

Cumulative e-File History 2014	
Federal	
Locator:	4222CV
Taxpayer Name:	UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	05/12/2016 04:01:20
Acknowledgement Date:	05/12/2016 04:27:54
Status:	Accepted
Submission ID:	23695320161335000010

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 07/01, 2014, and ending 06/30, 2015

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

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

2014

Department of the Treasury
Internal Revenue Service

Name of exempt organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Name and title of officer

HENRY J FRANEY, EVP/CFO

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>1869343832</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 2014 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	6	3
---	---	---	---	---

 as my signature
ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 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 2014 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 ▶ *Henry J Franey*

Date ▶ 5/5/16

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 2014 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 ▶ *Frank S. Franklin*

Date ▶ 05/16/2016

**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.

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 22 SOUTH GREENE STREET City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21201			D Employer identification number 52-1362793
	F Name and address of principal officer: ROBERT CHRENCIK 250 W. PRATT ST BALTIMORE, MD 21201			E Telephone number (410) 328-1375
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			G Gross receipts \$ <u>2,128,277,410.</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	J Website: ▶ WWW.UMMS.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1984			M State of legal domicile: MD	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>UMMS PROVIDES A VARIETY OF INPATIENT/OUTPATIENT SERVICES TO PEOPLE IN THE MARYLAND AREA REGARDLESS OF THEIR ABILITY TO PAY. REVENUES ARE USED TO HELP DEFRAY THE COSTS OF SVCS.</u>		
	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	28.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28.
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	14,350.
	6	Total number of volunteers (estimate if necessary)	6	1,271.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	337,583.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,439,307.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	11,974,136.	11,089,122.
	9	Program service revenue (Part VIII, line 2g)	1,769,658,811.	1,814,589,337.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,306,526.	11,049,490.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,327,555.	32,615,883.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,824,267,028.	1,869,343,832.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	438,045.	1,013,801.
	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)	812,125,038.	863,869,902.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	993,952,293.	963,512,849.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,806,515,376.	1,828,396,552.	
19	Revenue less expenses. Subtract line 18 from line 12	17,751,652.	40,947,280.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,244,090,766.	3,147,272,937.
	21	Total liabilities (Part X, line 26)	2,066,674,817.	1,958,832,650.
22	Net assets or fund balances. Subtract line 21 from line 20	1,177,415,949.	1,188,440,287.	

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	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRANK GIARDINI	<i>Frank S. Giardini</i>	05/16/2016		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.

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 **X**
- 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.

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. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number (EIN) or 52-1362793
	Number, street, and room or suite no. If a P.O. box, see instructions. 22 SOUTH GREENE STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21201	

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

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 ► S. MICHELLE LEE, 250 WEST PRATT ST., SUITE 1400 BALTIMORE, MD 21201

Telephone No. ► 410 328-1376 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and 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, 2016, 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, 2014, and ending 06/30, 2015.

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 2014	
FED	
Locator:	4222CV
Taxpayer Name:	UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	10/12/2015 09:38:08
Acknowledgement Date:	10/12/2015 09:58:13
Status:	Accepted
Submission ID:	23695320152855000028

• 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
	UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	52-1362793
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	22 SOUTH GREENE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BALTIMORE, MD 21201	

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 S. MICHELLE LEE, 250 WEST PRATT ST., SUITE 1400 BALTIMORE, MD 21201
Telephone No. 410 328-1376 Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 20 16.

5 For calendar year _____, or other tax year beginning 07/01, 20 14, and ending 06/30, 20 15.

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 Frank S. Grand Title TAX PRINCIPAL Date 02/02/2016

Cumulative e-File History 2014	
FED	
Locator:	4222CV
Taxpayer Name:	UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	02/02/2016 15:12:09
Acknowledgement Date:	02/02/2016 15:27:45
Status:	Accepted
Submission ID:	23695320160335000007

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

UMMS PROVIDES A VARIETY OF INPATIENT/OUTPATIENT SERVICES TO PEOPLE IN THE MARYLAND AREA REGARDLESS OF THEIR ABILITY TO PAY. REVENUES ARE USED TO HELP DEFRAY THE COSTS OF SERVICES PROVIDED.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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: 900099) (Expenses \$ 1,612,460,111. including grants of \$ 1,013,801.) (Revenue \$ 1,823,767,870.) ATTACHMENT 1

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 1,612,460,111.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		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? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>		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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	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 domestic 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 or for domestic individuals 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	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
25b 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 payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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>	X	
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 line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 700.

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 (28), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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, address, and telephone number of the person who possesses the organization's books and records:

S. MICHELLE LEE 250 WEST PRATT ST., SUITE 1400 BALTIMORE, MD 21201 410-328-1376

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) GEORGES C. BENJAMIN, MD DIRECTOR	1.00 0	X						0	0	0
(2) STEPHEN A. BURCH, ESQ DIRECTOR	1.00 0	X						0	0	0
(3) DELEGATE MICHAEL E. BUSCH DIRECTOR	1.00 0	X						0	0	0
(4) R. ALLEN BUTLER DIRECTOR	1.00 0	X						0	0	0
(5) JOHN P. COALE, ESQ DIRECTOR	1.00 0	X						0	0	0
(6) ATWOOD COLLINS, III DIRECTOR	1.00 0	X						0	0	0
(7) GILBERTO DE JESUS, ESQ DIRECTOR	1.00 0	X						0	0	0
(8) CONNIE G. DEJULIUS DIRECTOR	1.00 0	X						0	0	0
(9) JOHN W. DILLON DIRECTOR	1.00 0	X						0	0	0
(10) ALAN H. FLEISCHMANN DIRECTOR	1.00 0	X						0	0	0
(11) WAYNE L. GARDNER, SR. DIRECTOR	1.00 0	X						0	0	0
(12) LOUISE MICHAUX GONZALES, ESQ DIRECTOR	1.00 0	X						0	0	0
(13) BARRY P. GOSSETT DIRECTOR	1.00 0	X						0	0	0
(14) ROOMINA ANWER HASAN, MD DIRECTOR	1.00 0	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) ORLAN M. JOHNSON, ESQ DIRECTOR	1.00 0	X						0	0	0
16) SENATOR EDWARD J. KASEMEYER DIRECTOR	1.00 0	X						0	0	0
17) SENATOR FRANCIS X. KELLY DIRECTOR	1.00 0	X						0	0	0
18) BELKIS LEONG-HONG DIRECTOR	1.00 0	X						0	0	0
19) SARA A. MIDDLETON DIRECTOR	1.00 0	X						0	0	0
20) KEVIN B. O'CONNOR DIRECTOR	1.00 0	X						0	0	0
21) ROBERT L. PEVENSTEIN DIRECTOR	1.00 0	X						0	0	0
22) D. BRUCE POOLE, ESQ DIRECTOR	1.00 0	X						0	0	0
23) SENATOR CATHERINE E. PUGH DIRECTOR	1.00 0	X						0	0	0
24) JAMES T. SMITH, JR. DIRECTOR	1.00 0	X						0	0	0
25) WALTER A. TILLEY, JR. DIRECTOR	1.00 0	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								17,322,553.	0	406,185.
d Total (add lines 1b and 1c)								17,322,553.	0	406,185.

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 **▶ 634**

	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 2		

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 **▶ 329**

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) SENATOR JOSPEH D. TYDINGS ----- DIRECTOR	1.00 ----- 0	X					0	0	0	
27) W. MOORHEAD VERMILYE ----- DIRECTOR	1.00 ----- 0	X					0	0	0	
28) LOUIS L. ZAGARINO ----- DIRECTOR	1.00 ----- 0	X					0	0	0	
29) ROBERT A. CHRENCIK ----- PRESIDENT AND CEO	40.00 ----- 10.00			X			6,881,071.	0	21,095.	
30) HENRY J. FRANEY ----- CFO- UMMS/TREASURER	40.00 ----- 10.00			X			1,214,368.	0	21,095.	
31) MEGAN M. ARTHUR ----- SVP & GEN COUNSEL/ SEC'TY	40.00 ----- 10.00			X			666,842.	0	24,652.	
32) JEFFERY A. RIVEST ----- PRESIDENT & CEO - UMMC	40.00 ----- 10.00				X		1,173,898.	0	20,269.	
33) LISA C. ROWEN ----- SVP & CNO - UMMC	40.00 ----- 10.00				X		525,960.	0	25,595.	
34) WALTER ETTINGER ----- SVP & CMO - UMMS	40.00 ----- 10.00				X		797,839.	0	105,561.	
35) JON P. BURNS ----- SVP & CIO	40.00 ----- 10.00				X		591,209.	0	20,269.	
36) JONATHAN E. GOTTLIEB ----- SVP & CMO	40.00 ----- 10.00				X		1,057,190.	0	21,095.	
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 ▶ 634

	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

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 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			
(37) KEITH D. PERSINGER SVP & CFO UMMC	40.00 10.00				X			759,851.	0	16,812.
(38) DAVID P. SWIFT SVP - CHIEF HR OFFICER	40.00 10.00				X			585,112.	0	10,400.
(39) JOHN W. ASHWORTH III SVP NETWORK DEVELOPMENT	40.00 10.00					X		597,210.	0	21,095.
(40) GARY H. KANE VP - SUPPLY CHAIN MGMT	40.00 10.00					X		595,179.	0	21,095.
(41) KENNETH LEWIS EXECUTIVE - UNION OF CECIL	40.00 10.00					X		778,526.	0	25,942.
(42) MARK KELEMEN CHIEF MEDICAL INFO OFFICER	40.00 10.00					X		514,341.	0	25,615.
(43) ALISON G BROWN SVP PLANNING & MARKETING	40.00 10.00					X		583,957.	0	25,595.
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 ▶ 634

	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

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	7,869,857.					
	e Government grants (contributions),	1e	3,200,000.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,265.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f ▶			11,089,122.				
Program Service Revenue	Business Code							
	2a PATIENT SERVICE REVENUE		900099	1,741,832,187.	1,741,306,691.	525,496.		
	b PHARMACY		900099	72,757,150.	72,407,091.	350,059.		
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f ▶			1,814,589,337.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			3,521,585.			3,521,585.	
	4 Income from investment of tax-exempt bond proceeds ▶			0				
	5 Royalties ▶			0				
	6a Gross rents	(i) Real	4,563,779.					
		(ii) Personal						
		b Less: rental expenses		1,771,257.				
		c Rental income or (loss)		2,792,522.				
	d Net rental income or (loss) ▶			2,792,522.	3,525,452.	-732,930.		
	7a Gross amount from sales of assets other than inventory	(i) Securities	264,690,226.					
		(ii) Other						
		b Less: cost or other basis and sales expenses		257,162,321.				
		c Gain or (loss)		7,527,905.				
	d Net gain or (loss) ▶			7,527,905.			7,527,905.	
	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 STIPEND ENTRY		900099	8,047,479.				8,047,479.	
b INCOME FROM JOINT VENTURE		900099	4,126,200.	1,617,240.			2,508,960.	
c CAFETERIA		900099	3,177,135.	3,177,135.				
d All other revenue		900099	14,472,547.	1,734,261.	194,958.		12,543,328.	
e Total. Add lines 11a-11d ▶			29,823,361.					
12 Total revenue. See instructions ▶			1,869,343,832.	1,823,767,870.	337,583.		34,149,257.	

