

Cumulative E-File History 2013

Federal

Locator: 4219CV
Taxpayer Name: Baltimore Washington Medical Center, Inc.
Return Type: 990, 990

Submitted Date 5/12/2015 9:07:14 AM
Acknowledgement Date 5/12/2015 9:33:28 AM
Status Accepted
Submission ID 23695320151325000015

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**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2013, or fiscal year beginning 07/01, 2013, and ending 06/30, 2014

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2013

Department of the Treasury
Internal Revenue Service

Name of exempt organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

Name and title of officer

ALFRED A. PIETSCH, TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>366201235.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN

1	4	2	3	7
---	---	---	---	---

 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Alfred A. Pietsch, SUP + CFO* Date ▶ 05/06/2015

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

2	3	6	9	5	3	3	6	6	0	5
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Alfred A. Pietsch* Date ▶ 5/5/15

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

A For the **2013** calendar year, or tax year beginning **07/01, 2013**, and ending **06/30, 2014**

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **BALTIMORE WASHINGTON MEDICAL CENTER, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
301 HOSPITAL DRIVE

City or town, state or province, country, and ZIP or foreign postal code
GLEN BURNIE, MD 21061

F Name and address of principal officer: **KAREN E. OLSCAMP**
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061

D Employer identification number: **52-0689917**

E Telephone number: **(410) 328-6984**

G Gross receipts \$ **393,364,177.**

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

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ **MYBWMC.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1964** **M** State of legal domicile: **MD**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE THE HIGHEST QUALITY HEALTHCARE SERVICES TO THE COMMUNITIES WE SERVE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14.
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	3,174.
	6 Total number of volunteers (estimate if necessary)	6	250.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	725,035.	67,436.
	9 Program service revenue (Part VIII, line 2g)	329,658,579.	359,664,908.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,968,048.	3,103,362.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,878,427.	3,365,529.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	337,230,089.	366,201,235.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	168,707,790.	160,740,568.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	172,175,949.	185,986,642.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	340,883,739.	346,727,210.
19 Revenue less expenses. Subtract line 18 from line 12	-3,653,650.	19,474,025.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 432,358,019.	End of Year 439,531,739.
	21 Total liabilities (Part X, line 26)	311,626,916.	298,434,063.
	22 Net assets or fund balances. Subtract line 21 from line 20	120,731,103.	141,097,676.

Part II Signature Block

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

Sign Here

Signature of officer: *Alfred A. Pietsch* Date: **5-7-15**

Type or print name and title: **Alfred A. Pietsch, SUP+CFO**

Paid Preparer Use Only

Print/Type preparer's name: **FRANK GIARDINI** Preparer's signature: *Frank Giardini* Date: **5/5/15**

Check if self-employed PTIN: **P00532355**

Firm's name: **GRANT THORNTON LLP** Firm's EIN: **▶ 36-6055558**

Firm's address: **▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103** Phone no.: **215-561-4200**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number (EIN) or 52-0689917
	Number, street, and room or suite no. If a P.O. box, see instructions. 301 HOSPITAL DRIVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLEN BURNIE, MD 21061	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ AL CRISP, 250 WEST PRATT STREET SUITE 1436 BALTIMORE, MD 21201

Telephone No. ▶ 410 328-0649 FAX No. ▶ 866 280-0649

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20____ or
 ▶ tax year beginning 07/01, 2013, and ending 06/30, 2014.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cumulative e-File History 2013

Federal Extension3

Locator:	4219CV
Taxpayer Name:	Baltimore Washington Medical Center, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	11/05/2014 08:30:18
Acknowledgement Date:	11/05/2014 08:57:41
Status:	Accepted
Submission ID:	23695320143095000050

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	BALTIMORE WASHINGTON MEDICAL CENTER, INC.	52-0689917
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	301 HOSPITAL DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	GLEN BURNIE, MD 21061	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of AL CRISP, 250 WEST PRATT STREET SUITE 1436 BALTIMORE, MD 21201
Telephone No. 410 328-0649 Fax No. 866 280-0649
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 05/15, 20 15.
- 5 For calendar year _____, or other tax year beginning 07/01, 20 13, and ending 06/30, 20 14.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0

Signature and Verification must be completed for Part II only.

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

Signature  Title EA Date 2/6/2015

Cumulative e-File History 2013	
FED	
Locator:	4219CV
Taxpayer Name:	Baltimore Washington Medical Center, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	02/06/2015 16:46:46
Acknowledgement Date:	02/06/2015 16:56:54
Status:	Rejected
Submission ID:	23695320150375000002
Submitted Date:	02/10/2015 16:21:46
Acknowledgement Date:	02/10/2015 16:57:37
Status:	Accepted
Submission ID:	23695320150415000017

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 299,019,133. including grants of \$) (Revenue \$ 359,664,908.)

ATTACHMENT 2

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 299,019,133.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (14), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: AL CRISP 250 WEST PRATT STREET BALTIMORE, MD 21201 410-328-0649

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

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

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

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

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOUIS L. ZAGARINO CHAIRMAN	1.00	X		X				0	0	0
(2) R. KENT SCHWAB VICE CHAIRMAN	1.00	X		X				0	0	0
(3) KATHRYN B. FREELAND TREASURER	1.00	X		X				0	0	0
(4) KORKUT ONAL SECRETARY	1.00	X		X				0	0	0
(5) KAREN E. OLSCAMP PRESIDENT & CEO	5.00 45.00	X		X				0	578,747.	10,352.
(6) JEFFREY S. ARMIGER DIRECTOR	1.00	X						0	0	0
(7) MICHAEL P. CARUTHERS DIRECTOR	1.00	X						0	0	0
(8) ROBERT A. CHRENCIK DIRECTOR	1.00 49.00	X						0	1,735,933.	246,647.
(9) LORAIN M DAILEY, M.D. DIRECTOR	1.00	X						0	0	0
(10) PAUL P. GABLE DIRECTOR	1.00	X						0	0	0
(11) THOMAS B. HOWELL DIRECTOR	1.00	X						0	0	0
(12) STANLEY J. KLOS, JR. DIRECTOR	1.00	X						0	0	0
(13) FRANCES L. LESSANS DIRECTOR	1.00	X						0	0	0
(14) DAWN LINDSAY DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) BAYINNAH SHABAZZ, M.D. DIRECTOR	1.00	X					83,000.	0	0	
16) JOHN G. WARNER DIRECTOR	1.00	X					0	0	0	
17) RICHARD WILLIAMSON DIRECTOR	1.00	X					0	0	0	
18) ALFRED A PIETSCH SVP/CFO	5.00 45.00			X			0	344,629.	24,883.	
19) LAWRENCE S LINDER SVP & CMO	5.00 45.00				X		0	432,339.	19,395.	
20) COLLEEN H ROACH VP & CNO	5.00 45.00				X		0	164,868.	5,813.	
21) KATHLEEN C MCCOLLUM SVP-BUS DEVELOPMENT	5.00 45.00				X		0	310,724.	24,860.	
22) RONALD J ANDRO COO	40.00				X		0	387,875.	21,135.	
23) CATHERINE WHITAKER-KLICK VP - CNO	40.00				X		0	68,680.	14,152.	
24) RANDY DAVIS PHYSICIAN/FORMER DIRECTOR	40.00					X	1,171,313.	0	17,055.	
25) CLIFFORD SOLOMON PHYSICIAN	40.00					X	1,198,028.	0	29,281.	
1b Sub-total							0	2,314,680.	256,999.	
c Total from continuation sheets to Part VII, Section A							4,316,633.	1,709,115.	244,234.	
d Total (add lines 1b and 1c)							4,316,633.	4,023,795.	501,233.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 175**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 24**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) AMIEL W. BETHEL PHYSICIAN	40.00					X		686,930.	0	29,220.
(27) HAL CRANE PHYSICIAN	40.00					X		620,195.	0	29,220.
(28) MARSHALL BENJAMIN PHYSICIAN	40.00					X		557,167.	0	29,220.
1b Sub-total							▶			
c Total from continuation sheets to Part VII, Section A							▶			
d Total (add lines 1b and 1c)							▶			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 175

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	67,436.				
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			67,436.			
Program Service Revenue			Business Code				
	2a NET PATIENT REVENUE		900099	359,664,908.	359,664,908.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			359,664,908.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			2,359,616.		2,359,616.	
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0			
	5 Royalties ▶			0			
	6a Gross rents	(i) Real					
		(ii) Personal					
			332,320.				
		b Less: rental expenses					
	c Rental income or (loss)			332,320.			
	d Net rental income or (loss) ▶			332,320.		332,320.	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
			27,906,688.				
		b Less: cost or other basis and sales expenses			27,162,942.		
	c Gain or (loss)			743,746.			
	d Net gain or (loss) ▶			743,746.		743,746.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
b Less: direct expenses b							
c Net income or (loss) from fundraising events ▶			0				
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶			0				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory ▶			0				
Miscellaneous Revenue		Business Code					
11a CAFETERIA/CAFÉ SALES		900099	1,666,526.			1,666,526.	
b MEDICAL RECORDS REVENUE		900099	183,430.			183,430.	
c MANAGEMENT FEES		900099	80,230.			80,230.	
d All other revenue		900099	1,103,023.			1,103,023.	
e Total. Add lines 11a-11d ▶			3,033,209.				
12 Total revenue. See instructions ▶			366,201,235.	359,664,908.		6,468,891.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,171,313.	995,616.	175,697.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	129,077,709.	109,716,053.	19,361,656.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,244,568.	3,607,883.	636,685.	
9 Other employee benefits	16,409,597.	13,948,157.	2,461,440.	
10 Payroll taxes	9,837,381.	8,361,774.	1,475,607.	
11 Fees for services (non-employees):				
a Management	9,497,605.	8,072,964.	1,424,641.	
b Legal	1,170,826.		1,170,826.	
c Accounting	1,969,942.	1,674,451.	295,491.	
d Lobbying	21,729.		21,729.	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	161,558.		161,558.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,649,295.	8,649,295.		
12 Advertising and promotion	753,255.	640,267.	112,988.	
13 Office expenses	7,643,568.	6,497,033.	1,146,535.	
14 Information technology	11,510,778.	9,784,161.	1,726,617.	
15 Royalties	0			
16 Occupancy	4,030,282.	3,425,740.	604,542.	
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	6,347,922.	5,395,734.	952,188.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	22,233,915.	18,898,828.	3,335,087.	
23 Insurance	2,084,977.	1,772,230.	312,747.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SUPPLIES - MEDICAL & NON-MED</u>	53,750,083.	45,687,571.	8,062,512.	
b <u>PURCHASED SERVICES</u>	28,463,532.	24,194,001.	4,269,531.	
c <u>BAD DEBT EXPENSE</u>	27,697,375.	27,697,375.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	346,727,210.	299,019,133.	47,708,077.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	37,208,961.	1	18,280,847.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	38,987,330.	4	33,312,082.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	608,327.	7	572,056.
	8 Inventories for sale or use	6,742,890.	8	7,708,325.
	9 Prepaid expenses and deferred charges	1,779,156.	9	2,231,309.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 469,187,480.		
	b Less: accumulated depreciation	10b 245,384,885.	236,735,819.	10c 223,802,595.
	11 Investments - publicly traded securities	ATCH 4 28,972,000.	11	45,256,000.
	12 Investments - other securities. See Part IV, line 11	22,771,572.	12	27,832,786.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	58,551,964.	15	80,535,739.
16 Total assets. Add lines 1 through 15 (must equal line 34)	432,358,019.	16	439,531,739.	
Liabilities	17 Accounts payable and accrued expenses	46,140,681.	17	44,138,037.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	265,486,235.	25	254,296,026.
	26 Total liabilities. Add lines 17 through 25	311,626,916.	26	298,434,063.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	115,124,329.	27	134,495,834.
	28 Temporarily restricted net assets	5,606,774.	28	6,601,842.
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	120,731,103.	33	141,097,676.	
34 Total liabilities and net assets/fund balances	432,358,019.	34	439,531,739.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	366,201,235.
2	Total expenses (must equal Part IX, column (A), line 25)	2	346,727,210.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,474,025.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	120,731,103.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	892,548.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	141,097,676.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
------------------------------------------------------------------------------	-----------------------------------------------------

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes 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-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2013; b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
------------------------------------------------------------------------------	-----------------------------------------------------

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
-----------------------------------------------------------------------	-----------------------------------------------------

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BALTIMORE WASHINGTON MEDICAL CENTER FND 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	\$ 67,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BALTIMORE WASHINGTON MEDICAL CENTER, INC.**

Employer identification number

52-0689917

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization **BALTIMORE WASHINGTON MEDICAL CENTER, INC.**

Employer identification number
52-0689917

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
--------------------------------------------------------------------------	-----------------------------------------------------

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2013

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1I

OTHER ACTIVITIES

THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 6.22% AND 23.65% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C, PART II-B AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

52-0689917

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		602,544.		602,544.
b Buildings		278,556,676.	96,773,531.	181,783,145.
c Leasehold improvements		2,421,477.	1,984,536.	436,941.
d Equipment		178,113,145.	146,626,818.	31,486,327.
e Other		9,493,638.		9,493,638.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				223,802,595.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OTHER INVESTMENTS	27,832,786.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	27,832,786.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SELF INSURANCE TRUST	23,070,196.
(2) LIMITED USE ASSET - BWMC FOUND	6,601,841.
(3) DEBT SERVICE AND CONSTRUCTION	28,278,388.
(4) TERRAPIN REINSURANCE	14,585,314.
(5) COLLATERALIZED INVESTMENTS	8,000,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	80,535,739.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO UMMS	183,144,801.
(3) ADVANCES - THIRD PARTY PAYROS	9,964,753.
(4) MALPRACTICE INSURANCE LIABILITY	10,263,841.
(5) AP - AFFILIATES	24,900,432.
(6) PENSION LIABILITY	11,436,885.
(7) TERRAPIN REINSURANCE	14,585,314.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	254,296,026.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Series of horizontal dashed lines for providing supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE PER AUDIT REPORT

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other <u>200.0000</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,238,137.		10,238,137.	3.21
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			10,238,137.		10,238,137.	3.21
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,202,981.	42,008.	1,160,973.	.36
f Health professions education (from Worksheet 5)			6,664,669.		6,664,669.	2.09
g Subsidized health services (from Worksheet 6)			9,979,110.	5,801,161.	4,177,949.	1.31
h Research (from Worksheet 7)			520,436.		520,436.	.16
i Cash and in-kind contributions for community benefit (from Worksheet 8)			222,339.		222,339.	.07
j Total Other Benefits			18,589,535.	5,843,169.	12,746,366.	3.99
k Total. Add lines 7d and 7j.			28,827,672.	5,843,169.	22,984,503.	7.20

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			4,977.		4,977.	
3 Community support			2,905.		2,905.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			7,882.		7,882.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	135,908,862.
6 Enter Medicare allowable costs of care relating to payments on line 5	110,898,015.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	25,010,847.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number

1 BALTIMORE WASHINGTON MEDICAL CENTER
301 HOSPITAL DRIVE
GLEN BURNIE MD 21061

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X					X			A

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group BALTIMORE WASHINGTON MEDICAL CENTER

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

Table with 3 columns: Question, Yes, No. Rows include: 1. CHNA conducted? (Yes X); 2. Tax year last CHNA: 2013; 3. CHNA input from community? (Yes X); 4. CHNA with other facilities? (Yes X); 5. CHNA report widely available? (Yes X); 6. CHNA needs addressed? (Yes X); 7. All needs addressed? (No X); 8a. Excise tax under 4959? (Yes X); 8b. Form 4720 filed? (Yes); 8c. Total excise tax reported.

