WITH VENDORS, AND ANY OTHER PERSONS THAT HOSPITAL EXECUTIVES DEEM APPROPRIATE. EACH VICE PRESIDENT REVIEWS THE CONFLICT OF INTEREST POLICY WITH THEIR DESIGNATED EMPLOYEES, AND EACH EMPLOYEE IS REQUIRED TO SIGN A FORM STIPULATING WHETHER OR NOT THEY HAVE A CONFLICT. THE FORMS ARE REVIEWED BY THE VICE PRESIDENT OF HUMAN RESOURCES. IF A CONFLICT IS NOTED, IT TS BROUGHT TO THE ATTENTION OF THE APPROPRIATE VICE PRESIDENT AND THE CEO TO DETERMINE WHETHER OPERATIONAL CHANGES NEED TO OCCUR BECAUSE OF THE POTENTIAL CONFLICT. BOARD MEMBERS ARE ALSO REQUIRED TO ANNUALLY DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR SETTING THE OVERALL COMPENSATION PHILOSOPHY OF THE ORGANIZATION, AS WELL AS SETTING, MONITORING AND REVIEWING THE COMPENSATION PACKAGE OF THE ORGANIZATION'S CEO AND OTHER MEMBERS OF THE EXECUTIVE MANAGEMENT TEAM. THE COMMITTEE USES RELEVANT MARKET INFORMATION, INCLUDING THE USE OF AN INDEPENDENT COMPENSATION CONSULTANT AND COMPENSATION STUDIES OR SURVEYS, TO SET COMPENSATION.

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



UNION HOSPITAL OF CECIL COUNTY, INC. 52-0607945

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION WILL MAKE ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATION FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

NEW INPATIENT TOWER, ROUTINE CAPITAL & PORTION OF PARKING GARAGE

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATION FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

NEW INPATIENT TOWER, ROUTINE CAPITAL & PORTION OF PARKING GARAGE

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATION FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

NEW INPATIENT TOWER, ROUTINE CAPITAL & PORTION OF PARKING GARAGE

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: BERNARD JOHN HYNES, MD

(A) PURPOSE OF LOAN: ADVANCE ON INCENTIVE COMPENSATION

(B) LOAN TO OR FROM ORGANIZATION? = FROM

(C) ORIGINAL PRINCIPAL AMOUNT \$ 20000. (D) BALANCE DUE \$ 20000.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

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Schedule O (Form 990) 2008

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



UNION HOSPITAL OF CECIL COUNTY, INC.

Employer identification number 52-0607945

SCHEDULE L, PART II

LOAN TO INTERESTED PERSON

DR. HYNES RECEIVED A \$20,000 ADVANCE ON HIS INCENTIVE COMPENSATION

DURING FISCAL YEAR JUNE 30, 2009. HOWEVER, HE WAS NOT AN EMPLOYEE OF

THE HOSPITAL UNTIL FISCAL YEAR JUNE 30, 2010. FOR THE JUNE 30, 2010

FISCAL YEAR, HE WILL BE A HIGHEST COMPENSATED EMPLOYEE AND REPORTED ON

PART VII OF FORM 990. THE SALARY ADVANCE WAS APPROVED BY THE MEDICAL

STAFF DEVELOPMENT COMMITTEE OF THE HOSPITAL'S BOARD ON OCTOBER 2, 2009.

THE SALARY ADVANCE IS EVIDENCED BY A PROMISSORY NOTE WHICH IS PART OF

DR. HYNES' EMPLOYMENT AGREEMENT.

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	 Attach to Form 990. To be completed by organizations and Unrelated Partnerships Attach to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 	Related Organizations and Unrelated Partnerships d by organizations that answered "Yes" to Form 99 See separate instructions.	t 30, Part IV, lines 33,	34, 35, 36, or 37.	OMB No. 1545-0047 2008 Open to Public Inspection
Name of the organization UNION HOSPITAL	OF CECIL COUNTY,	INC.		Ē	Employer identification number 5 2 – 0 6 0 7 9 4 5
Part I Identification of Disregarded Entities					
(A) Name. address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations	cations				
(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	(F) Direct controlling entity
UNION HOSPITAL OF CECIL COUNTY FOUNDATION, INC 52-1794552, 106 BOW STREET, ELKTON, MD 21921					
	HEALTHCARE PROPERTY MANAGEMENT	MARYLANU MAPVLAND	(F)(J)T0C	11 TYPE III	N/A
CECIL COUNTY BREEDERS FAIR, INC 51-6018180, 106 BOW STREET, ELKTON, MD 21921					N/A
AFFINITY HEALTH ALLIANCE, INC 52-1794697 106 BOW STREET FLKTON MD 21021	•	MAKYDAND	501(C)(4)		N/A
r Priva	ice, see the Instructions for Form 990	UNAUTUANU D.	(F)(C)TOC	11 TYPE III M	N/A Schedule R (Form 990) 2008