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 domestic organizations and domestic governments. See Part IV, line 21	1,013,801.	1,013,801.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	20,579,169.	15,784,581.	4,794,588.	
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	691,857,906.	590,097,558.	101,760,348.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,483,066.	16,472,353.	5,010,713.	
9 Other employee benefits	81,275,231.	68,241,804.	13,033,427.	
10 Payroll taxes	48,674,530.	41,489,467.	7,185,063.	
11 Fees for services (non-employees):				
a Management	1,207,394.	977,989.	229,405.	
b Legal	4,285,429.	313,541.	3,971,888.	
c Accounting	2,481,315.		2,481,315.	
d Lobbying	81,924.		81,924.	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	179,680,003.	151,801,307.	27,878,696.	
12 Advertising and promotion	6,169,482.	1,188,782.	4,980,700.	
13 Office expenses	10,780,981.	9,227,348.	1,553,633.	
14 Information technology	48,279,153.	40,931,396.	7,347,757.	
15 Royalties	0			
16 Occupancy	21,680,577.	18,654,979.	3,025,598.	
17 Travel	1,250,972.	1,071,324.	179,648.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	546,840.	470,282.	76,558.	
20 Interest	40,931,207.	34,508,130.	6,423,077.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	98,291,897.	83,855,366.	14,436,531.	
23 Insurance	27,057,632.	23,576,776.	3,480,856.	
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>BAD DEBT EXPENSE</u>	51,557,570.	51,557,570.		
b <u>MEDICAL SUPPLIES</u>	377,786,137.	377,718,706.	67,431.	
c <u>UTILITIES</u>	30,745,652.	26,224,476.	4,521,176.	
d <u>TRANSPLANT COSTS</u>	21,049,134.	21,049,134.		
e All other expenses	39,649,550.	36,233,441.	3,416,109.	
25 Total functional expenses. Add lines 1 through 24e	1,828,396,552.	1,612,460,111.	215,936,441.	
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	123,262,145.	1	252,299,871.
	2 Savings and temporary cash investments	576,603.	2	648,236.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	196,319,650.	4	183,589,273.
	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	2,734,105.	7	1,933,322.
	8 Inventories for sale or use	29,585,325.	8	32,251,958.
	9 Prepaid expenses and deferred charges	8,310,507.	9	8,327,116.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2150146999.		
	b Less: accumulated depreciation	10b 1020958593.		
		1,101,382,026.	10c	1,129,188,406.
	11 Investments - publicly traded securities	234,828,000.	11	141,618,000.
	12 Investments - other securities. See Part IV, line 11	126,987,769.	12	143,025,000.
	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	1,420,104,636.	15	1,254,391,755.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,244,090,766.	16	3,147,272,937.	
Liabilities	17 Accounts payable and accrued expenses	295,461,886.	17	299,797,345.
	18 Grants payable	0	18	0
	19 Deferred revenue	125,419.	19	125,419.
	20 Tax-exempt bond liabilities	1,109,015,207.	20	920,693,000.
	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	248,904,469.	24	243,823,209.
	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	413,167,836.	25	494,393,677.
	26 Total liabilities. Add lines 17 through 25	2,066,674,817.	26	1,958,832,650.
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	952,985,876.	27	966,240,836.
	28 Temporarily restricted net assets	222,741,334.	28	220,510,712.
	29 Permanently restricted net assets	1,688,739.	29	1,688,739.
	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	1,177,415,949.	33	1,188,440,287.
	34 Total liabilities and net assets/fund balances	3,244,090,766.	34	3,147,272,937.

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	1,869,343,832.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,828,396,552.
3	Revenue less expenses. Subtract line 2 from line 1	3	40,947,280.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,177,415,949.
5	Net unrealized gains (losses) on investments	5	-17,300,925.
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	-12,622,017.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,188,440,287.

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	X	
3b	X	

Form **990** (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (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) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (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 2014; 15 Public support percentage from 2013 Schedule A; 16a 33 1/3% support test - 2014; b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; b 10%-facts-and-circumstances test - 2013; 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **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

2014

▶ **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 UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution. An organization that 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 UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF MARYLAND ----- 45 CALVERT STREET ----- BALTIMORE, MD 21401 -----	\$ 3,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UMMS FOUNDATION ----- 22 SOUTH GREENE STREET ----- BALTIMORE, MD 21201 -----	\$ 7,538,746.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UPPER CHESAPEAKE HEALTH ----- 500 UPPER CHESAPEAKE DRIVE ----- BEL AIR, MD 21014 -----	\$ 19,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	UNIV. OF MARYLAND ST. JOSEPH FOUNDATION ----- 250 WEST PRATT STREET, 1436 ----- BALTIMORE, MD 21201 -----	\$ 331,111.	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.)

Name of organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

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
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number
52-1362793

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this 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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

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) 2014

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 style="width: 70%;">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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

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

Table with 3 columns: Question, 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 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

OTHER ACTIVITIES

SCHEDULE C, PART II-B, LINE 11

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 4.80% AND 22.80% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV 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.

2014

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

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

52-1362793

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 total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage, and other details.

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: Description, Amount. Rows include 1a) works of art, historical treasures, or other similar assets held for public exhibition, education, or research; and 2) works of art, historical treasures, or other similar assets for financial gain.

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

Schedule D (Form 990) 2014

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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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		87,305,286.		87,305,286.
b Buildings		1158926081.	478,284,099.	680,641,982.
c Leasehold improvements		5,846,137.	3,153,651.	2,692,486.
d Equipment		743,699,679.	538,661,961.	205,037,718.
e Other		154,369,816.	858,882.	153,510,934.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,129,188,406.

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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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.

ATTACHMENT 1	(a) Description	(b) Book value
(1)	ECONOMIC INTEREST IN ASSETS OF	200,019,688.
(2)	DEFERRED FINANCING COSTS	10,116,504.
(3)	ASSETS WHOSE USE IS LIMITED	223,631,000.
(4)	INVESTMENT IN SUBSIDIARIES	653,631,216.
(5)	OTHER RECEIVABLES	161,050,942.
(6)	LIMITED USE ASSET - DEBT SERVI	31,669,401.
(7)	LIMITED USE ASSET - MALPRACTIC	8,785,789.
(8)	ECONOMIC INTEREST IN FOUNDATIO	9,502,627.
(9)	LONG-TERM INVESTMENT - MRI	6,714,301.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶		1,254,391,755.

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)	ADVANCES FROM 3RD PARTY PAYORS	89,201,419.
(3)	DUE TO AFFILIATE	120,107,999.
(4)	OTHER LIABILITIES	106,449,961.
(5)	INT RATE SWAPS MARK TO MARKET	167,520,000.
(6)	OTHER MALPRACTICE	8,954,231.
(7)	RETIRE PENSION	2,160,067.
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		494,393,677.

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 XIII Supplemental Information (continued)

SCHEDULE D, PART X

FIN 48 FOOTNOTE PER AUDIT REPORT THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM 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.

ATTACHMENT 1SCHEDULE D, PART IX - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
DUE FROM AFFILIATES - NOTES RE	-57,596,187.
OTHER ASSETS	6,866,474.
TOTALS	<u>1,254,391,755.</u>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

52-1362793

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		99,702,640.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					99,702,640.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					99,702,640.

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

Schedule F (Form 990) 2014

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ -----

3 Enter total number of other organizations or entities. ▶ -----

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

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

▶ **Attach to Form 990.**

▶ **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

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

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 care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input 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 criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
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)			46,150,266.		46,150,266.	2.60
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			46,150,266.		46,150,266.	2.60
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,460,359.	304,988.	5,155,371.	.29
f Health professions education (from Worksheet 5)			132,465,043.		132,465,043.	7.46
g Subsidized health services (from Worksheet 6)			47,896,400.	11,121,467.	36,774,933.	2.07
h Research (from Worksheet 7)			695,821.	33,828.	661,993.	.04
i Cash and in-kind contributions for community benefit (from Worksheet 8)			461,256.		461,256.	.03
j Total. Other Benefits			186,978,879.	11,460,283.	175,518,596.	9.89
k Total. Add lines 7d and 7j.			233,129,145.	11,460,283.	221,668,862.	12.49

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			5,559.		5,559.	
2 Economic development			34,017.		34,017.	
3 Community support						
4 Environmental improvements			587,712.		587,712.	.03
5 Leadership development and training for community members						
6 Coalition building			102,832.		102,832.	.01
7 Community health improvement advocacy						
8 Workforce development			422,336.	80,000.	342,336.	.02
9 Other						
10 Total			1,152,456.	80,000.	1,072,456.	.06

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)	515,751,420.
6 Enter Medicare allowable costs of care relating to payments on line 5	484,736,452.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	31,014,968.
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? 2

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

	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
1 UNIVERSITY OF MARYLAND HOSPITAL 22 S. GREENE STREET BALTIMORE MD 21201 HTTP://UMM.EDU 30-068	X	X	X	X			X			A
2 UMMS ST. JOSEPH MEDICAL CENTER, LLC 250 WEST PRATT STREET BALTIMORE MD 21201 HTTP://WWW.STJOSEPH TOWSON.COM/ 03-079	X	X					X			
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group UNIVERSITY OF MARYLAND HOSPITAL

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

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://UMM.EDU/</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>HTTP://UMM.EDU/</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group UMMS ST. JOSEPH MEDICAL CENTER, LLC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.STJOSEPHTOWSON.COM/</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>HTTP://WWW.STJOSEPHTOWSON.COM/</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group UNIVERSITY OF MARYLAND HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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 FAP was widely available on a website (list url): <u>HTTP://UMM.EDU/</u>		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group UMMS ST. JOSEPH MEDICAL CENTER, LLC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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 FAP was widely available on a website (list url): <u>HTTP://WWW.STJOSEPHTOWSON.COM/</u>		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group UNIVERSITY OF MARYLAND HOSPITAL

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? 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)		

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used 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)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group UMMS ST. JOSEPH MEDICAL CENTER, LLC

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? 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)		

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used 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)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

UNIVERSITY OF MARYLAND HOSPITAL - 1

SCHEDULE H, PART V, SECTION B

LINE 13H - THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN COMPLIANCE WITH THE NEW IRC SECTION 501(R) REGULATIONS UMMS IS CURRENTLY IN THE PROCESS OF UPDATING THEIR FINANCIAL ASSISTANCE POLICY TO ENSURE ITS COMPLIANCE WITH IRS REGULATIONS.