Part V Facility Information (continued)

Financial Assistance Policy BALTIMORE WASHINGTON MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>5</u> <u>0</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information (continued) BALTIMORE WASHINGTON MEDICAL CENTER

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:	X	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.			X
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.			X

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Part VI Supplemental Information

Provide the following information.

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

RELATED ORGANIZATION REPORT

SCHEDULE H, PART I, LINE 6A

AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR EACH FISCAL YEAR ENDING JUNE 30. THIS REPORT IS SUBMITTED TO THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), A STATE REGULATORY AGENCY, BY DECEMBER 15 OF EACH YEAR.

IN ADDITION, THE ANNUAL COMMUNITY BENEFIT REPORT IS AVAILABLE UPON REQUEST AT THE ENTITY'S CORPORATE OFFICES.

COSTING METHODOLOGY

SCHEDULE H, PART I, LINE 7A, COLUMN (D)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S

Part VI Supplemental Information

Provide the following information.

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

UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

SCHEDULE H, LINE 7B, COLUMNS (C) THROUGH (F)

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

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, LINE 7F COLUMN (C)

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

SCHEDULE H, LINE 7F COLUMN (D)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S
UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED
CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO
BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

THROUGH A VARIETY OF COMMUNITY BUILDING ACTIVITIES, UM BALTIMORE
WASHINGTON MEDICAL CENTER PROMOTES HEALTH AND WELLNESS IN THE COMMUNITY
IT SERVES. THESE ACTIVITIES INCLUDE: ACTIVE ENGAGEMENT AND COLLABORATION
WITH LOCAL CHAMBERS OF COMMERCE, THE SPONSORSHIP OF FARMERS' MARKETS,
LEADERSHIP TRAINING TO DEVELOP AND NURTURE COMMUNITY TRUSTEES VESTED IN
IMPROVING THE QUALITY OF LIFE IN ANNE ARUNDEL COUNTY AND WORKFORCE
DEVELOPMENT THROUGH PARTICIPATION IN ANNE ARUNDEL COUNTY SCHOOL-BASED
PROGRAMS ON HEALTH CARE CAREERS.

BECAUSE LOCAL ACTION IS ESSENTIAL TO PUBLIC HEALTH PROGRESS, UM BALTIMORE

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WASHINGTON MEDICAL CENTER IS A KEY STAKEHOLDER IN THE HEALTHY ANNE ARUNDEL COALITION (HAAC), A PARTNERSHIP OF PUBLIC SECTOR AGENCIES, HEALTH CARE PROVIDERS AND PAYERS, COMMUNITY-BASED PARTNERS, THE BUSINESS COMMUNITY AND ACADEMIC INSTITUTIONS. THE COALITION WAS FORMED IN DECEMBER 2011 IN RESPONSE TO A STATEWIDE HEALTH IMPROVEMENT PROCESS (SHIP) AND IS JOINTLY LED BY THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH, UM BWMC AND ANNE ARUNDEL MEDICAL CENTER (AAMC). IN ADDITION TO PROVIDING THE COALITION WITH STEERING COMMITTEE LEADERSHIP, A VARIETY OF CLINICAL AND NON-CLINICAL UM BWMC ASSOCIATES SERVE ON VARIOUS COALITION WORKGROUPS.

THE WORK OF THE COALITION BEGAN BY REVIEWING AND PRIORITIZING OBJECTIVES IDENTIFIED BY THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S (DHMH) STATE HEALTH IMPROVEMENT PROCESS (SHIP). SHIP, LAUNCHED IN SEPTEMBER 2011, FOCUSES ON IMPROVING THE HEALTH OF MARYLAND RESIDENTS IN SIX VISION AREAS: HEALTHY BABIES, HEALTHY SOCIAL ENVIRONMENTS, SAFE PHYSICAL ENVIRONMENTS, INFECTIOUS DISEASE, CHRONIC DISEASE AND HEALTH CARE ACCESS. UNDER SHIP'S UMBRELLA, THE COALITION DEVELOPS AND IMPLEMENTS STRATEGIES THAT WILL IMPROVE LOCAL PUBLIC HEALTH. THE STEERING COMMITTEE

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THEN REVIEWED COUNTY DATA AND IDENTIFIED SEVEN HEALTH FOCAL AREAS THAT INCLUDED OBESITY, CANCER, MENTAL HEALTH AND SUBSTANCE ABUSE, DENTAL CARE, SEXUAL HEALTH, HOUSING AND THE ENVIRONMENT. THE STEERING COMMITTEE DECIDED TO FOCUS THE COALITION'S EFFORTS ON TWO HEALTH PRIORITIES: (1) OBESITY PREVENTION AND (2) MANAGEMENT OF SUBSTANCE ABUSE AND MENTAL HEALTH AS CO-OCCURRING DISORDERS.

THE COALITION FORMULATED AN ACTION PLAN THAT ARTICULATES SPECIFIC GOALS AND STRATEGIES FOR BOTH HEALTH PRIORITIES. THROUGH COALITION WORKGROUPS AND COMMITTEES, REPRESENTATIVES FROM AROUND THE COUNTY COLLABORATE TO ASSESS LOCAL HEALTH NEEDS AND SERVICES; SHARE DATA AND OTHER RESOURCES; EXPLORE EVIDENCE-BASED HEALTH PRACTICES; AND ACQUIRE SUPPORT TO ENHANCE AND INITIATE HEALTH PROGRAMS THAT IMPACT TARGETED POPULATIONS AND COMMUNITIES. THE COALITION PLANS TO EFFECTIVELY LEVERAGE AND UTILIZE NEW AND EXISTING RESOURCES TO MEASURABLY IMPROVE THE COUNTY'S HEALTH.

IN ADDITION TO BEING AN INTEGRAL PART OF THE HEALTHY ANNE ARUNDEL COALITION, UM BWMC CONTINUES TO MAINTAIN OPEN COMMUNICATION WITH THE ANNE

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ARUNDEL COUNTY DEPARTMENT OF HEALTH, ANNE ARUNDEL COUNTY PUBLIC SCHOOL SYSTEM AND CHURCH LEADERS. UM BWMC'S COMMUNITY OUTREACH PROGRAMS CAN BE FOUND IN COUNTY SCHOOLS, SENIOR CENTERS, COMMUNITY CENTERS AND CHURCHES THROUGHOUT THE COUNTY.

UM BWMC'S DIRECTOR OF COMMUNITY OUTREACH PARTICIPATES IN COMMITTEES AND ADVISORY COUNCILS, PROMOTING CONTINUOUS DIALOGUE BETWEEN THE MEDICAL CENTER AND COMMUNITY STAKEHOLDERS. THIS PROVIDES OPPORTUNITIES FOR NEW IDEAS FOR PROGRAMS TO BE EXCHANGED, ALLOWING UM BWMC TO MAXIMIZE COMMUNITY OUTREACH EFFORTS.

UM BWMC SEEKS INSIGHT FROM COMMUNITY MEMBERS ATTENDING EDUCATIONAL PROGRAMS THROUGH ITS PROGRAM EVALUATION TOOL. PROGRAM PARTICIPANTS ARE ASKED TO COMPLETE A BRIEF SURVEY EVALUATION, PROVIDING FEEDBACK AND COMMENTS ABOUT THE PROGRAM THEY ATTENDED, AS WELL AS PROVIDING SUGGESTIONS FOR FUTURE PROGRAM TOPICS.

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BAD DEBT EXPENSE

SCHEDULE H, PART III, LINE 4

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES ONLY AFTER ELIGIBILITY TO FINANCIAL ASSISTANCE HAS BEEN DETERMINED.

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MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

IN MARYLAND, THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL.

MEDICARE REIMBURSES MARYLAND HOSPITALS ACCORDING TO RATES ESTABLISHED BY THE HSCRC AS LONG AS THE STATE CONTINUES TO MEET A TWO-PART TEST. THIS TWO-PART WAIVER TEST ALLOWS MEDICARE TO PARTICIPATE IN THE MARYLAND SYSTEM AS LONG AS TWO CONDITIONS ARE MET.

- ALL OTHER PAYERS PARTICIPATING IN THE SYSTEM PAY HSCRC SET RATES AND
 - THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND HOSPITALS FROM 1981 TO THE PRESENT IS NOT GREATER THAN THE RATE OF GROWTH IN MEDICARE PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

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COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9B

THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED.
 OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY
 REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A
 DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO
 ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS
 AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE
 FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON
 THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY.

PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE
 APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND
 COLLECTION PROCESS. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY
 FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE
 ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL
 ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION

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PROCESS.

BALTIMORE WASHINGTON MEDICAL CENTER

SCHEDULE H, PART V, SECTION B

LINE 20D - ALL PATIENTS ARE CHARGE STATE REGULATED RATES REGARDLESS OF THEIR ABILITY TO PAY.

LINE 22 - AS PREVIOUSLY DISCUSSED IN AN EARLIER SCHEDULE H NARRATIVE, THE STATE OF MARYLAND IS A UNIQUE STATE IN REGARD TO THE PROVISION OF HEALTH CARE SERVICES AND THEIR RELATED CHARGES BY HOSPITALS. ALL HOSPITAL CHARGES PROCESSED TO ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, ARE SET THROUGH MARYLAND'S HEALTH SERVICES COST COMMISSION. ACCORDINGLY, ALL HOSPITAL CHARGES ARE NOT GROSS CHARGES AS DEFINED BY THE IRS UNDER INTERNAL REVENUE CODE SECTION 501(R)(5)(B).

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COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

TO CONDUCT A COORDINATED COMMUNITY-WIDE NEEDS ASSESSMENT, THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH CONVENED A WORKGROUP FROM WITHIN THE HEALTHY ANNE ARUNDEL COALITION THAT INCLUDED UM BWMC, AAMC AND SOCIAL SERVICE AGENCIES. A COUNTY-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED BETWEEN JULY AND NOVEMBER 2012 BY HOLLERAN CONSULTING, A PUBLIC HEALTH RESEARCH AND CONSULTING FIRM WITH MORE THAN 20 YEARS OF EXPERIENCE CONDUCTING COMMUNITY HEALTH ASSESSMENTS.

TO ENSURE THAT THE PROFILE OF THE COUNTY'S HEALTH TOOK INTO ACCOUNT VARIOUS PERSPECTIVES AND DATA SOURCES, A MULTI-FACETED APPROACH WAS USED TO CONDUCT THE CHNA. COMPRISED OF THREE COMPONENTS INCLUDING: 1. A SECONDARY DATA PROFILE IN WHICH DATA FROM ALL ANNE ARUNDEL COUNTY ZIP CODES WAS INCLUDED, 2. KEY INFORMANT SURVEYS AND 3. FOCUS GROUPS, THE CHNA IS A COMBINATION OF QUANTITATIVE HEALTH INFORMATION AND VALUABLE QUALITATIVE FEEDBACK FROM COMMUNITY STAKEHOLDERS. THE ASSESSMENT EXAMINED

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A VARIETY OF INDICATORS, INCLUDING SOCIAL DETERMINANTS OF HEALTH (POVERTY, HOUSING, EDUCATION), MORTALITY RATES, RISKY BEHAVIORS (ALCOHOL USE, TOBACCO USE) AND CHRONIC HEALTH CONDITIONS (DIABETES, HEART DISEASE), TO NAME A FEW. NO INFORMATION GAPS WERE IDENTIFIED THAT IMPACTED THE COALITION'S ABILITY TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY.

THE SECONDARY DATA PROFILE WAS GATHERED FROM EXISTING RESOURCES, SUCH AS THE UNITED STATES CENSUS BUREAU AND MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. THE REPORT INTEGRATED NOT ONLY TRADITIONAL STATISTICS ON PHYSICAL HEALTH, SUCH AS CANCER RATES AND IMMUNIZATION FIGURES, BUT ALSO DEMOGRAPHIC AND HOUSEHOLD INFORMATION. RESEARCH HAS SHOWN THAT LOWER EDUCATIONAL ATTAINMENT, POVERTY AND RACE/ETHNICITY ARE RISK FACTORS FOR CERTAIN HEALTH CONDITIONS. THE PROFILE DETAILS DATA COVERING THE FOLLOWING AREAS:

-POPULATION STATISTICS

-HOUSEHOLD STATISTICS

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-INCOME STATISTICS

-EDUCATION STATISTICS

-MORTALITY STATISTICS

-BIRTH STATISTICS

-SEXUALLY TRANSMITTED ILLNESS STATISTICS

-INJURY & VIOLENCE PREVENTION STATISTICS

-COMMUNICABLE DISEASE STATISTICS

-ENVIRONMENTAL HEALTH STATISTICS

-HEALTH INSURANCE COVERAGE & HEALTH CARE UTILIZATION STATISTICS

-MENTAL HEALTH STATISTIC

-CRIME STATISTICS

IN ADDITION TO AN ANALYSIS OF THE SECONDARY DATA PROFILE, KEY INFORMANT SURVEYS AND FOCUS GROUPS WERE CONDUCTED. A WEB-BASED SURVEY WAS CONDUCTED AMONG ANNE ARUNDEL COUNTY "KEY INFORMANTS." KEY INFORMANTS WERE DEFINED AS AREA HEALTH CARE PROFESSIONALS, SOCIAL SERVICE PROVIDERS, NON-PROFIT LEADERS, BUSINESS LEADERS, FAITH-BASED LEADERS AND OTHER AREA AUTHORITIES. HOLLERAN STAFF WORKED CLOSELY WITH HAAC PARTNERS TO IDENTIFY

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PROSPECTIVE PARTICIPANTS AND TO DEVELOP THE ONLINE KEY INFORMANT SURVEY TOOL. THE QUESTIONNAIRE FOCUSED ON GATHERING QUANTITATIVE AND QUALITATIVE FEEDBACK REGARDING PERCEPTIONS OF COMMUNITY NEEDS AND STRENGTHS ACROSS THREE PRIMARY DOMAINS: KEY HEALTH ISSUES, HEALTH CARE ACCESS AND COMMUNITY ASPIRATIONS AND CAPACITY.