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Schedule R (Form 990) 2008

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Part III Identification of Related Organizations Taxable as a Partnership

 (A) Name, address, and EIN of related organization 	(B) Primary activity	(C) Legal domicile (state or	(D) Direct controlling entity	(E) Predominant income (related invastment	(F) Share of total	(G) Share of	(H) Disproportion-	(I) Code V-UBI	(J) General or
		fareign country)		unrelated)		end-or-year assets	ate allocations?	20 of Schedule	partner?
									res No
	11								
						1.00			
									_
							7		
									-
Part IV Identification of Belated Organizations Towohls 200	- C	•							-

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

(A) Name. address. and EIN of related organization	(B) Primary activity	(C) Legal acmicile (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
UNION HOSPITAL OF CECIL COUNTY VENTURES INC 52-1793691, 106 BOW STREET , ELKTON, MD 21921 CECIL COUNTY ANESTHESIOLOGISTS, INC 52-1886386 106 ROW STREFT	MEDICAL SERVICES	MD	N/A	c corp	N/A	N/A	N/A
ELKTON, MD 21921	INACTIVE	ДМ	N/A	C CORP	N/A	N/A	N/A
EMERGENCY MEDICAL SPECIALISTS OF CECIL COUNTY - 52-1881684, 106 BOW STREET , ELKTON, MD 21921	INACTIVE	MD	N/A	C CORP	N/A	N/A	N/A
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Part V Transactions With Related Organizations Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

Note. Complete line 1 if any entity is listed in Parts II, III. or IV.		Vac	
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?			
			ĥ
		-	V
c Gift, grant, or capital contribution from other organization(s)	************************	1b X	
d Dans or han outraintees to or for other control of the state of th		1c X	
		1d X	
e Loans of loan guarantees by other organization(s)		-	>
		ש	4
f Sale of assets to other organization(s)			;
g Purchase of assets from other organization(s)		11	×
h Exchange of assets		19	×
		ŧ	×
I LEASE OF ACTIVITIES, EQUIPMENT, OF OTHER ASSETS TO OTHER ORGANIZATION(S)			×
i Lease of facilities an inment or other second from other according to the second			
		1i X	
		-	×
		-	>
m Sharing of facilities. equipment, mailing lists, or other assets		-	4;
n Sharing of paid employees	************************	11	×
		1n	×
o Reimbursement paid to other organization for expenses			
p Reimbursement paid by other organization for expenses	*************************	ę	X
		1p	X
 Other transfer of cash or property to other prediction (a) 			
		19	X
			×
• In the answer to any or the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	insaction thresholds.		:
(A)	į		
Nama of other contractions of the second sec	(B)	<u>(</u>)	
	Iransaction	Amount involved	
	(ihhe (a-i)		
(1)			
(2)			
(3)			
			1
(4)			
(5)			
		*	
4.1 m	Sche	Schedule R (Form 990) 2008	8008

Schedule R (Form 990) 2008 UNION HOSPITAL OF CECIL Part VI Unrelated Organizations Taxable as a Partnership	CECIL COUNTY, INC.					52-0607945	Page 4
Provide the following information for each entity taxed as a partnership through which the organization condit that was not a related organization. See instructions regarding exclusion for certain investment partnershing.	ship through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) lusion for certain investment partnershins.	r conducted more the	an five percent of	its activities (me	asured by tot	tal assets or gross r	evenue)
(A) Name address and FIN	(B)	(C)	(Q)	(E)	(F)	(6)	(H)
of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 50 1(c)(3) organizations? Yes No	Share of end-of- year assets	or- ns?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr
					ON		Yes No
							_
							_
							-
					_		
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