LINE 22D - ALL PATIENTS ARE CHARGED STATE REGULATED RATES, REGARDLESS OF THEIR ABILITY TO PAY.

LINE 24 - 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).

UMMS ST. JOSEPH MEDICAL CENTER, LLC - 2

SCHEDULE H, PART V, SECTION B

LINE 13H - THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN COMPLIANCE WITH THE NEW IRC SECTION 501(R) REGULATIONS UMMS IS CURRENTLY IN THE PROCESS OF

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

UPDATING THEIR FINANCIAL ASSISTANCE POLICY TO ENSURE ITS COMPLIANCE WITH
IRS REGULATIONS.

LINE 22D - ALL PATIENTS ARE CHARGED STATE REGULATED RATES, REGARDLESS OF
THEIR ABILITY TO PAY.

LINE 24 - 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
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ACCORDINGLY, ALL HOSPITAL CHARGES ARE NOT GROSS CHARGES AS DEFINED BY THE
IRS UNDER INTERNAL REVENUE CODE SECTION 501(R)(5)(B).

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? 1

Name and address	Type of Facility (describe)
1 UNIVERSITYCARE @ EDMONDSON VILLAGE 4538 EDMONDSON AVE BALTIMORE MD 21229	HEALTHCARE CLINIC
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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- 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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- 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 BENEFIT 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 7

SCHEDULE H, 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 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

Part VI Supplemental Information

Provide the following information.

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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 PAYOR'S RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.

SCHEDULE H, LINE 7F COLUMN (C) & (D) - MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST

Part VI Supplemental Information

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COMMUNITY BUILDING ACTIVITIES - UMMSC

SCHEDULE H, PART II

THROUGH A VARIETY OF COMMUNITY BUILDING ACTIVITIES, UMMC PROMOTES HEALTH AND WELLNESS IN THE COMMUNITIES IT SERVES. THESE ACTIVITIES INCLUDE COMMUNITY SUPPORT, COALITION BUILDING AND COMMUNITY HEALTH IMPROVEMENT ADVOCACY. IN FY15, UMMC ASSOCIATES SERVED IN MANY CAPACITIES. UMMC PROVIDES LEADERSHIP TO MANY BALTIMORE CITY COALITIONS AND COLLABORATIVE PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH. UMMC LEADERSHIP STAFF PLAY KEY ROLES ON THE BALTIMORE CITY HEALTH DEPARTMENT'S CARDIOVASCULAR DISEASE, TOBACCO, AND FLU COALITIONS. THESE COALITIONS ARE A PARTNERSHIP OF PUBLIC

Part VI Supplemental Information

Provide the following information.

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SECTOR AGENCIES, HEALTH CARE PROVIDERS AND PAYERS, COMMUNITY-BASED PARTNERS, THE BUSINESS COMMUNITY AND ACADEMIC INSTITUTIONS. EXAMPLES OF HEALTH POLICY ADVOCACY WORKED ON IN THESE COALITIONS HAVE INCLUDED HOOKAH LEGISLATION AND HEALTHIER KIDS' MEALS AT FAST FOOD RESTAURANTS. UMMC STAFF ALSO PARTICIPATED IN A VARIETY OF CAREER FAIRS AND YOUTH MENTORING PROGRAMS. ADDITIONALLY, KEY UMMC EXECUTIVES SERVE ON SEVERAL BOARDS OF DIRECTORS FOR A VARIETY OF NON-PROFIT AGENCIES IN BALTIMORE CITY AND PROVIDE THEIR LEADERSHIP EXPERTISE TO BUILD THE CAPACITY OF LOCAL COMMUNITY RESOURCES. LASTLY, UMMC HAS SUPPORTED THE SOUTHWEST PARTNERSHIP WHICH IS A COALITION OF UM BALTIMORE PROFESSIONAL SCHOOLS, UMMC, AND OTHER COMMUNITY AGENCIES TO REVITALIZE BALTIMORE'S SOUTHWEST COMMUNITY. ALL OF THESE EXAMPLES DEMONSTRATE COLLABORATIVE EFFORTS TO ADDRESS HEALTH ISSUES AND ADVOCATE FOR POLICIES AND PROGRAMS THAT IMPROVE HEALTH IN THE COMMUNITIES WE SERVE.

COMMUNITY BUILDING ACTIVITIES - UMSJMC

SCHEDULE H, PART II

UM-ST. JOSEPH MEDICAL CENTER COLLABORATES WITH OVER 30 GROUPS,

Part VI Supplemental Information

Provide the following information.

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ORGANIZATIONS AND AGENCIES OUTSIDE THE HOSPITAL TO DESIGN AND PARTICIPATE
IN INITIATIVES THAT PROMOTE COALITION BUILDING AND COMMUNITY HEALTH
IMPROVEMENT ADVOCACY. THESE ORGANIZATIONS INCLUDE BUT ARE NOT LIMITED
TO:

PARTNERS/SITES OF SERVICES:

- BALTIMORE COUNTY DEPARTMENT OF AGING
- CALVERT HALL HIGH SCHOOL
- CATHOLIC CHARITIES
- CATHOLIC HIGH SCHOOL
- CRISTO REY JESUIT HIGH SCHOOL
- DEPARTMENT OF HEALTH AND MENTAL HYGIENE- HEALTHY HEART BEATS AT GOVANS
MANOR
- GREETINGS & READINGS HUNT VALLEY
- HALSTEAD ACADEMY ELEMENTARY SCHOOL
- HEALTH PARK AT HEREFORD
- HOPKINS VILLAGE
- MARIAN HOUSE
- MCCORMICK & CO.

Part VI Supplemental Information

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- MERCY RIDGE RETIREMENT COMMUNITY
- MT. CALVARY AME- BIGGEST LOSER COMPETITION
- OAK CREST RETIREMENT COMMUNITY
- ST. JOSEPH PARISH COCKEYSVILLE
- ST. MICHAEL THE ARCHANGEL
- TOWSON UNIVERSITY
- TOWSON Y
- WELLWOOD INTERNATIONAL ELEMENTARY SCHOOL

CANCER SPECIFIC COLLABORATION:

- MARYLAND CANCER COLLABORATIVE STEERING COMMITTEE REPRESENTATIVE/
RESPONSIBLE FOR IMPLEMENTING THE MARYLAND CANCER CONTROL PLAN
- MARYLAND PATIENT NAVIGATION COLLABORATIVE LEADERSHIP COMMITTEE MEMBER
- BALTIMORE COUNTY CANCER COALITION MEMBER
- NUEVA VIDA CANCER SUPPORT FOR LATINAS/ MONTHLY BREAST SCREENING
- MT. CALVARY AME CHURCH EDUCATIONAL ACTIVITIES
- UNIVERSITY OF MD. OUTREACH AND ADVOCACY COALITION
- AMERICAN CANCER SOCIETY

Part VI Supplemental Information

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- GEDCO

- KOMEN DISPARITIES CONFERENCE FOR COMMUNITY

- ADVANCED RADIOLOGY PARTNERSHIP TO SUPPORT THE MONTHLY BREAST SCREENING PROGRAM

- HOFFBERGER FOUNDATION

- BALTIMORE GAS AND ELECTRIC

BAD DEBT EXPENSE

SCHEDULE H, PART III, LINE 2 & 4

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

Part VI Supplemental Information

Provide the following information.

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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.

MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

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 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

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 PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

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. CURRENTLY, UMMS IS IN THE PROCESS OF
 UPDATING ITS BILLING AND COLLECTIONS PROCESS TO ENSURE IT IS IN
 COMPLIANCE WITH THE NEW IRC SECTION 501(R) REGULATIONS. 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

Part VI Supplemental Information

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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 PROCESS.

COMMUNITY HEALTH CARE NEEDS ASSESSMENT - UMMSC

SCHEDULE H, PART VI, LINE 2

THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC) COMPLETED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN FISCAL YEAR 2015. THIS WAS THE SECOND CHNA COMPLETED WITH THE FIRST ONE DONE AND REPORTED IN FISCAL YEAR 2012. THE ASSOCIATION FOR COMMUNITY HEALTH IMPROVEMENT'S (ACHI) 6-STEP COMMUNITY HEALTH ASSESSMENT PROCESS WAS UTILIZED AS AN ORGANIZING METHODOLOGY. THE UMMC/MIDTOWN COMMUNITY

Part VI Supplemental Information

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

HEALTH IMPROVEMENT TEAM (CHI TEAM) SERVED AS THE LEAD TEAM TO CONDUCT THE CHNA WITH INPUT FROM OTHER UNIVERSITY OF MARYLAND MEDICAL SYSTEM BALTIMORE CITY-BASED HOSPITALS, COMMUNITY LEADERS, THE ACADEMIC COMMUNITY, THE PUBLIC, HEALTH EXPERTS, AND THE BALTIMORE CITY HEALTH DEPARTMENT. IN ADDITION TO USING THE ACHI 6-STEP PROCESS TO LEAD THE ASSESSMENT PROCESS, THE UMMC/MIDTOWN CHI TEAM USED AN ADDITIONAL 5-COMPONENT ASSESSMENT AND ENGAGEMENT STRATEGY TO LEAD THE DATA COLLECTION METHODOLOGY.

THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC) IS AN 800-BED ACADEMIC MEDICAL CENTER WHICH IS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM. DESPITE THE LARGER REGIONAL PATIENT MIX OF UMMC FROM THE METROPOLITAN AREA, STATE, AND REGION, FOR PURPOSES OF COMMUNITY BENEFITS PROGRAMMING AND THIS REPORT, THE COMMUNITY BENEFIT SERVICE AREA (CBSA) OF UMMC IS WITHIN BALTIMORE CITY.

THE TOP NINE ZIP CODES WITHIN BALTIMORE CITY REPRESENT THE TOP 66% OF ALL BALTIMORE CITY ADMISSIONS IN FY'14. THESE NINE TARGETED ZIP CODES ARE:

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21201 21215

21216 21217

21218 21206

21223 21229

21230

THE POPULATIONS IN THESE ZIP CODES ARE SOME OF THE MOST VULNERABLE, UNDERSERVED RESIDENTS IN BALTIMORE CITY. THERE ARE SIGNIFICANT HEALTH DISPARITIES IN THESE ZIP CODES WHEN COMPARED TO OTHER ZIP CODES IN BALTIMORE CITY AND MARYLAND.

USING THE ABOVE FRAMEWORKS, DATA WAS COLLECTED FROM MULTIPLE SOURCES, GROUPS, AND INDIVIDUALS AND INTEGRATED INTO A COMPREHENSIVE DOCUMENT WHICH WAS UTILIZED AT A RETREAT ON MARCH 11, 2014 OF THE UMMC/MIDTOWN COMMUNITY HEALTH IMPROVEMENT (CHI) TEAM. DURING THAT STRATEGIC PLANNING RETREAT, PRIORITIES WERE IDENTIFIED USING THE COLLECTED DATA AND AN ADAPTED VERSION OF THE CATHOLIC HEALTH ASSOCIATION'S (CHA) PRIORITY SETTING CRITERIA. THE IDENTIFIED PRIORITIES WERE ALSO VALIDATED BY A

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PANEL OF UM CLINICAL ADVISORS AND UMB CAMPUS EXPERTS.