THE ONLINE SURVEY WAS SENT VIA EMAIL TO APPROXIMATELY 300 KEY INFORMANTS, GARNERING 121 COMPLETED SURVEYS BETWEEN JULY AND AUGUST 2012. THE SURVEY RESPONDENTS WERE ASKED TO PROVIDE FEEDBACK ON THE HEALTH ISSUES THAT THEY PERCEIVED TO BE THE MOST SIGNIFICANT OR CONCERNING FOR ANNE ARUNDEL COUNTY. THE KEY INFORMANTS WERE GIVEN A LIST OF POTENTIAL RESPONSE OPTIONS, RANGING FROM CANCER TO SUBSTANCE ABUSE TO UNINTENTIONAL INJURIES. RESPONDENTS RANKED THE KEY HEALTH ISSUES FROM 1 TO 5, WITH 1 BEING THE MOST SIGNIFICANT. ADDITIONALLY, SURVEY RESPONDENTS WERE PERMITTED TO SHARE OTHER HEALTH ISSUES THEY DEEMED HIGHLY IMPORTANT THAT WERE NOT INCLUDED ON THE LIST. THE FIVE ISSUES THAT WERE MOST FREQUENTLY SELECTED WERE OBESITY/OVERWEIGHT, CANCER, DIABETES, SUBSTANCE ABUSE/ALCOHOL ABUSE AND HEART DISEASE. APPROXIMATELY 84% OF KEY

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INFORMANTS RANKED OBESITY/OVERWEIGHT AS ONE OF THE TOP FIVE HEALTH CONCERNS IN ANNE ARUNDEL COUNTY.

KEY INFORMANTS WERE ALSO ASKED TO SHARE THEIR PERCEPTIONS ON THE AVAILABILITY OF GENERAL AND SPECIALTY HEALTH SERVICES AND POTENTIAL ACCESS BARRIERS. THE AREA OF GREATEST CONCERN WITH RESPECT TO ACCESSIBILITY AND AVAILABILITY WAS THE NUMBER OF BILINGUAL HEALTH CARE PROVIDERS, FOLLOWED BY THE NUMBER OF PROVIDERS WHO ACCEPT MEDICAID OR OTHER FORMS OF MEDICAL ASSISTANCE AND THEN LASTLY, ACCESS TO DENTAL CARE. RESPONDENTS WERE ALSO ASKED TO IDENTIFY KEY RESOURCES OR SERVICES THEY FELT WOULD BE NEEDED TO IMPROVE ACCESS TO HEALTH CARE FOR RESIDENTS IN ANNE ARUNDEL COUNTY. RESPONSES INCLUDED THE NEED FOR INCREASED AWARENESS, EDUCATION, PREVENTION AND OUTREACH TO INFORM THE COMMUNITY ABOUT EXISTING PROGRAMS AND SERVICES.

FOCUS GROUP TOPICS ADDRESSED MENTAL AND BEHAVIORAL HEALTH (ONE SESSION), ACCESS TO HEALTH CARE (TWO SESSIONS) AND NUTRITION AND PHYSICAL ACTIVITY (TWO SESSIONS). FIVE FOCUS GROUPS (55 TOTAL PARTICIPANTS) WERE HELD AT

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VARIOUS LOCATIONS THROUGHOUT ANNE ARUNDEL COUNTY IN AUGUST AND SEPTEMBER 2012. PARTICIPANTS WERE RECRUITED THROUGH LOCAL HEALTH AND HUMAN SERVICE ORGANIZATIONS AND PUBLIC NEWS RELEASES AND CAME FROM A VARIETY OF ZIP CODES. THE LARGEST PROPORTION CAME FROM 21061, 21401, 21144, 21060 AND 21403. IN EXCHANGE FOR THEIR PARTICIPATION, ATTENDEES WERE GIVEN A GIFT CARD AT THE COMPLETION OF THE FOCUS GROUP. PARTICIPANTS IN THE MENTAL AND BEHAVIORAL HEALTH FOCUS GROUP WERE INDIVIDUALS WITH MENTAL AND/OR BEHAVIORAL HEALTH ISSUES OR FAMILY MEMBERS OF INDIVIDUALS WITH MENTAL AND/OR BEHAVIORAL HEALTH ISSUES. THE FOUR OTHER FOCUS GROUPS INCLUDED INDIVIDUALS FROM THE GENERAL POPULATION IN ANNE ARUNDEL COUNTY. EACH SESSION LASTED APPROXIMATELY TWO HOURS AND WAS FACILITATED BY TRAINED STAFF FROM HOLLERAN.

THE IDENTIFICATION OF THE OVERALL HEALTH STATUS OF THE COUNTY'S RESIDENTS WILL CONTRIBUTE TO COMMUNITY HEALTH IMPROVEMENT PLANNING EFFORTS. IMPLEMENTATION PLANS AND COUNTY-WIDE HEALTH IMPROVEMENT PLANS HAVE BEEN DEVELOPED TO PRIORITIZE THE KEY COMMUNITY WELLNESS INITIATIVES. ACTIVITIES HAVE BEEN IDENTIFIED THAT WILL IMPROVE UPON THE HEALTH STATUS

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OF COUNTY RESIDENTS. THESE ACTIVITIES WILL BE CONDUCTED COLLECTIVELY,
THROUGH COALITION EFFORTS, AND INDIVIDUALLY, THROUGH
ORGANIZATION-SPECIFIC PLANNING.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE
SCHEDULE H, PART VI, LINE 3

UM BALTIMORE WASHINGTON MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY
(FAP) IS ESTABLISHED TO ASSIST PATIENTS IN OBTAINING FINANCIAL AID WHEN
IT IS BEYOND THEIR ABILITY TO PAY FOR SERVICES RENDERED.

A PATIENT'S INABILITY TO OBTAIN FINANCIAL ASSISTANCE DOES NOT, IN ANY
WAY, PRECLUDE THE PATIENT'S RIGHT TO RECEIVE AND HAVE ACCESS TO MEDICAL
TREATMENT AT UM BALTIMORE WASHINGTON MEDICAL CENTER.

UM BALTIMORE WASHINGTON MEDICAL CENTER INFORMS PATIENTS AND PERSONS WHO
WOULD OTHERWISE BE BILLED FOR SERVICES ABOUT THEIR ELIGIBILITY FOR
ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE
HOSPITAL'S FINANCIAL ASSISTANCE POLICY IN THE FOLLOWING MANNER:

O UM BWMC PREPARES ITS FAP IN A CULTURALLY SENSITIVE MANNER, AT A READING

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LEVEL APPROPRIATE TO THE CBSA'S POPULATION AND IN SPANISH.

O UM BWMC POSTS ITS FAP AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN ALL ADMISSION AREAS, THE EMERGENCY ROOM AND ALL OTHER OUTPATIENT AREAS THROUGHOUT THE FACILITY.

O A COPY OF UM BWMC'S FAP IS INCLUDED IN THE PATIENT HANDBOOK THAT IS PROVIDED TO EACH PATIENT UPON ADMISSION.

O A COPY OF UM BWMC'S FAP AND FINANCIAL ASSISTANCE CONTACT INFORMATION IS PROVIDED TO EACH PATIENT UPON DISCHARGE.

O A COPY OF UM BWMC'S FAP AND FINANCIAL ASSISTANCE CONTACT INFORMATION IS PROVIDED IN PATIENT BILLS; AND/OR

O UM BWMC DISCUSSES WITH PATIENTS OR THEIR FAMILIES THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID OR STATE PROGRAMS, AND EMPLOYS DEDICATED STAFF ON-SITE TO ASSIST PATIENTS WITH QUALIFICATION FOR SUCH PROGRAMS.

O AN ABBREVIATED STATEMENT REFERENCING UM BWMC'S FINANCIAL ASSISTANCE POLICY, INCLUDING A PHONE NUMBER TO CALL FOR MORE INFORMATION, IS RUN ANNUALLY IN THE LOCAL NEWSPAPERS (MARYLAND GAZETTE, CAPITAL AND BALTIMORE SUN).

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DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

ANNE ARUNDEL COUNTY IS THE FIFTH LARGEST JURISDICTION IN MARYLAND WITH OVER 550,000 RESIDENTS. IT IS PART OF THE BALTIMORE METROPOLITAN AREA AND IS LOCATED ON THE CHESAPEAKE BAY, ENCOMPASSING A 454 SQUARE MILE AREA. THE CITY OF ANNAPOLIS (21401), THE STATE CAPITOL, IS CENTRALLY LOCATED BETWEEN BALTIMORE AND WASHINGTON, D.C. THE NORTHERN PART OF THE COUNTY IS SUBURBAN AND URBAN WITH THE SOUTHERN PART PRIMARILY RURAL AND AGRICULTURAL. THE COUNTY HAS TWO STATE PARKS AND MORE THAN 70 COUNTY PARKS FOR RESIDENTS TO ENJOY.

EMPLOYMENT IN ANNE ARUNDEL COUNTY IS DISTRIBUTED ACROSS A WIDE ARRAY OF INDUSTRIAL SECTORS. BASED ON 2012-13 EMPLOYMENT FIGURES, TRADE, TRANSPORTATION AND UTILITIES, GOVERNMENT AND PROFESSIONAL AND BUSINESS SERVICES ACCOUNT FOR MORE THAN 55% OF THE TOTAL COUNTY EMPLOYMENT: 21%, 18.8%, AND 16.2%, RESPECTIVELY. OTHER MAJOR EMPLOYMENT SECTORS INCLUDE LEISURE AND HOSPITALITY SERVICES (13%) AND EDUCATION AND HEALTH SERVICES

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(11.6%) (SOURCE: MD DEPARTMENT OF LABOR, LICENSING, AND REGULATION, 2013).

ANNE ARUNDEL COUNTY HAS A DIVERSE POPULATION WITH RESPECT TO AGE DISTRIBUTION. ACCORDING TO 2013 CENSUS DATA, PERSONS BETWEEN THE AGES OF 20 AND 44 YEARS OLD COMPRISE THE LARGEST SEGMENT OF THE POPULATION AT 34.1%. THE NEXT LARGEST GROUP IS PERSONS AGE 45 TO 64, WHICH MAKES UP APPROXIMATELY 27.9% OF THE TOTAL POPULATION. PERSONS AGE 19 AND UNDER ARE 25.2% OF THE COUNTY POPULATION AND THOSE AGES 65 AND OLDER COMPRISE 13% OF THE POPULATION. (SOURCE: 2013 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES, U.S. CENSUS BUREAU).

ANNE ARUNDEL COUNTY HAS APPROXIMATELY 120 PUBLIC SCHOOLS, 75 PRIVATE SCHOOLS, 70,000 STUDENTS (MORE THAN 22,000 OF WHICH ARE ELIGIBLE FOR A REDUCED LUNCH PROGRAM) (SOURCE: AACOUNTY.ORG), 5,000 TEACHERS AND THREE MAJOR INSTITUTIONS OF HIGHER EDUCATION. ONE OF THE MOST BENEFICIAL ASSETS TO ANNE ARUNDEL COUNTY IS ITS WELL-EDUCATED POPULATION. CENSUS ESTIMATES SHOW THAT APPROXIMATELY 91.4% OF THE POPULATION OVER AGE 25 HAS OBTAINED A HIGH SCHOOL DIPLOMA AND APPROXIMATELY 37.2% OF ANNE ARUNDEL COUNTY'S

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POPULATION AGE 25 AND OVER HAS EITHER A BACHELOR'S DEGREE OR A GRADUATE PROFESSIONAL DEGREE. (SOURCE: 2013 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES, U.S. CENSUS BUREAU).

WHILE ANNE ARUNDEL COUNTY IS GENERALLY CONSIDERED AN AFFLUENT COUNTY, IT IS IMPORTANT TO RECOGNIZE THAT MORE THAN 38,000 PEOPLE (7.1%) LIVE IN POVERTY (SOURCE: 2013 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES, U.S. CENSUS BUREAU). QUALITY OF LIFE FOR THIS POPULATION IS HINDERED BY ISSUES OF RACIAL DISPARITY AND LIMITED ACCESS TO AFFORDABLE HOUSING AND HEALTH CARE.

WHILE ANNE ARUNDEL COUNTY HAS NOT EXPERIENCED THE RACIAL AND ETHNIC TRANSFORMATION HAPPENING IN NEIGHBORING COUNTIES, THERE IS GROWTH IN MINORITY NUMBERS IN ALL CATEGORIES. HISPANICS ACCOUNT FOR 6.9% OF THE COUNTY'S POPULATION AS COMPARED TO 8.7% FOR MARYLAND. ASIANS MAKE-UP JUST OVER 3.7% OF THE POPULATION (SOURCE: 2013 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES, U.S. CENSUS BUREAU).

HEALTH DISPARITIES AND POOR HEALTH OUTCOMES ARE A REALITY FOR AFRICAN-AMERICANS IN ANNE ARUNDEL COUNTY. THIS POPULATION CONTINUES TO

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HAVE THE HIGHEST INCIDENCE, PREVALENCE AND MORTALITY RATES FROM CHRONIC DISEASES INCLUDING CARDIOVASCULAR DISEASE, DIABETES AND OBESITY (SOURCE: [HTTP://WWW.DHMH.MARYLAND.GOV/SHIP](http://www.dhmm.maryland.gov/ship)).

PRETERM BIRTH AND LOW BIRTH WEIGHT CONTINUES TO BE THE LEADING CAUSE OF DEATH AMONG INFANTS IN ANNE ARUNDEL COUNTY. THE HEALTH OF INFANTS (LESS THAN ONE YEAR OLD) IS REFLECTIVE OF THE HEALTH AND SOCIAL SYSTEM A COMMUNITY HAS IN PLACE TO SUPPORT FAMILIES AND NEIGHBORHOODS. INFANT MORTALITY MEASURES DEATHS DURING THE FIRST YEAR OF LIFE. THE HEALTH OF THE MOTHER BEFORE PREGNANCY CAN HAVE A PROFOUND IMPACT ON THE HEALTH OF HER BABY. ISSUES SUCH AS PRE-PREGNANCY WEIGHT, TIMELY INITIATION OF PRENATAL CARE, CHRONIC DISEASE MANAGEMENT AND SUBSTANCE ABUSE (INCLUDING TOBACCO, ALCOHOL AND PRESCRIPTION DRUGS) CONTINUE TO AFFECT THE HEALTH OF BABIES BORN IN THE COUNTY.

ACCESS TO HEALTH CARE CAN HAVE A SIGNIFICANT IMPACT ON HEALTH OUTCOMES. ACCORDING TO THE COUNTY HEALTH RANKINGS, THE PATIENT TO PRIMARY CARE PHYSICIAN RATIO IN ANNE ARUNDEL COUNTY (1452:1) IS WORSE THAN IN MARYLAND

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(1134:1) AND THE U.S. BENCHMARK (1355:1) INDICATING THAT MORE INDIVIDUALS ARE SEEKING CARE FROM FEWER PROVIDERS.

OVERALL, ANNE ARUNDEL COUNTY RANKS 8TH (OUT OF 24 COUNTIES INCLUDING BALTIMORE CITY IN HEALTH MEASURES SUCH AS HEALTH BEHAVIORS AND SOCIAL AND ECONOMIC FACTORS THAT INDICATE WHAT INFLUENCES THE HEALTH OF THE COUNTY, AND 9TH IN HEALTH OUTCOMES THAT INDICATE THE OVERALL HEALTH OF THE COUNTY

(SOURCE: [HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/MARYLAND/ANNE-ARUNDEL/2014](http://WWW.COUNTYHEALTHRANKINGS.ORG/MARYLAND/ANNE-ARUNDEL/2014)).

UM BALTIMORE WASHINGTON MEDICAL CENTER CONSIDERS MOST OF ANNE ARUNDEL COUNTY THE HOSPITAL'S SERVICE AREA:

UM BWMC PRIMARY SERVICE AREA: 21060, 21061, 21122, 21144, 21225 AND 21226

UM BWMC SOUTH SERVICE AREA: 21012, 21032, 21054, 21108, 21114, 21401, 21402 AND 21146

UM BWMC WEST SERVICE AREA: 21090, 21113, 20755, 21240, 21227 AND 21076

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A FEW SOUTHERN ANNE ARUNDEL COUNTY ZIP CODES HAVE BEEN EXCLUDED (20711, 20733, 20751, 20758, 20764, 20765, 20779) AND A FEW EASTERN HOWARD COUNTY ZIP CODES (20723, 20794, AND 21075) ARE ALSO PART OF THE HOSPITAL'S CBSA. HOWEVER, FOR THIS REPORT, THE DATA PRESENTED BELOW IS BASED ON ANNE ARUNDEL COUNTY.

IN ADDITION TO THE FIVE ZIP CODES, 21061 (GLEN BURNIE), 21122 (PASADENA), 21060 (GLEN BURNIE), 21144 (SEVERN) AND 21113 (ODENTON), IN WHICH 60 PERCENT OF THE HOSPITAL'S PATIENT DISCHARGES ORIGINATE THAT DEFINE UM BWMC'S COMMUNITY BENEFIT SERVICE AREA (CBSA), UM BWMC FURTHER DEFINES ITS CBSA TO INCLUDE THE ANNE ARUNDEL COUNTY ZIP CODE 21225 (BROOKLYN PARK). THE HEALTH AND ECONOMIC INDICATORS OUTLINED IN THE CHNA SHOWED THAT PERSONS RESIDING IN THIS ZIP CODE FACE SIGNIFICANT CHALLENGES THAT CORRELATE DIRECTLY WITH INCREASED EMERGENCY ROOM USAGE, POOR HEALTH OUTCOMES SUCH AS AN INCREASED RATE OF LOW BIRTH WEIGHT BABIES AND AN OVERALL LOWER THAN AVERAGE LIFE EXPECTANCY. LASTLY, IT IS IMPORTANT TO NOTE THAT APPROXIMATELY 69.5% OF THE CHARITY CARE THAT UM BWMC PROVIDED IN FY14 WAS PROVIDED TO RESIDENTS OF THESE SIX ZIP CODES.

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COMMUNITY BENEFIT SERVICE AREA (CBSA) TARGET POPULATION: 555,743

MALE 49.6%; FEMALE 50.4%

WHITE, NOT HISPANIC (NH): 74.1%

BLACK, NH: 16.0%

HISPANIC: 6.9%

ASIAN, NH: 3.7%

AMERICAN INDIAN, NH: 0.1%

OTHER, NH: 3.2%

PRIMARY LANGUAGE (SPOKEN; FIVE YEARS OF AGE AND OLDER): ENGLISH: 89.2%;

OTHER THAN ENGLISH: 10.8% (47% OF WHICH IS SPANISH)

(SOURCE: 2013 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES, U.S. CENSUS BUREAU)

CBSA MEDIAN AGE: 38.5

(SOURCE: 2013 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES, U.S. CENSUS BUREAU)

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MEDIAN HOUSEHOLD INCOME WITHIN THE CBSA: \$86,230

(SOURCE: 2013 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES, U.S. CENSUS BUREAU)

PERCENTAGE OF HOUSEHOLDS WITH INCOMES BELOW THE FEDERAL POVERTY

GUIDELINES WITHIN THE CBSA: 4.7% (FAMILIES); 7.1% (INDIVIDUALS)

(SOURCE: 2013 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES, U.S. CENSUS BUREAU; MARYLAND STATE DATA CENTER, MARYLAND DEPARTMENT OF PLANNING.)

PERCENTAGE OF UNINSURED PEOPLE BY COUNTY WITHIN THE CBSA:

CIVILIAN NON-INSTITUTIONALIZED POPULATION: 6.6% UNINSURED

CIVILIAN NON-INSTITUTIONALIZED POPULATION (UNDER 18): 3.2% UNINSURED

(SOURCE: 2013 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES, U.S. CENSUS BUREAU; MARYLAND STATE DATA CENTER, MARYLAND DEPARTMENT OF PLANNING.)

PERCENTAGE OF MEDICAID RECIPIENTS BY COUNTY WITHIN THE CBSA: 10.7%

(SOURCE: 2013 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES, U.S. CENSUS

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BUREAU; MARYLAND STATE DATA CENTER, MARYLAND DEPARTMENT OF PLANNING.)

LIFE EXPECTANCY BY COUNTY WITHIN THE CBSA: 77.3 YEARS (BLACK) AND 80.1

YEARS (WHITE) (SOURCE: [HTTP://WWW.DHMM.MARYLAND.GOV/SHIP](http://www.dhmm.maryland.gov/ship) (2013))

MORTALITY RATES BY COUNTY WITHIN THE CBSA (AGE -ADJUSTED RATES PER
100,000 POPULATION):

CORONARY HEART DISEASE: 171.5

ALL CANCER: 164.1

LUNG CANCER: 58.7

STROKE: 39.9

FEMALE BREAST CANCER: 23.5

UNINTENTIONAL INJURIES: 22.4

DIABETES: 21.5

SUICIDE: 9.3

HOMICIDE: 3.4

(SOURCE: MARYLAND VITAL STATISTICS ANNUAL REPORT 2012, VITAL STATISTICS

ADMINISTRATION, MARYLAND DHMH; CIGARETTE RESTITUTION FUND, CANCER REPORT

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2012, MARYLAND DHMH; HEALTHY PEOPLE 2020, U.S. DHHS.

LIMITED ACCESS TO HEALTHY FOOD (PERCENTAGE OF POPULATION WHO ARE LOW

INCOME AND DO NOT LIVE CLOSE TO A GROCERY STORE): 3%

(SOURCE: URL:

[HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/MARYLAND/ANNE-ARUNDEL/2013](http://www.countyhealthrankings.org/Maryland/Anne-Arundel/2013))

QUALITY OF HOUSING:

MEDIAN CONTRACT RENT IN 2011 FOR APARTMENTS: \$1528 (SOURCE: 2013 AMERICAN

COMMUNITY SURVEY 1-YEAR ESTIMATES; U.S. CENSUS BUREAU)

EST. MEDIAN HOUSE OR CONDO VALUE IN 2012: \$329,300 (SOURCE: 2013 AMERICAN

COMMUNITY SURVEY 1-YEAR ESTIMATES; U.S. CENSUS BUREAU)

TOTAL HOUSING UNITS: 201,695

OWNER-OCCUPIED: 149,129

RENTER-OCCUPIED (PAYING RENT): 52,566

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(SOURCE: 2013 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES, U.S. CENSUS BUREAU.)

ACCESS TO GOVERNMENT SUBSIDIZED/SECTION 8 HOUSING (RENTER PAYS 30% OF TOTAL ADJUSTED INCOME): 1,026 UNITS WITH A MINIMUM WAITING LIST FOR PLACEMENT OF ONE YEAR.

AVAILABLE BUT PREFERENTIAL CONSIDERATION IS GIVEN TO THOSE WITH ONE OR MORE OF THE FOLLOWING MITIGATING FACTORS:

1. 62 YEARS OR OLDER
2. ANNE ARUNDEL COUNTY RESIDENT
3. DISABLED
4. RENT BURDENED (PAYING MORE THAN HALF OF INCOME FOR RENT)

IN ADDITION, FACTORS SUCH AS HOMELESSNESS, DISPLACEMENT, SUBSTANDARD RESIDENCE, AND PHYSICAL VICTIMIZATION MAY BE CONSIDERED.

(SOURCE: URL: WWW.AACOUNTY.ORG/AGING)

ACCESS TO TRANSPORTATION WITHIN THE CBSA:

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VEHICLES AVAILABLE (BASED ON TOTAL HOUSING UNITS): 193,250

NO VEHICLES AVAILABLE: 8,445

(SOURCE: 2013 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES, U.S. CENSUS BUREAU.)

ANNE ARUNDEL COUNTY IS SERVED BY A VARIETY OF PUBLIC AND SPECIALIZED TRANSPORTATION, PROVIDING BOTH LOCAL SERVICE AND REGIONAL CONNECTIONS. THE TRANSIT PROVIDERS SERVING THE COUNTY INCLUDE (BUT NOT LIMITED TO):

MARYLAND TRANSIT ADMINISTRATION:

O MARC COMMUTER RAIL SERVICE ON THE PENN LINE WITH STOPS IN ODENTON AND BWI AIRPORT RAIL STATIONS.

O LIGHT RAIL SERVICE LINKING DOWNTOWN BALTIMORE TO PATAPSCO, BALTIMORE HIGHLANDS, NURSERY ROAD, NORTH LINTHICUM, LINTHICUM, BWI BUSINESS PARK, BWI AIRPORT, FERNDAL AND CROMWELL STATIONS IN THE COUNTY.

MTA LOCAL BUS SERVICES:

O ROUTE 14 BETWEEN ANNAPOLIS, PATAPSCO LIGHT RAIL STATION, AND DOWNTOWN BALTIMORE

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O ROUTE 17 BETWEEN PARKWAY CENTER, BWI AIRPORT, AND PATAPSCO LIGHT RAIL
STATION

CENTRAL MARYLAND REGIONAL TRANSPORTATION/CONNECT-A-RIDE SERVICES IN WEST
ANNE ARUNDEL COUNTY:

O ROUTE 501: LAUREL MALL TO MARYLAND CITY

O ROUTE 201: LAUREL MALL/ARUNDEL MILLS MALL /CROMWELL LIGHT RAIL
\STATION/GLEN BURNIE/FREETOWN

O ROUTE 202: ARUNDEL MILLS MALL/SEVERN/MEADE VILLAGE/PIONEER CITY/SEVEN
OAKS/ODENTON MARC/ODENTON

O ROUTE 203: A PEAK HOUR CIRCULATOR ROUTE PROVIDING SERVICE BETWEEN THE
PINEY ORCHARD COMMUNITY AND THE ODENTON MARC STATION

(SOURCE: [HTTP://WWW.AACOUNTY.ORG/PLANZONE/TRANSPORTATION/TRANSIT.CFM](http://www.aacounty.org/planzone/transportation/transit.cfm))

CBSA ADULT OBESITY (PERCENTAGE OF ADULTS THAT REPORT BMI >=30): 28%

(SOURCE: [HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/MARYLAND/ANNE-ARUNDEL/2014](http://www.countyhealthrankings.org/maryland/anne-arundel/2014))

ANNUAL AVERAGE CBSA UNEMPLOYMENT RATE: 5.4%

(SOURCE: MARYLAND DEPARTMENT OF LABOR, LICENSING & REGULATION, JULY

2014.)

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ACCESS TO QUALITY HEALTH CARE:

HOSPITALS: UM BALTIMORE WASHINGTON MEDICAL CENTER

ANNE ARUNDEL MEDICAL CENTER

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs): PEOPLE'S COMMUNITY HEALTH CENTER, INC.

2 CENTERS: (1) 21226 AND (1) 21144 (**PCHC CLOSED BOTH LOCATIONS IN JUNE 2014)

(SOURCE: [HTTP://WWW.DHMM.STATE.MD/US/GETTHEHEALTHCARE/FQHC.PDF](http://www.dhmm.state.md/us/getthehealthcare/fqhc.pdf))

HEALTH DISPARITIES (SELECTED)

INFANT MORTALITY RATE (PER 1,000 BIRTHS)

WHITE/NON-HISPANIC: 4.4

BLACK: 10.5

PERCENTAGE OF BIRTHS THAT ARE LOW BIRTH WEIGHT (LBW)

WHITE/NON-HISPANIC: 6.3%

BLACK: 12.2%

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RATE OF ED VISITS FOR ASTHMA PER 10,000 POPULATION

WHITE/NON-HISPANIC: 25.9

BLACK: 130.9

RATE OF ED VISITS FOR DIABETES PER 100,000 POPULATION

WHITE/NON-HISPANIC: 132.3

BLACK: 368.9

RATE OF ED VISITS FOR HYPERTENSION PER 100,000 POPULATION

WHITE/NON-HISPANIC: 139.4

BLACK: 432.9

(SOURCE: [HTTP://WWW.DHMM.MARYLAND.GOV/SHIP](http://www.dhmm.maryland.gov/ship) (2013))

PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

THE ANALYSIS OF LOCAL DATA INDICATED THAT OBESITY, CANCER, MENTAL HEALTH
AND SUBSTANCE ABUSE, DENTAL CARE, SEXUAL HEALTH, HOUSING AND THE

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ENVIRONMENT WERE ALL POTENTIAL HEALTH IMPROVEMENT PRIORITIES FOR ANNE ARUNDEL COUNTY. AFTER CAREFUL REVIEW OF COUNTY HEALTH DATA, THE HEALTHY ANNE ARUNDEL COALITION'S STEERING COMMITTEE PRIORITIZED THE POTENTIAL HEALTH IMPROVEMENT AREAS AND DECIDED TO FOCUS THE COALITION'S EFFORTS ON TWO AREAS: (1) OBESITY PREVENTION AND (2) MANAGEMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE AS CO-OCCURRING DISORDERS. THE COALITION IS COMMITTED TO EXAMINING WHAT EVIDENCE-BASED INITIATIVES CAN IMPROVE THE COUNTY'S HEALTH IN THESE TWO AREAS RELATED TO RACIAL, ETHNIC AND OTHER DEMOGRAPHIC AND GEOGRAPHIC-RELATED HEALTH DISPARITIES.