UMMC USED PRIMARY AND SECONDARY SOURCES OF DATA AS WELL AS QUANTITATIVE AND QUALITATIVE DATA AND CONSULTED WITH NUMEROUS INDIVIDUALS AND ORGANIZATIONS DURING THE CHNA, INCLUDING OTHER UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) BALTIMORE CITY-BASED HOSPITALS (UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS, UNIVERSITY OF MARYLAND REHABILITATION AND ORTHOPEDIC INSTITUTE, AND MT WASHINGTON PEDIATRIC HOSPITALS), COMMUNITY LEADERS, COMMUNITY PARTNERS, THE UNIVERSITY OF MARYLAND BALTIMORE (UMB) ACADEMIC COMMUNITY, THE GENERAL PUBLIC, LOCAL HEALTH EXPERTS, AND THE BALTIMORE CITY HEALTH DEPARTMENT.

A) COMMUNITY PERSPECTIVE

THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH ONE SURVEY OFFERED TO THE PUBLIC USING SEVERAL METHODS THROUGHOUT BALTIMORE CITY. A 6-ITEM SURVEY QUERIED BALTIMORE CITY RESIDENTS TO IDENTIFY THEIR TOP HEALTH CONCERNS AND THEIR TOP BARRIERS IN ACCESSING HEALTH CARE. (SEE APPENDIX

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FOR THE ACTUAL SURVEY)

METHODS :

6-ITEM SURVEY DISTRIBUTED IN FY2015 USING THE FOLLOWING METHODS:

- SURVEY INSERT IN MARYLAND HEALTH MATTERS (HEALTH NEWSLETTER)

DISTRIBUTED TO OVER 40,000 RESIDENTS WITHIN THE CBSA

- ONLINE SURVEY POSTED TO WWW.UMM.EDU WEBSITE FOR COMMUNITY TO COMPLETE

- WAITING ROOMS (AMBULATORY CLINICS AND EDS) AT BOTH CAMPUSES

- HEALTH FAIRS AND EVENTS IN NEIGHBORHOODS WITHIN UMMC'S CBSA

RESULTS :

TOP 5 HEALTH CONCERNS:

- DIABETES/SUGAR

- SMOKING/DRUG/ALCOHOL USE

- HIGH BLOOD PRESSURE/STROKE

- CANCER

- HEART DISEASE

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ANALYSIS BY CBSA TARGETED ZIP CODES REVEALED THE SAME TOP HEALTH CONCERNS AND TOP HEALTH BARRIERS WITH LITTLE DEVIATION FROM THE OVERALL BALTIMORE CITY DATA. THE SAMPLE SIZE WAS 1,212 BALTIMORE CITY RESIDENTS FROM THE IDENTIFIED CBSA.

B) HEALTH EXPERTS

METHODS:

- REVIEWED & INCLUDED NATIONAL PREVENTION STRATEGY PRIORITIES, MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP) INDICATORS, AND HEALTHY BALTIMORE 2015 PLAN FROM THE BALTIMORE CITY HEALTH DEPARTMENT
- REVIEWED MARYLAND'S STATE HEALTH IMPROVEMENT PLAN (SHIP) AND ATTENDED STATE-WIDE HEALTH SUMMIT IN OCTOBER 2014.
- PROGRESS TO DATE ON SHIP MEASURES WERE PRESENTED AS WELL AS STATE-WIDE HEALTH PRIORITIES FOR UPCOMING MULTI-YEAR CYCLE.
- CONDUCTED CAMPUS-WIDE STAKEHOLDER RETREAT IN MARCH 2015, INCLUDING UNIVERSITY OF MARYLAND SCHOOLS OF MEDICINE, NURSING, SOCIAL WORK AND UMB COMMUNITY AFFAIRS OFFICE

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- INTERVIEWED DIRECTOR OF CHRONIC DISEASE PREVENTION AT BALTIMORE CITY

HEALTH DEPARTMENT

RESULTS:

- NATIONAL PREVENTION STRATEGY - 7 PRIORITY AREAS
- SHIP: 39 OBJECTIVES IN 5 VISION AREAS FOR THE STATE, INCLUDES TARGETS FOR BALTIMORE CITY
- WHILE PROGRESS HAS BEEN MADE SINCE 2012 - WITH 16 OUT OF 41 MEASURES MEETING THE IDENTIFIED TARGETS AT THE STATE LEVEL, MEASURES WITHIN BALTIMORE CITY HAVE NOT MET IDENTIFIED TARGETS; EVEN WIDER MINORITY DISPARITIES WITHIN THE CITY.
- HEALTHY BALTIMORE 2015: TEN PRIORITY AREAS (SEE FIGURE 4)
- BALTIMORE CITY HEALTH DEPARTMENT AND MAYOR'S TOP HEALTH PRIORITIES:
 - #1 CARDIOVASCULAR DISEASE (CVD) - DECREASE PREMATURE MORTALITY (AS DEFINED AS DEATH PRIOR TO 75 YEARS)
 - #2 ASTHMA - PARTICULARLY PEDIATRIC ASTHMA
 - #3 HEROIN USE - WHILE A PRIORITY, NO MAJOR INITIATIVES TO DATE
 - #4 DIABETES - AS RELATED TO CVD AS A COMORBIDITY

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- HEALTH EXPERT UMB CAMPUS PANEL FOCUS GROUP TOP ACTION ITEMS INCLUDED:

- IMPROVE COMMUNICATION AND SYNERGY ACROSS CAMPUS SCHOOLS AND UMMC
- INCLUDE UNIVERSITY OF MARYLAND MEDICAL CENTER ON UMB COMMUNITY ACTION COUNCIL
- LOOK FOR WAYS TO PARTNER AND SUPPORT EACH OTHER

C) COMMUNITY LEADERS

METHODS:

- HOSTED A FOCUS GROUP IN COLLABORATION WITH THE OTHER BALTIMORE-BASED UMMS HOSPITALS FOR COMMUNITY-BASED ORGANIZATION PARTNERS TO SHARE THEIR PERSPECTIVES ON HEALTH NEEDS (OCTOBER 30, 2014)

RESULTS:

- TOP NEEDS AND BARRIERS WERE IDENTIFIED AS WELL POTENTIAL SUGGESTIONS

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FOR IMPROVEMENT AND COLLABORATION (SEE APPENDIX 4 FOR DETAILS)

- TOP NEEDS:

- HEALTH LITERACY
- EMPLOYMENT/POVERTY
- MENTAL/BEHAVIORAL HEALTH
- CARDIOVASCULAR HEALTH (OBESITY, HYPERTENSION, STROKE, & DIABETES)
- MATERNAL/CHILD HEALTH - FOCUSING ON PROMOTING A HEALTHY START FOR ALL CHILDREN

TOP BARRIERS:

- FOCUSING ON THE OUTCOME AND NOT THE ROOT OF THE PROBLEMS (I.E. SDOH)
- LACK OF INTER-AGENCY COLLABORATION/WORKING IN SILOS

SUGGESTIONS FOR IMPROVEMENT:

- LEVERAGE EXISTING RESOURCES
- INCREASE COLLABORATION
- FOCUS ON SOCIAL DETERMINANTS OF HEALTH

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- ENHANCE BEHAVIORAL HEALTH RESOURCES

D) SOCIAL DETERMINANTS OF HEALTH (SDOH)

DEFINED BY THE WORLD HEALTH ORGANIZATION AS: 'THE CONDITIONS IN WHICH PEOPLE ARE BORN, GROW, LIVE, WORK AND AGE.'

METHODS:

- REVIEWED DATA FROM BALTIMORE NEIGHBORHOOD INDICATOR ALLIANCE
(DEMOGRAPHIC DATA AND SDOH DATA)
- REVIEWED DATA FROM IDENTIFIED 2011 BALTIMORE CITY HEALTH DEPARTMENT'S
BALTIMORE CITY NEIGHBORHOOD PROFILES,
- REVIEWED BALTIMORE CITY FOOD DESERT MAP

RESULTS:

- BALTIMORE CITY SUMMARY OF CBSA TARGETED ZIP CODES
- TOP SDOHS:
 - LOW EDUCATION ATTAINMENT (52.6% W/ LESS THAN HS DEGREE)

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 - HIGH POVERTY RATE (15.7%)/HIGH UNEMPLOYMENT RATE (11%)
 - VIOLENCE
 - POOR FOOD ENVIRONMENT
 - HOUSING INSTABILITY

E) HEALTH STATISTICS/INDICATORS

METHODS:

REVIEW ANNUALLY AND FOR THIS TRIENNIAL SURVEY THE FOLLOWING:

LOCAL DATA SOURCES:

- BALTIMORE CITY HEALTH STATUS REPORT
- BALTIMORE HEALTH DISPARITIES REPORT CARD
- BALTIMORE NEIGHBORHOOD HEALTH PROFILES
- DHMH SHIP BIENNIAL PROGRESS REPORT 2012-2014

NATIONAL TRENDS AND DATA:

- HEALTHY PEOPLE 2020

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- COUNTY HEALTH RANKINGS
- CENTERS FOR DISEASE CONTROL REPORTS/UPDATES
- F AS IN FAT: EXECUTIVE SUMMARY (RWJF)

RESULTS:

- BALTIMORE CITY HEALTH OUTCOMES SUMMARY FOR CBSA-TARGETED ZIP CODES
- TOP 3 CAUSES OF DEATH IN BALTIMORE CITY IN RANK ORDER:
 1. HEART DISEASE
 2. CANCER
 3. STROKE
- CAUSE OF PEDIATRIC DEATHS
 - HIGH RATE OF INFANT MORTALITY

SELECTING PRIORITIES:

ANALYSIS OF ALL QUANTITATIVE AND QUALITATIVE DATA DESCRIBED IN THE ABOVE SECTION IDENTIFIED THESE TOP FIVE AREAS OF NEED WITHIN BALTIMORE CITY. THESE TOP PRIORITIES REPRESENT THE INTERSECTION OF DOCUMENTED UNMET COMMUNITY HEALTH NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION.