MARYLAND'S STATE HEALTH IMPROVEMENT PROCESS (SHIP) PROVIDES A FRAMEWORK FOR CONTINUAL PROGRESS TOWARD A HEALTHIER MARYLAND. MARYLAND'S STATE HEALTH IMPROVEMENT PROCESS (SHIP) BEGAN WITH NATIONAL, STATE AND LOCAL DATA BEING REVIEWED AND ANALYZED BY THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DHMH) OFFICE OF POPULATION HEALTH AS WELL AS BY THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH. IT HAS THREE MAIN COMPONENTS: ACCOUNTABILITY, LOCAL ACTION AND PUBLIC ENGAGEMENT. SHIP INCLUDES 39 MEASURES THAT PROVIDE A FRAMEWORK TO IMPROVE THE HEALTH OF MARYLAND

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RESIDENTS. TWENTY-EIGHT OF THE MEASURES HAVE BEEN IDENTIFIED AS CRITICAL RACIAL/ETHNIC HEALTH DISPARITIES. EACH MEASURE HAS A DATA SOURCE AND A TARGET, AND WHERE POSSIBLE, CAN BE ASSESSED AT THE COUNTY LEVEL. UM BWMC'S PRIORITIES ARE ALIGNED WITH THE MARYLAND STATE HEALTH IMPROVEMENT PROCESS VISION AREAS AND THOSE OBJECTIVES OUTLINED BY THE LOCAL HEALTH IMPROVEMENT COALITION, HEALTHY ANNE ARUNDEL.

UM BWMC'S PRIORITIES:

1. CHRONIC DISEASES (OBESITY, HEART DISEASE, DIABETES AND CANCER)
2. WELLNESS AND ACCESS
3. MATERNAL/CHILD HEALTH
4. ACCESS TO HEALTHY FOOD AND HEALTHY FOOD EDUCATION
5. INFLUENZA EDUCATION AND PREVENTION
6. VIOLENCE PREVENTION

SEVERAL ADDITIONAL AREAS WERE IDENTIFIED THROUGH THE CHNA INCLUDING LACK OF AFFORDABLE DENTAL SERVICES, TRANSPORTATION BARRIERS AND ENVIRONMENTAL HEALTH CONCERNS. THE NEED FOR ENHANCED AND IMPROVED COORDINATION OF

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MENTAL HEALTH SERVICES WAS ALSO A COMMON THEME THROUGHOUT THE ASSESSMENT.

WHILE UM BWMC WILL FOCUS THE MAJORITY OF RESOURCES ON THE IDENTIFIED PRIORITIES LISTED ABOVE, THESE AREAS ARE IMPORTANT TO THE HEALTH OF THE COMMUNITY. UM BWMC WILL CONTINUE TO WORK WITH AND PROVIDE ASSISTANCE AS AVAILABLE TO OTHER HEALTH CARE PROVIDERS AND COMMUNITY PARTNERS

INITIATIVE I- STORK'S NEST

IDENTIFIED NEED : INFANT MORTALITY

(NOTE OF MEASUREABLE DISPARITY: CAUSE SPECIFIC INFANT MORTALITY RATES CONTINUE TO BE HIGHER FOR BLACK INFANTS THAN WHITE INFANTS FOR NEARLY ALL LEADING CAUSES OF DEATH.)

HOSPITAL INITIATIVE: STORK'S NEST

PRIMARY OBJECTIVE: THE PRIMARY OBJECTIVES OF STORK'S NEST INCLUDE PREVENTING PREMATURE BIRTHS, LOW BIRTH WEIGHT BABIES AND SUDDEN INFANT DEATH SYNDROME (SIDS), THE LEADING CAUSES OF INFANT MORTALITY.

PRENATAL CARE IS ESSENTIAL TO INCREASING CHANCES OF POSITIVE PREGNANCY OUTCOMES. UM BWMC'S STORK'S NEST IS AN INCENTIVE-BASED PRENATAL EDUCATION

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PROGRAM DESIGNED TO ENCOURAGE PREGNANT WOMEN TO HAVE A HEALTHY PREGNANCY,
GIVING THEIR BABIES THE BEST OPPORTUNITY FOR A HEALTHY BEGINNING.

EDUCATIONAL TOPICS INCLUDE: HEALTHY EATING FOR TWO, EXERCISE, MANAGING
STRESS, BREASTFEEDING AND SAFE SLEEPING FOR BABY.

ANY PREGNANT ANNE ARUNDEL COUNTY RESIDENT IS ELIGIBLE TO PARTICIPATE,
HOWEVER, THE PROGRAM TARGETS PREGNANT WOMEN AT THE GREATEST RISK FOR
HAVING POOR PREGNANCY OUTCOMES, SPECIFICALLY AFRICAN-AMERICAN WOMEN,
TEENAGERS, WOMEN OF LOW SOCIOECONOMIC STATUS, AND WOMEN WITH PREVIOUS
POOR PREGNANCY OUTCOMES. EACH YEAR, APPROXIMATELY 20 EIGHT-WEEK,
HOUR-LONG EDUCATION CLASSES ARE HELD. ENGLISH, SPANISH (ESPERANDO BEBE)
AND CLASSES SPECIFICALLY FOR TEENAGERS ARE OFFERED.

METRICS USED TO EVALUATE PROGRAM RESULTS AND EFFECTIVENESS INCLUDE:

- INDICES DIRECTLY LINKED TO REDUCING INFANT MORTALITY
- PERCENTAGE OF THE BABIES BORN AT HEALTHY BIRTH WEIGHT
- BABIES TAKEN TO THE PEDIATRICIAN REGULARLY FOR WELLNESS VISITS AND
IMMUNIZATIONS
- PERCENTAGE OF BREASTFED BABIES
- PERCENTAGE OF BABIES PROVIDED A SAFE SLEEP ENVIRONMENT.

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SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVE

BEGINNING IN 2006.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UM BWMC IS THE LEAD SPONSOR OF THIS INITIATIVE. ADDITIONAL SUPPORTING SPONSORS INCLUDE THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH, MARCH OF DIMES (MARYLAND CHAPTER) AND ZETA PHI BETA SORORITY.

HOW WERE THE OUTCOMES EVALUATED? THE PROGRAM COORDINATOR CONTACTS PROGRAM PARTICIPANTS AT THREE MONTHS AND 12 MONTHS POSTPARTUM TO CONDUCT A THOROUGH FOLLOW-UP TO DETERMINE HEALTH OF THE MOTHER AND BABY. AT THREE MONTHS, EACH PARTICIPANT IS ASKED A VARIETY OF QUESTIONS REGARDING THE BABY'S BIRTH WEIGHT, WHETHER THE BABY IS TAKEN TO THE PEDIATRICIAN REGULARLY, THE EMOTIONAL HEALTH OF THE MOTHER AND WHETHER OR NOT THE BABY IS BREAST FED AND PROVIDED A SAFE SLEEP ENVIRONMENT. AT 12 MONTHS, PARTICIPANTS ARE QUESTIONED ABOUT CONTINUING TO TAKE THEIR INFANT TO THE PEDIATRICIAN FOR WELLNESS VISITS/IMMUNIZATIONS.

OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES): 219 ANNE ARUNDEL COUNTY RESIDENTS PARTICIPATED IN STORK'S NEST IN FY14. FY14 OUTCOMES (FOR PARTICIPANTS WITH DUE DATES ON OR BEFORE 6/30/14) DIRECTLY LINKED TO

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REDUCING INFANT MORTALITY IN ANNE ARUNDEL COUNTY (WHERE OVERALL INFANT MORTALITY RATES ARE LOWER THAN BOTH THE U.S. AND MARYLAND) INCLUDE:

- O BABIES BORN >= 37 WEEKS GESTATION: 87%
- O BABIES BORN >5 LBS. AT BIRTH: 90%
- O BABIES PUT TO SLEEP ON THEIR BACK: 97.2%
- O BABIES TAKEN TO WELLNESS VISITS: 100%
- O PARTICIPANTS BREASTFEEDING FOR AT LEAST THREE MONTHS: 52%

ANNE ARUNDEL COUNTY AVERAGE INFANT MORTALITY RATES HAVE BEEN REDUCED BY 26.1% SINCE 2004:

2004-2008:

7.2 PER 1000 LIVE BIRTHS

2009-2013:

5.3 PER 1000 LIVE BIRTHS

CONTINUATION OF INITIATIVE: YES.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR: \$74,767 (INCLUDES STAFF SALARIES)

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS: \$1,468 (INCLUDING

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MONETARY AND IN-KIND PROGRAM DONATIONS)

INITIATIVE II- HEARTBEAT FOR HEALTH

IDENTIFIED NEED : CARDIOVASCULAR DISEASE, OBESITY

HOSPITAL INITIATIVE: HEARTBEAT FOR HEALTH

PRIMARY OBJECTIVE: THE PRIMARY OBJECTIVES OF HEARTBEAT FOR HEALTH

INCLUDE INCREASING EDUCATION AND AWARENESS AND ENCOURAGING COMMUNITY

MEMBERS TO MAKE HEALTHY LIFESTYLE CHOICES TO REDUCE THE INCIDENCE OF

OBESITY AND CORRESPONDING CONDITIONS INCLUDING HEART DISEASE, HIGH

CHOLESTEROL AND HIGH BLOOD PRESSURE. HEARTBEAT FOR HEALTH CELEBRATES THE

BENEFITS OF DANCE AND EXERCISE IN THE PREVENTION OF HEART DISEASE. HELD

ANNUALLY IN FEBRUARY TO COINCIDE WITH NATIONAL HEART MONTH, PARTICIPANTS

HAVE THE OPPORTUNITY TO TRY VARIOUS DANCE STYLES, ENJOY DANCE AND

EXERCISE DEMONSTRATIONS AND PARTICIPATE IN FREE HEALTH SCREENINGS SUCH AS

CHOLESTEROL, BLOOD PRESSURE AND BODY MASS INDEX. EDUCATIONAL INFORMATION

ON HEART DISEASE, CANCER, MAKING HEALTHY FOOD CHOICES AND DIABETES IS

ALSO AVAILABLE.

Part VI Supplemental Information

Provide the following information.

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

METRICS USED TO EVALUATE PROGRAM RESULTS INCLUDE INDICES DIRECTLY LINKED TO REDUCING HEART DISEASE INCLUDING IMPLEMENTING LIFESTYLE CHANGES TO INCREASE PHYSICAL ACTIVITY AND LOWERING CHOLESTEROL.

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVE.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UM BWMC IS THE LEADING SPONSOR OF THIS INITIATIVE. COMMUNITY PARTNERS INCLUDE ADVANCED RADIOLOGY, MARYLAND PRIMARY CARE PHYSICIANS AND A VARIETY OF DANCE SCHOOLS AND EXERCISE INSTRUCTORS.

HOW WERE THE OUTCOMES EVALUATED? NOT APPLICABLE FOR FY14. EVENT WAS CANCELLED DUE TO INCLEMENT WEATHER.

OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES): NOT APPLICABLE FOR FY14. EVENT WAS CANCELLED DUE TO INCLEMENT WEATHER.

CONTINUATION OF INITIATIVE: YES. HEARTBEAT FOR HEALTH IS SCHEDULED FOR SATURDAY, FEBRUARY 21, 2015.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR: NOT APPLICABLE FOR 2014 DUE TO CANCELLATION OF EVENT.

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS NONE.

Part VI Supplemental Information

Provide the following information.

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

INITIATIVE III- VASCULAR SCREENINGS

IDENTIFIED NEED : CARDIOVASCULAR DISEASE, OBESITY

HOSPITAL INITIATIVE: VASCULAR SCREENINGS

PRIMARY OBJECTIVE: THE PRIMARY OBJECTIVE OF OFFERING POTENTIALLY

LIFE- SAVING VASCULAR SCREENINGS IS TO EDUCATE THE COMMUNITY ABOUT THE

IMPORTANCE OF SCREENING AS A TOOL IN THE EARLY DETECTION OF CAROTID

ARTERY DISEASE (LINKED TO STROKE), ABDOMINAL AORTIC ANEURYSMS AND

PERIPHERAL ARTERIAL DISEASE. SCREENINGS ARE OFFERED TO COMMUNITY MEMBERS

AGE 50 OR OLDER WHO HAVE ONE OF THE FOLLOWING RISK FACTORS: HYPERTENSION,

DIABETES, FAMILY HISTORY OF VASCULAR DISEASE, HIGH CHOLESTEROL OR HISTORY

OF SMOKING (TARGET AUDIENCE). METRICS USED TO EVALUATE PROGRAM RESULTS

INCLUDE INCREASING DISEASE DETECTION AND REDUCING STROKE MORTALITY.

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVE.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UM BWMC IS THE SPONSOR

OF THE VASCULAR SCREENING INITIATIVE. UM BWMC PARTNERS WITH COMMUNITY

ORGANIZATIONS SUCH AS SENIOR CENTERS AND CHURCHES TO HOST THE

SCREENINGS.

HOW WERE THE OUTCOMES EVALUATED? VASCULAR SCREENING RESULTS ARE EVALUATED

Part VI Supplemental Information

Provide the following information.

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

BY A UM BWMC CLINICIAN AT THE TIME OF SCREENING AND IMMEDIATELY PROVIDED TO THE PARTICIPANT. PARTICIPANTS ARE COUNSELED AS TO THEIR RISK FOR VASCULAR DISEASE/STROKE AND PROVIDED A RECOMMENDATION FOR THE FREQUENCY OF FUTURE SCREENINGS AND LIFESTYLE CHANGES IF INDICATED. FOR ABNORMAL RESULTS WHERE FOLLOW-UP IS INDICATED, A CLINICIAN FROM THE VASCULAR CENTER AT UM BWMC CALLS THE PARTICIPANT'S PRIMARY PHYSICIAN TO DISCUSS THE FINDINGS.

OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES): 208 AREA RESIDENTS PARTICIPATED IN THE VASCULAR SCREENINGS OFFERED AT UM BWMC AND AT VARIOUS LOCATIONS IN UM BWMC'S CBSA. OF THOSE SCREENED, 16 ABNORMAL RESULTS (7.7% ABNORMAL RATE) WERE DETERMINED.

CONTINUATION OF INITIATIVE: YES. SCREENINGS ARE OFFERED ON AN ON-GOING BASIS.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR: \$75,608 (INCLUDES ALL ASSOCIATED SCREENING COSTS)

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS: NONE.

INITIATIVE IV- THE WEIGHT OF THE NATION (WOTN)

Part VI Supplemental Information

Provide the following information.

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

IDENTIFIED NEED : CARDIOVASCULAR DISEASE, OBESITY

HOSPITAL INITIATIVE: THE WEIGHT OF THE NATION (WOTN)

PRIMARY OBJECTIVE: A PRESENTATION OF HBO AND THE INSTITUTE OF MEDICINE

(IOM), IN ASSOCIATION WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION

(CDC) AND THE NATIONAL INSTITUTES OF HEALTH (NIH), AND IN PARTNERSHIP

WITH THE MICHAEL & SUSAN DELL FOUNDATION AND KAISER PERMANENTE, THE

OBJECTIVES OF THE FOUR-PART THE WEIGHT OF THE NATION SERIES OFFERED BY UM

BWMC INCLUDE EDUCATING ADULTS ON WEIGHT, WEIGHT LOSS AND THE OBESITY

EPIDEMIC AND GIVING PARTICIPANTS THE TOOLS TO MAKE POSITIVE CHANGES IN

THEIR LIFESTYLE, EMPOWERING THEM TO EDUCATE THEIR PEERS AND CHILDREN TO

DO THE SAME. PARTICIPANTS WERE GIVEN 'HOMEWORK' EACH WEEK AND WERE

ENCOURAGED TO CONSIDER HOW THEY COULD INCORPORATE THE INFORMATION

PRESENTED EACH WEEK INTO THEIR EVERYDAY LIVES, RESULTING IN HEALTHY

CHANGES FOR THEMSELVES AND THEIR FAMILY. METRICS USED TO EVALUATE THE

PROGRAM INCLUDE ATTENDANCE AND THE NUMBER OF PARTICIPANTS WILLING TO MAKE

LIFESTYLE CHANGE

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UM BWMC IS THE SPONSOR

Part VI Supplemental Information

Provide the following information.

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

FOR THIS INITIATIVE BUT CONTRACTS WITH ANNE ARUNDEL COMMUNITY COLLEGE TO PROVIDE PROGRAM FACILITATOR. A LOCAL CATERER WAS USED TO PROVIDE A HEALTHY DINNER FOR PARTICIPANTS AS WELL AS TO PROVIDE INSTRUCTION REGARDING FOOD PREPARATION AND NUTRITIONAL CONTENT.

HOW WERE THE OUTCOMES EVALUATED? OUTCOMES WERE EVALUATED THROUGH THE USE OF AN IN-TAKE SURVEY THAT ASKED PARTICIPANTS TO EVALUATE THEIR CURRENT BEHAVIORS RELATED TO DIET AND EXERCISE. AFTER EACH OF THE FOUR SESSIONS, PARTICIPANTS WERE ASKED TO COMPLETE A SURVEY ABOUT IF AND HOW CONTENT PRESENTED RESONATED WITH THEM AND HOW LIKELY THEY WERE TO CHANGE THEIR CURRENT BEHAVIOR.

OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES) NINETEEN AREA RESIDENTS PARTICIPATED IN WOTN (11 ATTENDED ALL FOUR SESSIONS). FOURTEEN OUT OF 19 PARTICIPANTS CONSIDERED THEMSELVES OVERWEIGHT AND NEEDING TO MAKE SIGNIFICANT CHANGES TO THEIR DIET AND EXERCISE ROUTINES AS INDICATED ON THE IN-TAKE SURVEY ADMINISTERED AT THE BEGINNING OF PROGRAM ON WEEK #1. AT THE END OF WEEK #4, 19 PARTICIPANTS COMPLETED AN EXIT SURVEY. 100% OF PARTICIPANTS INDICATED HAVING MADE AT LEAST ONE LIFESTYLE CHANGE RELATED TO DIET AND/OR EXERCISE BASED ON THE INFORMATION PRESENTED IN THE WOTN

Part VI Supplemental Information

Provide the following information.

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

SERIES OR BY THE PROGRAM FACILITATOR. PARTICIPANTS LEARNED THAT WHILE OBESITY IS A COMPLEX PROBLEM, THERE ARE MANY THINGS WITHIN THEIR CONTROL THAT THEY CAN CHANGE TO HELP THEMSELVES AND THEIR FAMILIES PURSUE AND ACHIEVE HEALTHIER LIVES.

CONTINUATION OF INITIATIVE: YES. WEIGHT OF THE NATION WILL BE OFFERED AGAIN IN APRIL 2015.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR: \$9,361

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS: \$5,120 (FROM ANNE ARUNDEL COUNTY LOCAL DEVELOPMENT COUNCIL)

INITIATIVE V- REDUCED-DOSE LUNG CANCER CT SCREENING

IDENTIFIED NEED : LUNG CANCER MORTALITY

HOSPITAL INITIATIVE: REDUCED-DOSE LUNG CANCER CT SCREENING

PRIMARY OBJECTIVE: THE PRIMARY OBJECTIVE FOR THE REDUCED-DOSE LUNG CT SCREENING PROGRAM IS TO EDUCATE THE COMMUNITY ABOUT THE IMPORTANCE OF SCREENING AS A TOOL IN THE EARLY DETECTION OF LUNG CANCER AND TO SCREEN THOSE AT RISK. CANCER IS A LEADING CAUSE OF DEATH IN ANNE ARUNDEL COUNTY WITH INCIDENCE AND MORTALITY RATES OF LUNG CANCER ABOVE THE STATE

Part VI Supplemental Information

Provide the following information.

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

AVERAGE. WITH PROVIDER CONSENT, CURRENT AND FORMER SMOKERS WHO MEET THE ESTABLISHED SCREENING CRITERIA (TARGET AUDIENCE) REMAIN IN THE PROGRAM FOR THREE YEARS, RECEIVING AN ANNUAL REDUCED-DOSE LUNG CT SCREENING. METRICS USED TO EVALUATE PROGRAM RESULTS INCLUDE INDICES DIRECTLY LINKED TO REDUCING LUNG CANCER INCIDENCE AND MORTALITY. SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVE BEGINNING IN 2012. KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UM BWMC AND ADVANCED RADIOLOGY SPONSOR THE REDUCED DOSE LUNG CANCER CT SCREENING PROGRAM. HOW WERE THE OUTCOMES EVALUATED? THE ESTABLISHED GUIDELINES FOR THE REDUCED-DOSE LUNG CANCER CT SCREENING PROGRAM RECOMMEND PARTICIPANTS BE SCREENED ANNUALLY FOR A TOTAL OF THREE YEARS, PROVIDED THE CT SCREENING IS NEGATIVE. ALL RESULTS ARE REVIEWED BY A MULTIDISCIPLINARY TEAM WITH RESULTS AND RECOMMENDATIONS SENT TO THE PARTICIPANTS PRESCRIBING PROVIDER. OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES): SINCE LAUNCHING THE PROGRAM IN NOVEMBER 2012, 112 AREA RESIDENTS HAVE PARTICIPATED IN THE REDUCED-DOSE LUNG CT SCREENING PROGRAM AT UM BWMC- 50 IN FY13 AND 62 IN

Part VI Supplemental Information

Provide the following information.

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

FY14. IN FY14, SEVEN (7) PATIENTS WERE REFERRED TO A UM BWMC THORACIC SURGEON FOR CONSULTATION AND FOLLOW-UP. TWO (2) OF THESE REFERRALS RESULTED IN CONFIRMED CASES OF LUNG CANCER; ONE STAGE 1 CANCER AND ONE STAGE 3 CANCER. THE UM BWMC LUNG PROGRAM CLINICAL COORDINATOR CONTACTS ALL PATIENTS ANNUALLY FROM THE DATE OF SCREENING FOR TWO SUBSEQUENT YEARS TO REMIND THEM TO SCHEDULE THE REPEAT REDUCED-DOSE CT SCAN.

CONTINUATION OF INITIATIVE: YES. SCREENINGS ARE OFFERED ON AN ON-GOING BASIS.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR: PARTICIPANTS ARE CHARGED \$100 PER LOW-DOSE CT. HOWEVER, UM BWMC WILL OFFER THE SCREENING TO ELIGIBLE PARTICIPANTS REGARDLESS OF THEIR ABILITY TO PAY.

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS: NONE.

INITIATIVE VI- SMOKING CESSATION

IDENTIFIED NEED : LUNG CANCER MORTALITY

HOSPITAL INITIATIVE: SMOKING CESSATION CLASSES

PRIMARY OBJECTIVE: THE PRIMARY OBJECTIVE OF THE SMOKING CESSATION PROGRAM IS TO EDUCATE PARTICIPANTS ON THE HEALTH RISKS ASSOCIATED WITH TOBACCO USE AND PROVIDE THE MECHANISMS (MEDICATION, COUNSELING, ETC.) TO

Part VI Supplemental Information

Provide the following information.

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

DISCONTINUE ITS USAGE. MADE POSSIBLE BY A GRANT FROM THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH, UM BWMC OFFERS SMOKING CESSATION CLASSES FOR THOSE WHO LIVE OR WORK IN ANNE ARUNDEL COUNTY WHO WANT TO MAKE THE HEALTHY LIFESTYLE CHOICE TO QUIT SMOKING. METRICS USED TO EVALUATE PROGRAM RESULTS INCLUDE INCREASING THE NUMBER OF PEOPLE WHO ATTEND SMOKING CESSATION CLASSES, THEREBY REDUCING THE PERCENTAGE OF ADULTS WHO SMOKE AND REDUCING LUNG CANCER INCIDENCE AND MORTALITY (EVIDENCE-BASED NATIONAL CANCER INSTITUTE LUNG SCREENING TRIAL; PUBLISHED IN THE NEW ENGLAND JOURNAL OF MEDICINE ON JUNE 29, 2011).

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVE.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UM BWMC SPONSORS AND ADMINISTERS SMOKING CESSATION CLASSES WITH A GRANT FROM THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH.

HOW WERE THE OUTCOMES EVALUATED? PARTICIPANTS ARE CONTACTED AT THREE, SIX AND 12 MONTHS AFTER COMPLETING THE PROGRAM TO FIND OUT IF THEY CONTINUE TO BE SMOKE-FREE. IT IS IMPORTANT TO NOTE THAT IT IS TYPICALLY VERY DIFFICULT FOR THE COORDINATOR TO REACH PARTICIPANTS FOR FOLLOW-UP (PHONE NUMBER OUT OF SERVICE, MULTIPLE MESSAGES NOT RETURNED, ETC.)

Part VI Supplemental Information

Provide the following information.

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

OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES): IN FY14, 21 PEOPLE LIVING OR WORKING IN A.A. COUNTY PARTICIPATED IN UM BWMC'S SMOKING CESSATION PROGRAM. FIFTEEN OF THESE PARTICIPANTS COMPLETED THE PROGRAM (71%); 12 OF WHICH QUIT SMOKING AT THE END OF THEIR SESSION (80%). THREE OF THE 12 PARTICIPANTS (25%) WERE SMOKE-FREE WHEN CONTACTED BY THE PROGRAM COORDINATOR AT THREE MONTHS POST PROGRAM. WHILE THE PROGRAM SAW FEWER PARTICIPANTS IN FY14 AS COMPARED TO FY13, A GREATER NUMBER OF PARTICIPANTS COMPLETED THE PROGRAM AND WERE SMOKE FREE AT THREE MONTHS POST PROGRAM.

AS COMPARED TO FY13:

41 PARTICIPANTS

22 COMPLETED THE PROGRAM (54%)

20 QUIT SMOKING AT THE END OF THEIR SESSION (91%)

4 PARTICIPANTS WERE SMOKE-FREE AT THREE MONTH POST-PROGRAM (20%)

WHILE MANY FACTORS PLAY A ROLE IN LUNG CANCER INCIDENCE AND MORTALITY, BOTH CONTINUE TRENDING DOWNWARD IN ANNE ARUNDEL COUNTY:

2005-2009

Part VI Supplemental Information

Provide the following information.

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

LUNG CANCER INCIDENCE (MALE & FEMALE): 72.5 PER 100,000

LUNG CANCER MORTALITY (MALE & FEMALE): 61.9 PER 100,000

2006-2010:

LUNG CANCER INCIDENCE (MALE & FEMALE): 70.5 PER 100,000

LUNG CANCER MORTALITY (MALE & FEMALE): 58.7 PER 100,000

BECAUSE APPROXIMATELY ONE OUT OF FIVE ANNE ARUNDEL COUNTY RESIDENTS USE TOBACCO, UM BWMC CONTINUES TO LOOK FOR ADDITIONAL OPPORTUNITIES TO EFFECTIVELY EDUCATE THE COMMUNITY ON THE RISK ASSOCIATED WITH TOBACCO USE.

2010: 15.3%

2011: 22.9%

2012: 18.1%

CONTINUATION OF INITIATIVE: YES.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR: \$5,869

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS: \$5,869

INITIATIVE IX- EXPAND ACCESS TO PRIMARY CARE

Part VI Supplemental Information

Provide the following information.

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

IDENTIFIED NEED : ACCESS TO PRIMARY CARE

HOSPITAL INITIATIVE: EXPAND ACCESS TO PRIMARY CARE

PRIMARY OBJECTIVE: THE PRIMARY OBJECTIVE IS TO INCREASE ACCESS TO PRIMARY CARE WHEREBY INCREASING THE PROPORTION OF AREA RESIDENTS WHO ARE SEEN FOR AN ANNUAL WELLNESS CHECK-UP. BY INCREASING ACCESS TO PRIMARY AND PREVENTATIVE CARE, THE GOAL IS TO LOWER OVERALL HEALTH CARE COSTS BY IMPROVING THE HEALTH STATUS AMONG INDIVIDUALS AND COMMUNITIES.

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVE.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UM BWMC PHYSICIAN ENTERPRISE

HOW WERE THE OUTCOMES EVALUATED? OUTCOMES ARE EVALUATED BASED ON THE NUMBER OF NEW PATIENTS ACCESSING UM BWMC PRIMARY CARE PRACTITIONERS.

OUTCOMES (INCLUDE PROCESS AND IMPACT MEASURES): IN FY14, UM BWMC PHYSICIAN ENTERPRISE ACQUIRED ONE PHYSICIAN PRACTICE, LOCATED AN INTERNAL MEDICINE PHYSICIAN IN A BUSY PRIMARY CARE OFFICE IN ONE OF UM BWMC'S PRIMARY COMMUNITY BENEFIT SERVICE AREA (21122) TO EXPAND CAPACITY AND RECRUITED THREE PHYSICIANS (MDS) AND 4 ADVANCED PRACTICE PROVIDERS (APPS). AS A RESULT OF THIS ADDITIONAL STAFFING, VISITS TO UM BWMC

Part VI Supplemental Information

Provide the following information.