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THESE PRIORITIES WERE IDENTIFIED AND APPROVED BY THE UMMC/MIDTOWN CHI
TEAM AND VALIDATED WITH THE HEALTH EXPERTS FROM THE UMB CAMPUS PANEL:

1. CARDIOVASCULAR DISEASE
2. WORKFORCE DEVELOPMENT (AS A SHARED COMPONENT OF LITERACY AND SDOH)
3. MATERNAL & CHILD HEALTH
4. VIOLENCE PREVENTION (RELATED TO BEHAVIORAL/MENTAL HEALTH)
5. HEALTH LITERACY (SHARED UMMS PRIORITY)

IN ADDITION TO THE IDENTIFIED STRATEGIC PRIORITIES FROM THE CHNA, UMMC EMPLOYS THE FOLLOWING PRIORITIZATION FRAMEWORK WHICH IS STATED IN THE UMMC COMMUNITY OUTREACH PLAN. BECAUSE THE MEDICAL CENTER, SERVES THE REGION AND STATE, PRIORITIES MAY NEED TO BE ADJUSTED RAPIDLY TO ADDRESS AN URGENT OR EMERGENT NEED IN THE COMMUNITY, (I.E. DISASTER RESPONSE OR INFECTIOUS DISEASE ISSUE). THE CHNA PRIORITIZED NEEDS FOR THE SUSTAINED AND STRATEGIC RESPONSE CATEGORIES AND THE RAPID AND URGENT RESPONSE CATEGORIES' NEEDS WILL BE DETERMINED ON AN AS-NEEDED BASIS.

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UMMC WILL PROVIDE LEADERSHIP AND SUPPORT WITHIN THE COMMUNITIES SERVED AT

VARIETY OF RESPONSE LEVELS. RAPID AND URGENT RESPONSE LEVELS WILL

RECEIVE PRIORITY OVER SUSTAINED AND STRATEGIC INITIATIVES AS WARRANTED.

- RAPID RESPONSE - EMERGENCY RESPONSE TO LOCAL, NATIONAL, AND

INTERNATIONAL DISASTERS, I.E. CIVIL UNREST, WEATHER DISASTERS -

EARTHQUAKE, BLIZZARDS, TERRORIST ATTACK

- URGENT RESPONSE - URGENT RESPONSE TO EPISODIC COMMUNITY NEEDS, I.E.

H1N1/ FLU RESPONSE

- SUSTAINED RESPONSE - ONGOING RESPONSE TO LONG-TERM COMMUNITY NEEDS,

I.E. OBESITY AND TOBACCO PREVENTION EDUCATION, HEALTH SCREENINGS,

WORKFORCE DEVELOPMENT

- STRATEGIC RESPONSE - LONG-TERM STRATEGIC LEADERSHIP AT LEGISLATIVE AND

CORPORATE LEVELS TO LEVERAGE RELATIONSHIPS TO PROMOTE HEALTH-RELATED

POLICY OR REFORM AND BUILD KEY NETWORKS

FUTURE COMMUNITY HEALTH NEEDS ASSESSMENTS WILL BE CONDUCTED IN FISCAL

YEAR 2018 AND EVERY THREE YEARS AFTERWARD AND STRATEGIC PRIORITIES WILL

BE RE-EVALUATED THEN. PROGRAMMATIC EVALUATIONS WILL OCCUR ON AN ONGOING

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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.

BASIS AND ANNUALLY, AND ADJUSTMENTS TO PROGRAMS WILL BE AS NEEDED. ALL
COMMUNITY BENEFITS REPORTING WILL OCCUR ANNUALLY TO MEET STATE AND
FEDERAL REPORTING REQUIREMENTS.

UNMET COMMUNITY NEEDS

SEVERAL ADDITIONAL TOPIC AREAS WERE IDENTIFIED BY THE COMMUNITY HEALTH
IMPROVEMENT TEAM DURING THE CHNA PROCESS INCLUDING: BEHAVIORAL/MENTAL
HEALTH, SAFE HOUSING, TRANSPORTATION, AND SUBSTANCE ABUSE. WHILE THE
MEDICAL CENTER WILL FOCUS THE MAJORITY OF OUR EFFORTS ON THE IDENTIFIED
STRATEGIC PROGRAMS OUTLINED IN THE TABLE BELOW, WE WILL REVIEW THE
COMPLETE SET OF NEEDS IDENTIFIED IN THE CHNA FOR FUTURE COLLABORATION AND
WORK. THESE AREAS, WHILE STILL IMPORTANT TO THE HEALTH OF THE COMMUNITY,
WILL BE MET THROUGH EITHER EXISTING CLINICAL PROGRAMS (I.E. METHADONE
CLINICS, RESIDENTIAL PSYCHIATRIC PROGRAM) OR THROUGH COLLABORATION WITH
OTHER HEALTH CARE ORGANIZATIONS AS NEEDED. ADDITIONALLY, SUBSTANCE ABUSE
PROGRAMMING IS ALREADY INTEGRATED INTO EXISTING PROGRAMS - STORK'S NEST
AND VIOLENCE PREVENTION PROGRAMS. THE ADDITIONAL UNMET NEEDS NOT
ADDRESSED BY UMMC WILL ALSO CONTINUE TO BE ADDRESSED BY KEY BALTIMORE

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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CITY GOVERNMENTAL AGENCIES AND EXISTING COMMUNITY-BASED ORGANIZATIONS.

THE UMMC IDENTIFIED CORE PRIORITIES TARGET THE INTERSECTION OF THE IDENTIFIED COMMUNITY NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION. THE NEEDS ASSESSMENT PROCESS WILL BE REPEATED IN FISCAL YEAR 2018.

COMMUNITY HEALTH CARE NEEDS ASSESSMENT - UMSJMC

SCHEDULE H, PART VI, LINE 2

THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER COMPLETED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN FISCAL YEAR 2013.

COMMUNITY BENEFITS PLANNING IS PART OF THE HOSPITAL'S STRATEGIC PLAN. THE STAKEHOLDERS IN THE HOSPITAL WHO ARE INVOLVED IN THE HOSPITAL COMMUNITY BENEFIT PROCESS/STRUCTURE TO IMPLEMENT AND DELIVER COMMUNITY BENEFIT ACTIVITIES INCLUDE THE CEO, CFO, VICE PRESIDENT OF MISSION INTEGRATION, AND SENIOR DIRECTOR OF MARKETING AND COMMUNITY HEALTH.

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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- 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.

OUR CEO PROVIDES THE VALUE ORIENTATION OF ALL LEADERSHIP AND MANAGEMENT TO OUR COMMUNITY BENEFIT ACTIVITIES. OUR CFO INSTRUCTS OUR LOCAL FINANCIAL TEAM TO PROVIDE ASSISTANCE IN COMPILING FINANCIAL DATA FOR THE ANNUAL CBR. OUR VICE PRESIDENT FOR MISSION INTEGRATION IS TASKED WITH EDUCATING THE ENTIRE MEDICAL CENTER COMMUNITY ABOUT COMMUNITY BENEFIT-ELIGIBLE ACTIVITY AND EDUCATING STAFF IN THE USE OF CBISA, AND IS ALSO RESPONSIBLE FOR COMPILING THE ANNUAL CBR. OUR DIRECTOR OF MARKETING AND COMMUNITY HEALTH PROVIDES LEADERSHIP TO THE COMMUNITY HEALTH OUTREACH TEAM.

THE MEMBERS OF CLINICAL LEADERSHIP IN THE HOSPITAL WHO ARE INVOLVED IN THE HOSPITAL COMMUNITY BENEFIT PROCESS/STRUCTURE TO IMPLEMENT AND DELIVER COMMUNITY BENEFIT ACTIVITIES INCLUDE THE CHIEF MEDICAL OFFICER, CHIEF NURSING OFFICER, AND SUPERVISOR OF CASE MANAGEMENT.

OUR CHIEF MEDICAL OFFICER HELPS EDUCATE ALL THE PHYSICIANS REGARDING THE IMPORTANCE OF UNCOMPENSATED CARE AS PART OF THE SERVICES THEY PROVIDE.

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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OUR CHIEF NURSING OFFICER ENCOURAGES ALL THE NURSE MANAGERS TO BECOME FAMILIAR WITH WHAT CONSTITUTES COMMUNITY BENEFIT-ELIGIBLE ACTIVITY. OUR SUPERVISOR OF CASE MANAGEMENT HAS SOCIAL WORKERS WORKING QUICKLY WITH PATIENTS AND FAMILIES WHO ARE IDENTIFIED AS HAVING FINANCIAL DIFFICULTIES.

THE COMMUNITY BENEFIT DEPARTMENT/TEAM INCLUDES:

- VICE PRESIDENT FOR MISSION INTEGRATION
- ONCOLOGY OUTREACH PROGRAM COORDINATOR
- COMMUNITY HEALTH SPECIALIST
- NURSE MANAGER OF OUR FREE CLINIC
- DIRECTOR OF REVENUE CYCLE/MANAGED CARE
- DECISION SUPPORT ANALYST
- DIABETES EDUCATOR

OUR ONCOLOGY CENTER HAS A PART-TIME EMPLOYEE WHO SERVES AS ONCOLOGY OUTREACH PROGRAM COORDINATOR. WE HAVE TWO FULL-TIME COMMUNITY HEALTH

Part VI Supplemental Information

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SPECIALISTS WHO COORDINATE WORK IN THE COMMUNITY TO PROVIDE PREVENTIVE CARE SUCH AS FLU SHOTS AND BONE DENSITY SCREENINGS AT NO COST TO PARTICIPANTS. WE ALSO HAVE A NURSE MANAGER OF OUR ST. CLARE MEDICAL OUTREACH CLINIC, A FREE CLINIC FOR THOSE WHO HAVE NO HEALTH INSURANCE WHATSOEVER.

THERE IS AN INTERNAL AUDIT (I.E., AN INTERNAL REVIEW CONDUCTED AT THE HOSPITAL) OF THE COMMUNITY BENEFIT REPORT. OUR CHIEF FINANCIAL OFFICER OVERSEES A TEAM OF INTERNAL AND EXTERNAL FINANCIAL ANALYSTS WHO PREPARE THE HOSPITAL'S ANNUAL AUDIT. THIS SAME TEAM THEN PROVIDES THE FINANCIAL SPREADSHEET FOR THE CBR. THIS IS ULTIMATELY APPROVED BY OUR CFO. THERE IS NO NARRATIVE ACCOMPANYING OUR AUDIT OF THE CBR.

THE HOSPITAL'S BOARD REVIEWS AND APPROVES THE FY COMMUNITY BENEFIT REPORT THAT IS SUBMITTED TO THE HSCRC.

COMMUNITY BENEFIT EXTERNAL COLLABORATION

Part VI Supplemental Information

Provide the following information.

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

EXTERNAL COLLABORATIONS ARE HIGHLY STRUCTURED AND EFFECTIVE PARTNERSHIPS WITH RELEVANT COMMUNITY STAKEHOLDERS AIMED AT COLLECTIVELY SOLVING THE COMPLEX HEALTH AND SOCIAL PROBLEMS THAT RESULT IN HEALTH INEQUITIES. MARYLAND HOSPITAL ORGANIZATIONS SHOULD DEMONSTRATE THAT THEY ARE ENGAGING PARTNERS TO MOVE TOWARD SPECIFIC AND RIGOROUS PROCESSES AIMED AT GENERATING IMPROVED POPULATION HEALTH. COLLABORATIONS OF THIS NATURE HAVE SPECIFIC CONDITIONS THAT TOGETHER LEAD TO MEANINGFUL RESULTS, INCLUDING: A COMMON AGENDA THAT ADDRESSES SHARED PRIORITIES, A SHARED DEFINED TARGET POPULATION, SHARED PROCESSES AND OUTCOMES, MEASUREMENT, MUTUALLY REINFORCING EVIDENCE BASED ACTIVITIES, CONTINUOUS COMMUNICATION AND QUALITY IMPROVEMENT, AND A BACKBONE ORGANIZATION DESIGNATED TO ENGAGE AND COORDINATE PARTNERS.