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

PRIMARY CARE CLINICIANS INCREASED 22% (APPROXIMATELY 3000 VISITS) IN
FY14.

CONTINUATION OF INITIATIVE: YES. UM BWMC WILL CONTINUE TO SEEK
OPPORTUNITIES TO EXPAND ACCESS TO PRIMARY CARE WHERE APPROPRIATE.
TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR: \$1.09M (GROSS)
DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS: NONE.

AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

AS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, UM BALTIMORE
WASHINGTON MEDICAL CENTER UNDERSTANDS THAT HEALTH CARE GOES BEYOND THE
WALLS OF THE HOSPITAL. UMMS HOSPITALS ARE COMMITTED TO STRENGTHENING
THEIR NEIGHBORING COMMUNITIES. IN DOING SO, UM BALTIMORE WASHINGTON
MEDICAL CENTER ASSESSES NEEDS, SETS BUDGETS AND RESPONDS WITH SERVICES,
PROGRAMS AND INDIVIDUAL EFFORTS THAT MAKE A POSITIVE IMPACT ON MANY
PEOPLE'S LIVES. WITH REPRESENTATION FROM ALL UMMS HOSPITALS, THE MEDICAL
SYSTEM'S COMMUNITY HEALTH AND REPORTING COALITION COORDINATES THE

Part VI Supplemental Information

Provide the following information.

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

EFFECTIVE AND EFFICIENT UTILIZATION AND DEPLOYMENT OF RESOURCES FOR
 COMMUNITY-BASED ACTIVITIES AND EVALUATES HOW SERVICES AND ACTIVITIES MEET
 TARGETED COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS. UM BWMC IS
 COMMITTED TO HEALTH EDUCATION, ADVOCACY, PARTNERSHIPS AND PROGRAMS THAT
 IMPROVE ACCESS AND HEALTH AWARENESS FOR ALL MARYLAND RESIDENTS.

COMMUNITY BENEFIT REPORT STATE FILINGS

SCHEDULE H, PART VI, LINE 7

MARYLAND

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2013

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KAREN E. OLS CAMP PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	436,847.	65,544.	76,356.	10,200.	152.	589,099.	0
2 ROBERT A. CHRENCIK DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,173,854.	543,595.	18,484.	236,346.	10,301.	1,982,580.	0
3 ALFRED A PIETSCH SVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	264,865.	32,400.	47,364.	10,200.	14,683.	369,512.	0
4 LAWRENCE S LINDER SVP & CMO	(i)	0	0	0	0	0	0	0
	(ii)	332,335.	49,190.	50,814.	10,200.	9,195.	451,734.	0
5 COLLEEN H ROACH VP & CNO	(i)	0	0	0	0	0	0	0
	(ii)	143,388.	0	21,480.	5,738.	75.	170,681.	0
6 KATHLEEN C MCCOLLUM SVP-BUS DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	243,792.	34,876.	32,056.	10,177.	14,683.	335,584.	0
7 RONALD J ANDRO COO	(i)	0	0	0	0	0	0	0
	(ii)	253,048.	12,878.	121,949.	10,200.	10,935.	409,010.	90,960.
8 RANDY DAVIS PHYSICIAN/FORMER DIRECTOR	(i)	1,103,282.	64,905.	3,126.	8,925.	8,130.	1,188,368.	0
	(ii)	0	0	0	0	0	0	0
9 CLIFFORD SOLOMON PHYSICIAN	(i)	1,033,886.	161,934.	2,208.	8,925.	20,356.	1,227,309.	0
	(ii)	0	0	0	0	0	0	0
10 AMIEL W. BETHEL PHYSICIAN	(i)	660,107.	26,103.	720.	8,925.	20,295.	716,150.	0
	(ii)	0	0	0	0	0	0	0
11 HAL CRANE PHYSICIAN	(i)	618,131.	0	2,064.	8,925.	20,295.	649,415.	0
	(ii)	0	0	0	0	0	0	0
12 MARSHALL BENJAMIN PHYSICIAN	(i)	555,140.	0	2,027.	8,925.	20,295.	586,387.	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A

HEALTH CLUB DUES

UNIVERSITY OF MARYLAND MEDICAL SYSTEM EXECUTIVES RECEIVE A BENEFIT PACKAGE PAID BY A RELATED ORGANIZATION WHICH MAY BE USED TOWARDS HEALTH CLUB DUES OR OTHER HEALTH MAINTENANCE PROGRAMS. SUCH BENEFITS ARE CAPPED AT \$7,000, \$5,000 OR \$3,000 DEPENDING ON JOB TITLE AS DESCRIBED IN THE PROGRAM DOCUMENTS.

PART I, LINE 3

COMPENSATION OF OFFICERS

ALL COMPENSATION TO OFFICERS REPORTED ON PART VII OF THE FORM 990 WAS PAID BY A RELATED ORGANIZATION, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION ("UMMSC") OR ANOTHER RELATED ENTITY IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM.

Part III Supplemental Information

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

PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

DURING THE FISCAL YEAR ENDED JUNE 30, 2014, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED PLAN. THE INDIVIDUALS, LISTED BELOW HAVE NOT VESTED IN THE PLAN THEREFORE THE ACCRUED CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED ON SCHEDULE J, PART II, COLUMN (C), RETIREMENT AND OTHER DEFERRED COMPENSATION.

ROBERT A. CHRENCIK

DURING THE FISCAL YEAR END JUNE 30, 2014, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED PLAN. THE OFFICERS AND KEY EMPLOYEES LISTED BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, COLUMN (BIII), OTHER REPORTABLE COMPENSATION.

Part III Supplemental Information

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

KAREN E. OLSCAMP

ALFRED A. PIETSCH

LAWRENCE S. LINDER

KATHLEEN C. MCCOLLUM

COLLEEN H. ROACH

DURING THE FISCAL YEAR ENDED JUNE 30, 2014, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUAL LISTED BELOW HAS VESTED IN THE PLAN IN THE REPORTING TAX YEAR. THEREFORE, THE FULL VALUE OF THE PLAN, INCLUDING ANY CONTRIBUTIONS TO THE PLAN FOR THE CURRENT FISCAL YEAR, IS REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION. PRIOR YEAR CONTRIBUTIONS TO THE PLAN WERE PREVIOUSLY REPORTED ON FORM 990 AND ARE INDICATED ON SCHEDULE J, PART II, COLUMN (F).

RONALD J. ANDRO

Part III Supplemental Information

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

PART I, LINE 7

NON-FIXED PAYMENTS

BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS AND KEY EMPLOYEES.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open To Public Inspection

Name of the organization: **BALTIMORE WASHINGTON MEDICAL CENTER, INC.** Employer identification number: **52-0689917**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$ _____												

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2013

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PAUL P. GABLE	DIRECTOR	110,000.	SIGNAGE		X
(2) THOMAS B. HOWELL, SR.	DIRECTOR	168,495.	CONSULTING		X
(3) BAYINNAH SHABAZZ MD	DIRECTOR	151,953.	MEDICAL CONSULTING		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

LINE 1: PAUL P. GABLE

PAUL P. GABLE, A BOARD MEMBER OF BALTIMORE WASHINGTON MEDICAL CENTER, IS ALSO PRESIDENT OF GABLE SIGNS & GRAPHICS, INC. DURING THE YEAR, GABLE SIGNS & GRAPHICS PROVIDED SIGNAGE TO BALTIMORE WASHINGTON MEDICAL CENTER.

LINE 2: THOMAS B HOWELL

THOMAS B HOWELL, A BOARD MEMBER OF BALTIMORE WASHINGTON MEDICAL CENTER, IS ALSO THE CEO OF TECH USA, LLC. DURING THE YEAR, TECH USA, LLC PROVIDED CONSULTING SERVICES TO BALTIMORE WASHINGTON MEDICAL CENTER AT FAIR MARKET VALUE. TECH USA, LLC WAS ALSO PROVIDING CONSULTING SERVICES TO BALTIMORE WASHINGTON MEDICAL CENTER PRIOR TO MR. HOWELL JOINING THE BOARD.

LINE 3: BAYINNAH SHABAZZ, MD

BAYINNAH SHABAZZ, MD, A BOARD MEMBER OF BALTIMORE WASHINGTON MEDICAL CENTER (BWMC), IS ALSO MEDICAL STAFF PRESIDENT AND MEDICAL DIRECTOR OF INDEPENDENT DIALYSIS AND ASSOCIATED JOINT VENTURES. DR. SHABAZZ'S

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

COMPENSATION AS MEDICAL DIRECTOR IS SHOWN IN PART VII.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

MEMBER DISCLOSURE

PART VI, SECTION A, LINE 6, LINE 7A AND LINE 7B

BALTIMORE WASHINGTON MEDICAL SYSTEM, INC. (BWMS) IS THE SOLE MEMBER OF
BALTIMORE WASHINGTON MEDICAL CENTER, INC. (BWMC). BWMS MAY ELECT ONE OR
MORE BOARD MEMBERS OF THE GOVERNING BODY AND ALL DECISIONS OF THE
GOVERNING BODY MUST BE APPROVED BY BWMS.

FORM 990 REVIEW PROCESS

PART VI, LINE 11B

THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE ACCOUNTING FIRM OF GRANT
THORNTON. ACCOUNTING PERSONNEL IN FINANCE SHARED SERVICES AT THE
UNIVERSITY OF MARYLAND MEDICAL SYSTEM GATHER THE INFORMATION NEEDED TO
COMPLETE THE RETURN AND INPUT THE DATA INTO THE GRANT THORNTON TAX
ORGANIZER, WHICH IS AN EXCEL-BASED SYSTEM.

WHEN ALL DATA HAS BEEN ENTERED, THE INFORMATION IS SUBMITTED TO GRANT
THORNTON FOR IMPORTATION INTO THEIR TAX SOFTWARE. AT THIS POINT, GRANT
THORNTON STAFF MEMBERS REVIEW THE DATA, ASK FOR ADDITIONAL INFORMATION IF
NEEDED AND PREPARE THE TAX RETURN. EACH RETURN IS REVIEWED AT SEVERAL
LEVELS AT GRANT THORNTON INCLUDING THE TAX PARTNER. AFTER THEIR REVIEW
PROCESS, A DRAFT RETURN IS SENT TO THE ACCOUNTING STAFF AT UMMS FOR AN
IN-HOUSE REVIEW.

UPON COMPLETION OF THE IN-HOUSE REVIEW, GRANT THORNTON IS INSTRUCTED TO

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
-----------------------------------------------------------------------	----------------------------------------------

MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN. THE FINAL RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS THE RETURN.

PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN OR OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. AT THE DISCRETION OF THE REVIEWING BOARD MEMBER, SUCH MEMBER WILL BRING ANY ISSUES OR QUESTIONS RELATED TO THE COMPLETED IRS FORM 990 TO THE ATTENTION OF THE BOARD.

NOTWITHSTANDING THE ABOVE, A BOARD RESOLUTION IS NOT REQUIRED FOR THE FILING OF THE ORGANIZATION'S IRS FORM 990. EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.

CONFLICT OF INTEREST POLICY

PART VI, LINE 12C

THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION. A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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MEDICAL SYSTEM CORPORATION (UMMSC) REVIEWS THE RESPONSES FOR UMMSC AND JAMES LAWRENCE KERNAN HOSPITAL. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES.

THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED FOR UMMSC, AND JAMES LAWRENCE KERNAN HOSPITAL. WITH RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT. IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY.

WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE. SUCH INDIVIDUAL HAVING A POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS.

ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION:

ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

IN ADDITION, A BOARD DISCLOSURE REPORT IS FILED WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION ON AN ANNUAL BASIS SHOWING ANY BUSINESS TRANSACTIONS BETWEEN THE BOARD MEMBERS AND THE ORGANIZATION.

EXECUTIVE COMPENSATION

PART VI, LINE 15

THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS: EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST.

THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS.

THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.

THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS

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IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

PUBLIC DISCLOSURE

PART VI, LINE 19

IN GENERAL, FINANCIAL AND TAX INFORMATION RELATING TO THE ORGANIZATION IS DEEMED PROPRIETARY AND NOT SUBJECT TO DISCLOSURE UPON REQUEST. HOWEVER, SPECIFIC PROVISIONS OF FEDERAL AND STATE LAW REQUIRE THE ORGANIZATION TO DISCLOSE CERTAIN LIMITED FINANCIAL AND TAX DATA UPON A SPECIFIC REQUEST FOR THAT INFORMATION.

REQUESTS FOR FORM 990 AND FORM 1023:

A REQUESTOR SEEKING TO REVIEW AND/OR OBTAIN A COPY OF THE ORGANIZATION'S IRS FORM 990 OR FORM 1023 AS FILED WITH THE INTERNAL REVENUE SERVICE, INCLUDING ALL SCHEDULES AND ATTACHMENTS, MAY APPEAR IN PERSON OR SUBMIT A WRITTEN REQUEST. THE MOST RECENT THREE YEARS OF IRS FORM 990 MAY BE REQUESTED.

IF THE REQUESTER APPEARS IN PERSON, THE INDIVIDUAL IS DIRECTED TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION AND THE FORM 990 AND/OR FORM 1023 ARE MADE AVAILABLE FOR INSPECTION. THE INDIVIDUAL IS PERMITTED TO REVIEW THE RETURN, TAKE NOTES AND REQUEST A COPY. IF REQUESTED, A COPY IS PROVIDED ON THE SAME DAY. A NOMINAL FEE IS CHARGED FOR MAKING THE COPIES. THE ORGANIZATION MAY HAVE AN EMPLOYEE PRESENT DURING THE PUBLIC INSPECTION OF THE DOCUMENT.

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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WRITTEN REQUESTS FOR AN ENTITY'S FORM 990 OR FORM 1023 ARE DIRECTED IMMEDIATELY TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION. THE REQUESTED COPIES ARE MAILED WITHIN 30 DAYS OF THE REQUEST. REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE REQUESTOR.

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

IF THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF OUR ORGANIZATION ARE SUBJECT TO THE FEDERAL PUBLIC DISCLOSURE RULES (OR STATE PUBLIC DISCLOSURE RULES), THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE. OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT.

PART XI, LINE 9

CHANGE IN BWMC FD NET ASSETS	\$	995,068
UNFUNDED PENSION LIABILITY		(102,520)

TOTAL	\$	892,548
		=====

HOURS FOR RELATED ORGANIZATIONS

PART VII, SECTION A, COLUMN (B)

THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) IS A MULTI-ENTITY HEALTH

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

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CARE SYSTEM THAT INCLUDES 11 ACUTE CARE HOSPITALS, 1 ACUTE CARE HOSPITAL OWNED IN A JOINT VENTURE ARRANGEMENT AND VARIOUS SUPPORTING ENTITIES. A NUMBER OF INDIVIDUALS PROVIDE SERVICES TO VARIOUS ENTITIES WITHIN THE SYSTEM. IN GENERAL, THE OFFICERS AND KEY EMPLOYEES OF UMMS AVERAGE IN EXCESS OF 40 HOURS PER WEEK SERVING THE DIFFERENT ENTITIES THAT COMPRISE UMMS.