THE HOSPITAL ORGANIZATION ENGAGES IN EXTERNAL COLLABORATION WITH THE FOLLOWING PARTNERS:

- LOCAL HEALTH IMPROVEMENT COALITIONS (LHICS)
- FAITH BASED COMMUNITY ORGANIZATIONS

Part VI Supplemental Information

Provide the following information.

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

NO MEMBER OF THE HOSPITAL ORGANIZATION CO-CHAIRS THE LOCAL HEALTH IMPROVEMENT COALITION (LHIC) IN THE JURISDICTIONS WHERE THE HOSPITAL ORGANIZATION IS TARGETING COMMUNITY BENEFIT DOLLARS? NO MEMBER OF THE HOSPITAL ORGANIZATION ATTENDS OR IS A MEMBER OF THE LHIC IN THE JURISDICTIONS WHERE THE HOSPITAL ORGANIZATION IS TARGETING COMMUNITY BENEFIT DOLLARS.

ELIGIBILITY EDUCATION & FINANCIAL ASSISTANCE - UMMSC

SCHEDULE H, PART VI, LINE 3

UNIVERSITY OF MARYLAND MEDICAL UMMS IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. IN COMPLIANCE WITH THE NEW IRC SECTION 501(R) REGULATIONS UMMS IS CURRENTLY IN THE PROCESS OF UPDATING THEIR FINANCIAL ASSISTANCE POLICY TO ENSURE ITS COMPLIANCE WITH IRS REGULATIONS.

IT IS THE POLICY OF THE UMMS ENTITIES TO PROVIDE FINANCIAL ASSISTANCE

Part VI Supplemental Information

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BASED ON INDIGENCE OR HIGH MEDICAL EXPENSES FOR PATIENTS WHO MEET SPECIFIED FINANCIAL CRITERIA AND REQUEST SUCH ASSISTANCE. THE FINANCIAL CLEARANCE PROGRAM POLICY IS A CLEAR, COMPREHENSIVE POLICY ESTABLISHED TO ASSESS THE NEEDS OF PARTICULAR PATIENTS THAT HAVE INDICATED A POSSIBLE FINANCIAL HARDSHIP IN OBTAINING AID WHEN IT IS BEYOND THEIR FINANCIAL ABILITY TO PAY FOR SERVICES RENDERED.

UMMC MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO OUR PATIENTS INCLUDING, BUT NOT LIMITED TO:

- SIGNAGE IN MAIN ADMITTING AREAS AND EMERGENCY ROOMS OF THE HOSPITAL
- PATIENT HANDBOOK DISTRIBUTED TO ALL PATIENTS
- BROCHURES EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL PATIENT CARE AREAS
- PATIENT INFORMATION SHEETS (AVAILABLE IN ENGLISH & SPANISH)
- APPEARING IN PRINT MEDIA THROUGH LOCAL NEWSPAPERS

Part VI Supplemental Information

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ELIGIBILITY EDUCATION & FINANCIAL ASSISTANCE - UMSJMC

SCHEDULE H, PART VI, LINE 3

OUR FINANCIAL ASSISTANCE POLICY AND THE COMMUNICATION ABOUT OUR FINANCIAL ASSISTANCE POLICY IS REGULARLY REVIEWED TO MAKE SURE IT IS AVAILABLE TO OUR PATIENTS IN A VARIETY OF FORMATS AND THAT IT IS AVAILABLE IN CULTURALLY/LINGUISTICALLY SENSITIVE MANNER AND AT A READING COMPREHENSIVE LEVEL APPROPRIATE TO THE POPULATION OF OUR CBSA. IN COMPLIANCE WITH THE NEW IRC SECTION 501(R) REGULATIONS UMSJMC IS CURRENTLY IN THE PROCESS OF UPDATING THEIR FINANCIAL ASSISTANCE POLICY TO ENSURE ITS COMPLIANCE WITH IRS REGULATIONS.

THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR PATIENTS WHO WOULD OTHERWISE BE BILLED FOR SERVICES ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS IS COMMUNICATED TO PATIENTS IN MULTIPLE WAYS:

- AT ALL OUR POINTS OF REGISTRATION IN THE HOSPITAL (GENERAL REGISTRATION, EMERGENCY DEPARTMENT) AND IN OUR SPECIALIZED SERVICE AREAS (PERINATAL CENTER, CANCER INSTITUTE, ETC.) LARGE SIGNS ARE POSTED

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INFORMING THE PATIENT THAT IF THEY FACE PROBLEMS IN PAYING FOR THEIR CARE, THEY MAY APPLY FOR FINANCIAL ASSISTANCE. THE PHONE NUMBER IS POSTED FOR THEM TO CONTACT ONE OF OUR FINANCIAL COUNSELORS.

- WHEN PATIENTS ARE REGISTERING IN THE HOSPITAL FOR INPATIENT TREATMENT OR OUTPATIENT TREATMENT, THEY ARE GIVEN THE PATIENT FINANCIAL INFORMATION SHEET (APPENDIX III) THAT IS PRINTED ON TWO SIDES IN ENGLISH AND SPANISH. THIS PATIENT FINANCIAL INFORMATION SHEET IS AVAILABLE AT EVERY POINT OF ENTRANCE TO THE HOSPITAL AND EVERY POINT OF SERVICE DELIVERY. IT IS ALSO INCLUDED IN THE PATIENT INFORMATION PACKET GIVEN TO EACH PATIENT.

- WHEN PATIENTS ARE INPATIENTS AND DO NOT HAVE ANY HEALTH INSURANCE, ONE OF OUR FINANCIAL COUNSELORS VISITS THEM IN THEIR ROOM AND DISCUSSES WITH THEM AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS SUCH AS MEDICAID OR STATE PROGRAMS OFFERING HEALTH CARE ASSISTANCE AND ASSISTS THE PATIENTS WITH APPROPRIATE QUALIFICATIONS TO APPLY.

- WHEN PATIENTS RECEIVE OUTPATIENT SERVICES AND DO NOT HAVE ANY HEALTH INSURANCE, THE FINANCIAL COUNSELOR SENDS THEM INFORMATION ABOUT THEIR POTENTIAL ELIGIBILITY FOR VARIOUS GOVERNMENT BENEFITS SUCH AS MEDICAID OR STATE PROGRAMS OFFERING HEALTH CARE ASSISTANCE, AND INVITES THEM TO CALL

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(SPANISH AND ENGLISH-SPEAKING FINANCIAL COUNSELORS ARE AVAILABLE) TO
DISCUSS APPLYING FOR THESE PROGRAMS.

WHEN A PATIENT APPLIES FOR FINANCIAL ASSISTANCE, OUR BILINGUAL FINANCIAL
ASSISTANCE COUNSELOR WORKS WITH THE PATIENT TO GATHER APPROPRIATE
DOCUMENTS AND SUBMIT THEIR APPLICATION FOR FINANCIAL ASSISTANCE.

DESCRIPTION OF COMMUNITY SERVED - UMMSC

SCHEDULE H, PART VI, LINE 4

FOR PURPOSES OF COMMUNITY BENEFITS PROGRAMMING TO THE STATE, THE
COMMUNITY BENEFIT SERVICE AREA FOR THE UNIVERSITY OF MARYLAND MEDICAL
CENTER IS DEFINED AS WITHIN BALTIMORE CITY. THERE ARE SEVEN ZIP CODES
WHICH SPECIFICALLY DEFINES THE TARGET POPULATION: 21201, 21206, 21215,
21216, 21217, 21218, 21223, 21229, AND 21230. ZIP CODES IN THIS
COMMUNITY ARE PART OF THE FEDERALLY DESIGNATED WEST BALTIMORE MEDICAID
HEALTH PROFESSIONAL SHORTAGE AREA (HPSA). THIS DESIGNATION INDICATES THAT
THERE IS LESS THAN ONE PRIMARY CARE PROVIDER PRACTICING IN THE AREA FOR
EVERY 3,000 MEDICAID ELIGIBLE COMMUNITY MEMBERS. THE POPULATIONS IN

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THESE ZIP CODES ARE SOME OF THE MOST VULNERABLE, UNDERSERVED RESIDENTS IN BALTIMORE CITY WITH SIGNIFICANT HEALTH DISPARITIES WHEN COMPARED TO OTHER ZIP CODES IN BALTIMORE CITY AND MARYLAND.

RESIDENTS WITHIN THE TARGETED ZIP CODES FACE SIGNIFICANT HEALTH DISPARITIES. LIFE EXPECTANCY IN THE TARGET POPULATION IS 62.9 YEARS VS 71.8 YEARS FOR BALTIMORE CITY OVERALL AND 82 YEARS FOR ROLAND PARK, AN UPSCALE BALTIMORE CITY NEIGHBORHOOD.