TAX EXEMPT BONDS

PURSUANT TO A MASTER LOAN AGREEMENT DATED JUNE 20, 1991 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE "CORPORATION") AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATION FACILITY AUTHORITY (THE "AUTHORITY"). AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS. THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES THE CORPORATION, THE JAMES LAWRENCE KERNAN HOSPITAL, INC., MARYLAND GENERAL HOSPITAL, INC., BALTIMORE WASHINGTON MEDICAL CENTER, INC., SHORE HEALTH SYSTEM, INC., CHESTER RIVER HOSPITAL CENTER, INC., CIVISTA MEDICAL CENTER, INC., UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC, UPPER CHESAPEAKE MEDICAL CENTER, INC., HARFORD MEMORIAL HOSPITAL, INC. AND THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION, INC. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY

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AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S \$1,457,870,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2014. ALL OF THE BONDS WERE ISSUED IN THE NAME OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF BALTIMORE WASHINGTON MEDICAL CENTER IS TO PROVIDE THE HIGHEST QUALITY HEALTHCARE SERVICES TO THE COMMUNITIES WE SERVE. OUR VISION IS TO BE THE PREFERRED REGIONAL MEDICAL CENTER THROUGH NATIONALLY RECOGNIZED QUALITY, PERSONALIZED SERVICE AND OUTSTANDING PEOPLE.

ATTACHMENT 2

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

BALTIMORE WASHINGTON MEDICAL CENTER, INC. IS A COMMUNITY HOSPITAL WITH 323 LICENSED BEDS. 18,632 PATIENTS WERE ADMITTED IN FISCAL YEAR ENDED JUNE 30, 2014, ACCOUNTING FOR 82,080 PATIENT DAYS OF CARE. 99,517 PATIENTS WERE TREATED IN THE CENTER'S EMERGENCY DEPARTMENT. 14,307 PATIENTS REQUIRED SURGICAL PROCEDURES IN THE CENTER'S OPERATING AND ENDOSCOPY ROOMS.

THE MEDICAL CENTER TREATED 411,731 PATIENTS IN THEIR ANCILLARY DEPARTMENTS: LABORATORY, RADIOLOGY, PULMONARY, RESPIRATORY, REHABILITATION, OP-INFUSION AND EEG-SLEEP STUDIES.

THE MEDICAL CENTER EMPLOYED 3,174 EMPLOYEES IN CALENDAR YEAR

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ATTACHMENT 2 (CONT'D)

2013.

THE CENTER'S MISSION IS TO PROVIDE QUALITY HEALTH CARE TO ALL, REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, AGE, HANDICAP OR ABILITY TO PAY. BALTIMORE WASHINGTON MEDICAL CENTER ALSO PROVIDES NUMEROUS FREE PROGRAMS AND SERVICES SUCH AS HEALTH CARE SEMINARS, BLOOD PRESSURE AND CHOLESTEROL SCREENINGS, EXERCISE PROGRAMS, PUBLIC SPEAKING ENGAGEMENTS, ETC. THE CENTER'S FACILITIES ARE ALSO UTILIZED BY MANY PUBLIC SERVICE GROUPS AND ORGANIZATIONS THROUGHOUT THE YEAR AT NO CHARGE.

DURING FISCAL YEAR ENDED JUNE 30, 2014, BALTIMORE WASHINGTON MEDICAL CENTER PROVIDED \$14,096,523 OF CHARITY CARE TO THOSE WHO QUALIFIED UNDER REGULATORY GUIDELINES AND WROTE OFF ANOTHER \$27,697,377 OF PATIENT SERVICE REVENUE AS BAD DEBTS.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
INDEPENDENT DIALYSIS FOUNDATION 840 HOLLINS STREET BALTIMORE, MD 21201	HEALTHCARE	1,062,950.
DIGITRACE CARE SERVICES 200 CORPORATE PLACE PEABODY, MA 01960	HEALTHCARE	867,432.
UP TO DATE LAUNDRY INC 1221 DESOTO ROAD BALTIMORE, MD 21223	LAUNDRY	655,572.

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ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
UNIVERSITY OF MARYLAND RADIATION ONCOLOG 22 S. GREENE STREET BALTIMORE, MD 21201	PHYSICAN SERVICES	535,688.
THE NORTH HIGHLAND COMPANY 3333 PIEDMONT ROAD ATLANTA, GA 30305	CONSULTING	510,177.

ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
ALTERNATIVE INVESTMENTS	28,972,000.	45,256,000.	FMV
TOTALS	<u>28,972,000.</u>	<u>45,256,000.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BALTIMORE WASHINGTON EMERGENCY PHYS INC 52-1756326 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	11A	BWMS		X
(2) BALTIMORE WASHINGTON HEALTHCARE SERVICES 52-1830243 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	11A	BWMS		X
(3) BALTIMORE WASHINGTON MEDICAL SYSTEM, INC. 52-1830242 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	11A	UMMSC	X	
(4) BW MEDICAL CENTER FOUNDATION INC 52-1813656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	FUNDRAISING	MD	501(C)(3)	11C	BWMS		X
(5) NORTH ARUNDEL DEVELOPMENT CORPORATION 52-1318404 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	501(C)(2)		NCC		X
(6) NORTH COUNTY CORPORATION 52-1591355 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	501(C)(2)		BWMS		X
(7) SHIPLEYS CHOICE MEDICAL PARK INC 04-3643849 22 SOUTH GREENE STREET BALTIMORE, MD 21201	REAL ESTATE	MD	501(C)(2)		UMMSC	X	

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Schedule R (Form 990) 2013

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(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHESTER RIVER HEALTH FOUNDATION INC 52-1338861 100 BROWN STREET CHESTERTOWN, MD 21620	FUNDRAISING	MD	501(C)(3)	07	CRHS		X
(2) UNIV OF MD SHORE REGIONAL HEALTH, INC 52-2046500 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	11A	UMMSC		X
(3) CHESTER RIVER HOSPITAL CENTER 52-0679694 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	03	CRHS		X
(4) CHESTER RIVER MANOR INC 52-6070333 200 MORGNEC ROAD CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	09	CRHS		X
(5) MARYLAND GENERAL CLINICAL PRACTICE GROUP 52-1566211 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	11B	MGHS		X
(6) MARYLAND GENERAL COMM HEALTH FOUNDATION 52-2147532 827 LINDEN AVENUE BALTIMORE, MD 21201	FUNDRAISING	MD	501(C)(3)	11C	MGHS		X
(7) UNIVERSITY OF MARYLAND MIDTOWN HEALTH 52-1175337 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	11B	UMMSC	X	

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(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MARYLAND GENERAL HOSPITAL INC 827 LINDEN AVENUE BALTIMORE, MD 21201 52-0591667	HEALTHCARE	MD	501(C)(3)	03	MGHS		X
(2) CARE HEALTH SERVICES INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1510269	HEALTHCARE	MD	501(C)(3)	09	SHS		X
(3) DORCHESTER GENERAL HOSPITAL FOUNDATION 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1703242	FUNDRAISING	MD	501(C)(3)	11D	SHS		X
(4) MEMORIAL HOSPITAL FOUNDATION INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1282080	FUNDRAISING	MD	501(C)(3)	11A	SHS		X
(5) SHORE CLINICAL FOUNDATION INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1874111	HEALTHCARE	MD	501(C)(3)	03	SHS		X
(6) SHORE HEALTH SYSTEM INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-0610538	HEALTHCARE	MD	501(C)(3)	03	UMMSC	X	
(7) JAMES LAWRENCE KERNAN HOSP ENDOW FD 2200 KERNAN DRIVE BALTIMORE, MD 21207 23-7360743	FUNDRAISING	MD	501(C)(3)	11B	UMMSC	X	

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Schedule R (Form 990) 2013

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(Form 990)**

Related Organizations and Unrelated Partnerships

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(2) -----					
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) JAMES LAWRENCE KERNAN HOSPITAL INC 2200 KERNAN DRIVE BALTIMORE, MD 21207 52-0591639	HEALTHCARE	MD	501(C)(3)	03	UMMSC	X	
(2) UMMS FOUNDATION, INC. 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-2238893	FUNDRAISING	MD	501(C)(3)	11A	UMMSC	X	
(3) UNIVERSITY OF MD MEDICAL SYSTEM CORP 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1362793	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X
(4) UNIVERSITY OF MARYLAND CHARLES REGIONAL PO BOX 1070 LA PLATA, MD 20646 52-2155576	HEALTHCARE	MD	501(C)(3)	11C	UMMSC	X	
(5) CIVISTA MEDICAL CENTER, INC. PO BOX 1070 LA PLATA, MD 20646 52-0445374	HEALTHCARE	MD	501(C)(3)	03	CIVHS		X
(6) CHARLES REGIONAL MEDICAL CENTER FOUNDATI PO BOX 1070 LA PLATA, MD 20646 52-1414564	FUNDRAISING	MD	501(C)(3)	11A	CIVHS		X
(7) CHARLES REGIONAL MEDICAL CENTER AUXILIAR PO BOX 1070 LA PLATA, MD 20646 52-1131193	FUNDRAISING	MD	501(C)(3)	11A	CIVHS		X

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(1) -----					
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNIV OF MD ST. JOSEPH FOUNDATION, INC. 52-1681044 7601 OSLER DRIVE TOWSON, MD 21204	FUNDRAISING	MD	501(C)(3)	11A	UMMSC	X	
(2) HARMFORD MEMORIAL HOSPITAL, INC. 52-0591484 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	03	UMUCHS		X
(3) UCH LEGACY FUNDING CORPORATION 52-0882914 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	11A	UMUCHS		X
(4) UM UPPER CHESAPEAKE HEALTH SYSTEM, INC. 52-1398513 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	11C; III-FI	UMUCHS		X
(5) UPPER CHESAPEAKE HEALTH FOUNDATION, INC. 52-1398507 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	11A	UMUCHS		X
(6) UPPER CHESAPEAKE MEDICAL CENTER, INC. 52-1253920 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	03	UMUCHS		X
(7) UPPER CHESAPEAKE MEDICAL SERVICES, INC. 52-1501734 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	09	UMUCHS		X

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

Schedule R (Form 990) 2013

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. See separate instructions. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

52-0689917

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

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

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

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-3 contain data for UPPER CHESAPEAKE PROPERTIES, INC., UPPER CHES RESIDENTIAL HOSPICE HOUSE, IN, and UPPER CHESAPEAKE/ST. JOSEPH HOME CARE.

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

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ARUNDEL PHYSICIANS ASSOCIATES 301 HOSPITAL DRIVE	HEALTHCARE	MD	N/A									
(2) BALTIMORE WASHINGTON IMAGING, 301 HOSPITAL DRIVE	HEALTHCARE	MD	N/A									
(3) NAH/SUNRISE OF SEVERNA PARK LL 301 HOSPITAL DRIVE	HEALTHCARE	MD	N/A									
(4) NORTH ARUNDEL SENIOR LIVING LL 301 HOSPITAL DRIVE	HEALTHCARE	MD	N/A									
(5) INNOVATIVE HEALTH LLC 52-19972 29165 CANVASBACK DRIVE, SUITE	BILLING	MD	N/A									
(6) CENTRAL MARYLAND RADIOLOGY ONC 10710 CHARTER DRIVE	HEALTHCARE	MD	UMMSC									
(7) SHIPLEY'S IMAGING CENTER LLC 5 22 SOUTH GREENE STREET	HEALTHCARE	MD	UMMSC									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ARUNDEL PHYSICIANS ASSOCIATES, INC. 52-1992649 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	BWHE	C CORP					
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES, 52-1936656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	BWMS	C CORP					
(3) BW PROFESSIONAL SERVICES, INC. 52-1655640 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	BWHE	C CORP					
(4) UNIV OF MARYLAND CHARLES REGIONAL CARE P 52-2176314 PO BOX 1070 LA PLATA, MD 20646	HEALTHCARE	MD	UMMS	C CORP					
(5) UNIVERSITY MIDTOWN PROF CENTER, A CONDO 52-1891126 827 LINDEN AVENUE BALTIMORE, MD 21201	REAL ESTATE	MD	UMMSC	C CORP					
(6) SHORE HEALTH ENTERPRISES, INC. 52-1363201 219 SOUTH WASHINGTON STREET EASTON, MD 21601	REAL ESTATE	MD	SHS	C CORP					
(7) NA EXECUTIVE BUILDING CONDO ASSN, INC. 52-1363201 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	NADCO	C CORP					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) UNIVERSITYCARE LLC 52-1914892 22 SOUTH GREENE STREET	HEALTHCARE	MD	UMMSC									
(2) O'DEA MEDICAL ARTS LIMITED PAR 7601 OSLER DRIVE	RENTAL	MD	UMMSC									
(3) ADVANCED IMAGING AT ST. JOSEPH 7601 OSLER DRIVE	HEALTHCARE	MD	N/A									
(4) UCHS/UMMS REAL ESTATE TRUST 27 520 UPPER CHESAPEAKE DR	REAL ESTATE	MD	N/A									
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) TERRAPIN INSURANCE COMPANY ----- 98-0129232 P.O. BOX 1109 KY1-1102 GRAND CAYMAN, CJ	INSURANCE	CJ	UMMS	C CORP					
(2) UMMS SELF INSURANCE TRUST ----- 52-6315433 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UMMS	TRUST					
(3) UPPER CHESAPEAKE INSURANCE COMPANY ----- 98-0468438 P.O. BOX 1109 KY1-1102 GRAND CAYMAN, CJ	CAPTIVE INSURANCE	CJ	UMUCHS	LTD					
(4) UPPER CHESAPEAKE HEALTH VENTURES, INC. ----- 52-2031264 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	UMUCHS	C CORP					
(5) UPPER CHESAPEAKE MEDICAL CENTER LAND CON ----- 77-0674478 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	UC MED CRT	C CORP					
(6) UPPER CHESAPEAKE MEDICAL OFFICE BUILDING ----- 52-1946829 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	UC HLTH VENT	C CORP					
(7) UPPER CHESAPEAKE MGMT SVCS ORG, INC ----- 52-1946025 520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	MANGEMENT SRVCS	MD	UC HLTH VENT	C CORP					

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTH COUNTY CORPORATION	K	613,813.	FMV
(2) NORTH ARUNDEL DEVELOPMENT CORPORATION	K	485,900.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
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(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