LIFE EXPECTANCY IS AFFECTED BY CHRONIC DISEASE PREVALENCE AND UNCONTROLLED RISK FACTORS, LIKE HYPERTENSION. ACCORDING TO MARYLAND'S STATEWIDE HEALTH IMPROVEMENT PLAN (SHIP), ER VISITS DUE TO HYPERTENSION ARE 658.9/100,000 POPULATION IN BALTIMORE CITY AS COMPARED WITH 252.2/100,000 FOR MARYLAND, PLACING BALTIMORE CITY WITH THE HIGHEST PREVALENCE IN THE STATE. THIS 20-YEAR DISPARITY IN LIFE EXPECTANCY AND QUALITY OF LIFE IS ALSO PROFOUNDLY AFFECTED BY MULTIPLE SOCIAL DETERMINANTS OF HEALTH (SDOH). WHILE THERE ARE NUMEROUS SOCIAL DETERMINANTS WHICH AFFECT THIS POPULATION, THE MAIN SDOHS INCLUDE THE

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

PREVALENCE OF FOOD DESERTS, UNEMPLOYMENT AND POVERTY, TRANSPORTATION ISSUES, AND VIOLENCE. PHYSICAL ENVIRONMENT DETERMINANTS INCLUDE THE PREVALENCE OF INADEQUATE/UNSAFE HOUSING, VACANT HOMES, AND HIGH TOBACCO AND ALCOHOL STORE DENSITY. THE FOLLOWING TABLE ILLUSTRATES DEMOGRAPHICS AND SOME OF THE SIGNIFICANT SOCIAL DETERMINANTS OF HEALTH AFFECTING THE TARGET POPULATION. FOR A MORE DETAILED ANALYSIS OF THESE AND OTHER DETERMINANTS OF HEALTH IN THIS POPULATION, PLEASE REVIEW UMMC'S FY2015 COMMUNITY HEALTH NEEDS ASSESSMENT AT: WWW.UMM.EDU/COMMUNITY

TARGET POPULATION DESCRIPTION:

TARGET POPULATION TOTAL: 344,124 (MALE=159,688, FEMALE=184,436)

MEDIAN AGE: 34.6 YEARS

RACE:

WHITE/CAUCASIAN	81,208
BLACK/AFRICAN AMERICAN	242,172

Part VI Supplemental Information

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AMER. INDIAN/ALASKA NATIVE	1,084
ASIAN	8,161
NATIVE HAWAIIAN/OTHER PACIFIC	205
OTHER	2,629
TWO OR MORE RACES	8,665

ETHNICITY:

HISPANIC	8,759
NON-HISPANIC	335,365

MEDIAN HOUSEHOLD INCOME: \$42,266

PERCENTAGE OF HOUSEHOLDS W/ INCOMES BELOW THE FEDERAL POVERTY GUIDELINES:

22.7%

PERCENTAGE OF UNINSURED PEOPLE: 14%

PERCENTAGE OF MEDICAID RECIPIENTS: 30.9%

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PERCENTAGE OF HS GRADUATES: 66%

UNEMPLOYMENT RATE: 21.9% - 28.6%

NO VEHICLE AVAILABLE: 15.3%

SEVERE HOUSING PROBLEMS: 24%

HEALTHY FOOD AVAILABILITY INDEX: 7.8-12.4 (SCALE = 0-25)

TOBACCO STORE DENSITY: 27.8- 51.4 STORES/10,000 PEOPLE

DESCRIPTION OF COMMUNITY SERVED - UMSJMC

SCHEDULE H, PART VI, LINE 4

THE UM ST. JOSEPH MEDICAL CENTER IS LOCATED IN A NORTHERN SUBURB OF

BALTIMORE COUNTY, DRAWS PATIENTS FROM FRANKLINVILLE, WESTMINSTER IN THE

WEST, ABERDEEN AND EASTERN SHORE TO THE EAST, TO THE PENNSYLVANIA LINE UP

Part VI Supplemental Information

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THE I-83 CORRIDOR INCLUDING AND HANOVER, PA AND AS FAR SOUTH AS LANDSDOWNE. THIS IS AN AREA DISTINCTIVE IN THE VERY BROAD RANGE OF POPULATIONS IT CONTAINS IN TERMS OF ECONOMIC, ETHNIC/RACIAL, AND URBAN/RURAL CONSIDERATIONS.

THE COMMUNITY BENEFIT SERVICE AREA OF UM ST. JOSEPH MEDICAL CENTER IS CONSTITUTED BY THE ZIP CODES IN WHICH PATIENTS RESIDE WHO HAVE RECEIVED CHARITY CARE. THESE ZIP CODES ARE: 17361, 20011, 20724, 21001, 21014, 21030, 21050, 21057, 21078, 21082, 21093, 21094, 21111, 21117, 21120, 21136, 21161, 21202, 21204, 21206, 21207, 21209, 21211, 21212, 21214, 21215, 21216, 21217, 21218, 21221, 21222, 21227, 21228, 21229, 21234, 21236, 21237, 21239, 21244, 21286, 30062

THE CBSA FOR UM ST. JOSEPH MEDICAL CENTER (UM SJMC) HAS BEEN IDENTIFIED BY PLOTTING THE ZIP CODES OF RECIPIENTS OF FINANCIAL ASSISTANCE/CHARITY CARE IN FY '15. UM ST. JOSEPH MEDICAL CENTER'S CBSA FALLS PRIMARILY WITHIN BALTIMORE COUNTY WITH A FEW OUTLYING AREAS IN, HARFORD COUNTY. WHEN ILLUSTRATED IN THIS WAY, IT BECOMES CLEAR THAT A SIGNIFICANT PORTION

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OF THE CHARITY CARE CASES FOR FY '15 ARE CONCENTRATED IN TWO AREAS, I.E., THE NORTHERN SEGMENT OF BALTIMORE COUNTY AROUND HUNT VALLEY AND COCKEYSVILLE, AND THE EASTERN SEGMENT IN THE CARNEY/PARKVILLE AREA. WE FEEL THIS CONFIRMS SEVERAL THINGS WE KNOW ALREADY: THE IMMEDIATE GEOGRAPHIC AREA IN WHICH UM SJMC IS LOCATED IS PREDOMINANTLY A MIDDLE-CLASS/UPPER MIDDLE-CLASS POPULATION. WHILE THERE ARE, INDEED, PEOPLE FROM THE AREA PROXIMATE TO UM SJMC WHO RECEIVE CHARITY CARE, THIS IS NOT WHERE THE GREATEST NEED FOR CHARITY CARE EXISTS FOR US. THE GROWING HISPANIC IMMIGRANT POPULATION IN THE HUNT VALLEY/COCKEYSVILLE AREA. THIS HAS CREATED A POCKET OF FINANCIALLY CHALLENGED PEOPLE IN AN AREA THAT IS USUALLY VIEWED AS FAIRLY AFFLUENT.

MEDIAN HOUSEHOLD INCOME: \$65,411

PERCENTAGE OF HOUSEHOLDS WITH INCOMES BELOW THE FEDERAL POVERTY GUIDELINES: 5.4%

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THE FOLLOWING LINKS PROVIDE INFORMATION ON THE PERCENTAGE OF UNINSURED

PEOPLE BY COUNTY WITHIN THE CBSA:

[HTTP://WWW.CENSUS.GOV/HHES/WWW/HLTHINS/DATA/ACS/AFF.HTML;](http://www.census.gov/hhes/www/health/data/acs/aff.html)

[HTTP://PLANNING.MARYLAND.GOV/MSDC/AMERICAN_COMMUNITY_SURVEY/2009ACS.SHTML](http://planning.maryland.gov/msdc/american_community_survey/2009acs.shtml)

NH BLACK: 17.5%

HISPANIC: 44.7%

NH WHITE: 10.4%

PERCENTAGE OF MEDICAID RECIPIENTS BY COUNTY: 107,294 RECIPIENTS OR

13.13%

LIFE EXPECTANCY BY COUNTY (INCLUDING BY RACE AND ETHNICITY WHERE DATA ARE AVAILABLE).

SEE SHIP WEBSITE:

[HTTP://DHMH.MARYLAND.GOV/SHIP/SITEPAGES/HOME.ASPX](http://dhmh.maryland.gov/ship/sitepages/home.aspx) AND COUNTY PROFILES:

[HTTP://DHMH.MARYLAND.GOV/SHIP/SITEPAGES/LHICCONTACTS.ASPX](http://dhmh.maryland.gov/ship/sitepages/lhiccontacts.aspx)

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GENERAL: 78.1 YEARS

BLACK: 75.4 YEARS

WHITE: 78.6 YEARS

MORTALITY RATES BY COUNTY (INCLUDING BY RACE AND ETHNICITY WHERE DATA ARE AVAILABLE):

- HEART DISEASE - DEATHS PER 100,000 PEOPLE:

AVERAGE: 68.3

BLACK: 238.6

WHITE: 197.4

- CANCER - DEATHS PER 100,000 PEOPLE:

AVERAGE: 98.5

BLACK: 218.8

HISPANIC: 65.3

WHITE: 191.7

RACE, ETHNICITY, AND LANGUAGE:

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SEE SHIP COUNTY PROFILES FOR DEMOGRAPHIC INFORMATION OF MARYLAND

JURISDICTIONS. [HTTP://DHMH.MARYLAND.GOV/SHIP/SITEPAGES/LHICCONTACTS.ASPX](http://DHMH.MARYLAND.GOV/SHIP/SITEPAGES/LHICCONTACTS.ASPX)

WHITE: 64.8%

BLACK/AFRICAN AMERICAN: 27.0%

HISPANIC/LATINO: 4.6%

ASIAN ALONE: 5.4%

TWO OR MORE RACES: 2.2%

LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME: 12.6%

PROMOTING THE HEALTH OF THE COMMUNITY - UMSC

SCHEDULE H, PART VI, LINE 5

THE STRATEGIC PRIORITIES IDENTIFIED IN THE FY15 COMMUNITY HEALTH NEEDS

ASSESSMENT ARE AGAIN AS FOLLOWS:

1. CARDIOVASCULAR DISEASE
2. WORKFORCE DEVELOPMENT (AS A SHARED COMPONENT OF LITERACY AND SDOH)
3. MATERNAL & CHILD HEALTH
4. VIOLENCE PREVENTION (RELATED TO BEHAVIORAL/MENTAL HEALTH)

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5. HEALTH LITERACY (SHARED UMMS PRIORITY)

PROGRAMMING AND INITIATIVES ARE DEVELOPED WITHIN EACH OF THESE STRATEGIC PRIORITIES.

INITIATIVE 1: CARDIOVASCULAR DISEASE/OBESITY

IDENTIFIED NEED:

68% OF BALTIMORE CITY ADULTS ARE EITHER OVERWEIGHT OR OBESE. HEART DISEASE IS THE NUMBER ONE LEADING CAUSE OF DEATH, AND STROKE IS THE THIRD LEADING CAUSE OF DEATH IN BALTIMORE CITY. BALTIMORE CITY'S HYPERTENSION ED VISIT RATE IS 658/100,000 AS COMPARED TO 252/100,000 FOR MARYLAND. SIGNIFICANT HEALTH DISPARITIES EXIST AMONG AFRICAN AMERICANS IN BALTIMORE CITY. FOOD DESERTS EXIST IN HALF OF THE TARGETED ZIPS. THIS PROBLEM WAS IDENTIFIED THROUGH THE CHNA PROCESS (FY12 & FY15).

HOSPITAL INITIATIVES:

- FALL BACK INTO HEALTH/SPRING INTO HEALTHY SUMMER HEALTH FAIRS

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- FARMER'S MARKET, KIDS TO FARMER'S MARKET
- HYPERTENSION (HTN) PROGRAM FOR AA MEN
- SMOKING CESSATION PROGRAM FOR AA MEN

TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE WITHIN THE TARGET

POPULATION:

- HEALTH FAIRS = 850+ (FOR 2 LARGER HEALTH FAIRS & 2,761 FOR ALL OTHER SMALLER HEALTH FAIRS/EVENTS)
- FARMER'S MARKET = APPROX. 2,800
- KIDS TO FARMER'S MARKET = 150
- HYPERTENSION (HTN) PROGRAM = 1,400 BP SCREENS, ALL RACES/BOTH GENDERS, 842 AFRICAN AMERICAN MEN
- SMOKING CESSATION = 393 PEOPLE EDUCATED/COUNSELED; 18 IN CESSATION

CLASS

PRIMARY OBJECTIVE OF THE INITIATIVE:

PROVIDE EVIDENCE-BASED, INNOVATIVE, AND ENGAGING PROGRAMS THAT:

- 1) REDUCE PREVALENCE OF OBESITY (CHILDREN & ADULTS)

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2) REDUCE PREVALENCE OF UNCONTROLLED HYPERTENSION

3) INCREASE SELF-REPORTED KNOWLEDGE/BEHAVIORS OF HEART HEALTHY LIFESTYLE

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

SINCE 2008; EXPECTED TO CONTINUE

KEY COLLABORATORS IN DELIVERY OF INITIATIVE:

UMMC STAFF, UM MIDTOWN STAFF, UNIVERSITY OF MARYLAND BALTIMORE, BALTIMORE CITY HEALTH DEPARTMENT, AMERICAN HEART ASSOCIATION, UNION BAPTIST CHURCH, SHOPPER'S FOOD WAREHOUSE, BI-RITE, AMERICAN DIABETES ASSOCIATION, BALTIMORE CITY DEPT OF PARKS & REC, BALTIMORE CITY PUBLIC SCHOOLS

IMPACT/OUTCOME OF HOSPITAL INITIATIVES:

HEALTH FAIRS:

86% OF PEOPLE SURVEYED FOLLOWING THE HEALTH FAIR REPORTED LEARNING NEW HEALTH INFORMATION; WHEN ASKED BEFORE & AFTER HEALTH FAIR, THERE WAS A STATISTICALLY SIGNIFICANT IMPROVEMENT IN PEOPLE KNOWING WHAT THEIR BP

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MEANS - Z SCORE = -2.3897, P = 0.01684, P <0.05.

FARMER'S MARKET:

MARYLAND MARKET MONEY (BONUS DOLLARS PROGRAM) REDEEMED = \$1,065; SNAP

BENEFITS REDEEMED - \$1,440; FVC?FMNP/SFMP REDEEMED - \$982

KIDS TO FARMER'S MARKET:

OVER 90% OF CHILDREN WHO ATTENDED TRIED A NEW HEALTHY RECIPE WITH FRESH
PRODUCE AND LIKED IT.

HTN PROGRAM:

577 OUT OF 842 AA MEN WERE IDENTIFIED AS HYPERTENSIVE IN THE COMMUNITY &
EDUCATED/COUNSELED ABOUT HYPERTENSION AND PREVENTION & REFERRED FOR
TREATMENT.

SMOKING CESSATION:

NRTS DISTRIBUTED TO 9/18 CLASS PARTICIPANTS AT HELPING UP MISSION; 393
OTHERS WERE EDUCATED ABOUT CESSATION AND/OR TOBACCO PREVENTION.

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EVALUATION OUTCOMES:

ACCORDING TO THE MARYLAND SHIP WEBSITE, THE FOLLOWING DATA TRENDS ARE:

(SOURCE: [HTTP://DHMH.MARYLAND.GOV/SHIP/SITEPAGES/HOME.ASPX](http://DHMH.MARYLAND.GOV/SHIP/SITEPAGES/HOME.ASPX))

% OF ADULTS AT HEALTHY WEIGHT - BALTIMORE CITY: 2011 = 34.5%, 2012 = 39.7%, 2013 = 35%

% OF CHILDREN/ADOLESCENTS WHO ARE OBESE - BALTIMORE CITY: 2010 = 16.4, 2013 = 14.9

ED VISIT RATE DUE TO HTN - BALTIMORE CITY: 2012 = 591.1, 2013 = 599.6, 2014 = 658.9

TRENDS FOR ADULTS AT A HEALTHY WEIGHT AND ED VISITS DUE TO HTN ARE PERFORMING NEGATIVELY AT THIS TIME FOR BALTIMORE CITY AND ESPECIALLY AFRICAN AMERICANS. PREVALENCE TREND OF OBESE CHILDREN/ADOLESCENTS IN BALTIMORE CITY IS SHOWING IMPROVEMENT.

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CONTINUATION OF INITIATIVE:

TRENDS FOR ADULTS AT A HEALTHY WEIGHT AND ED VISITS DUE TO HTN ARE PERFORMING NEGATIVELY AT THIS TIME FOR BALTIMORE CITY AND ESPECIALLY AFRICAN AMERICANS.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR:

HEALTH FAIRS = \$46,153

FARMER'S MARKET = \$5,569

KIDS TO FARMER'S MARKET = \$3,000

HTN PROGRAM = \$46,037

SMOKING CESSATION = \$6,000

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS:

HEALTH FAIRS = \$0

FARMER'S MARKET = \$0

KIDS TO FARMER'S MARKET = \$0

HTN PROGRAM = \$46,037

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- 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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- 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.

SMOKING CESSATION = \$6,000

INITIATIVE 2: MATERNAL/CHILD HEALTH

IDENTIFIED NEED:

INFANT MORTALITY IS 10.3 PER 1,000 BIRTHS IN BALTIMORE MAKING IT THE HIGHEST RATE OF INFANT MORTALITY IN MARYLAND. THE MARYLAND 2017 GOAL IS 6.3. THE PERCENTAGE OF LOW BIRTH WEIGHT INFANTS BORN IN BALTO CITY IS 11.9% - ONCE AGAIN THE HIGHEST IN MARYLAND. THE MARYLAND 2017 GOAL IS 8%. MARYLAND 2013 PREVALENCE OF EVER BREASTFEEDING WAS 69.4% WITH THE HEALTHY PEOPLE 2020 GOAL AT 81.9%. THIS WAS IDENTIFIED THROUGH THE CHNA PROCESS (FY12 & FY15).

HOSPITAL INITIATIVES:

- STORK'S NEST
- BREATHMOBILE
- SAFE KIDS

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.

TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE WITHIN THE TARGET

POPULATION:

- STORK'S NEST - 163
- BREATHMOBILE - 536
- SAFE KIDS - 5,393

PRIMARY OBJECTIVES OF THE INITIATIVE:

PROVIDE EVIDENCE-BASED, INNOVATIVE, AND ENGAGING PROGRAMS THAT:

- 1) REDUCE LOW BIRTHWEIGHT BIRTHS IN WEST BALTIMORE COMMUNITIES
- 2) REDUCE PEDIATRIC ASTHMA INCIDENCE AND ED VISITS
- 3) REDUCE UNINTENTIONAL INJURIES IN CHILDREN
- 4) INCREASE AWARENESS AND BENEFITS OF BREASTFEEDING

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

SINCE 2005; EXPECTED TO CONTINUE

KEY COLLABORATORS IN DELIVERY OF INITIATIVE:

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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ZETA PHI BETA SORORITY, MARCH OF DIMES, B'MORE HEALTHY BABIES, BALTIMORE

CITY PUBLIC SCHOOLS, BALTIMORE CITY FIRE AND POLICE DEPARTMENTS

IMPACT/OUTCOME OF HOSPITAL INITIATIVE:

- STORK'S NEST - 84.2% BABIES BORN >37 WEEKS; 80.8% BABIES BORN >2500

GRAMS; 64.4% OF SN MOMS INITIATED BREASTFEEDING

- BREATHMOBILE - 51.5% OF BM PATIENTS HAD ANY ED VISIT; ONLY 33.7% OF

THOSE HAD > 2 ED VISITS; ONLY 12.3% WERE HOSPITALIZED; ONLY 34.2% MISSED

> 5 DAYS OF SCHOOL

- SAFE KIDS

1)CHILD PASSENGER SAFETY - CAR SAFETY MISUSE RATE = 83% - ALL

SEATS CORRECTED TO 100%

2) FIRE SAFETY - PRE-PROGRAM SAFETY ASSESSMENT SCORE = 69.6% WITH

POST-PROGRAM SAFETY ASSESSMENT SCORE = 88.5% (N = 100 THIRD

GRADERS FROM 2 ELEMENTARY SCHOOLS)

3) PEDESTRIAN SAFETY - PRE-PROGRAM ASSESSMENT SCORE = 51.6% WITH

POST-PROGRAM ASSESSMENT SCORE = 96.8% (N = 50 THIRD GRADE

STUDENTS)

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.

- BREASTFEEDING - JUST INITIATING INITIATIVE IN FY16

EVALUATION OUTCOMES:

ACCORDING TO THE MARYLAND SHIP WEBSITE, THE FOLLOWING DATA TRENDS ARE:

(SOURCE: [HTTP://DHMH.MARYLAND.GOV/SHIP/SITEPAGES/HOME.ASPX](http://DHMH.MARYLAND.GOV/SHIP/SITEPAGES/HOME.ASPX))

% OF BABIES AT LOW BIRTH RATE - BALTIMORE CITY: 2011 - 11.6%, 2012 = 11.8, 2013 - 11.9

% OF ED VISITS R/T ASTHMA - BALTIMORE CITY: 2012 = 235.2/10,000 POPULATION, 2013 = 223.5, 2014 = 224.8

% OF BREASTFEEDING - MARYLAND: 2013 = 69.4% EVER BREASTFED (SOURCE: [HTTP://WWW.CDC.GOV/BREASTFEEDING/PDF/2013BREASTFEEDINGREPORTCARD.PDF](http://WWW.CDC.GOV/BREASTFEEDING/PDF/2013BREASTFEEDINGREPORTCARD.PDF))

TRENDS IN ABOVE MEASURES ARE STAGNANT OR WORSENING FOR BALTIMORE CITY.

CONTINUATION OF INITIATIVE:

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.

YES - INDICATORS ARE NOT IMPROVING AND WARRANT CONTINUED FOCUS

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR:

- STORK'S NEST - \$18,044
- BREATHMOBILE - \$177,747
- SAFE KIDS - \$61,952 D.

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS:

SN = \$0

BREATHMOBILE = \$171,944

SAFE KIDS = \$0

INITIATIVE 3: VIOLENCE PREVENTION

IDENTIFIED NEED:

HOMICIDE IS THE 6TH LEADING CAUSE OF DEATH IN BALTO CITY. HOMICIDE RATE

IS MUCH HIGHER IN 5/9 OF THE TARGETED ZIPS AND AT SAME RATE IN 1 ZIP.

HOMICIDE IS THE NUMBER 1 KILLER OF AFRICAN AMERICAN MEN AGES 19-24 YRS.

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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- 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.

ALCOHOL/ SUBSTANCE USE & DISTRACTIONS IMPAIRS DRIVING & LEAD TO PREVENTABLE ACCIDENTS. THIS WAS IDENTIFIED THROUGH THE CHNA PROCESS (FY12 & FY15).

HOSPITAL INITIATIVES:

- VIOLENCE INTERVENTION PROGRAM (VIP)
- MY FUTURE MY CAREER
- PROMOTING HEALTHY ALTERNATIVES FOR TEENS (PHAT)
- TRAUMA PREVENTION PROGRAMS (INCLUDING DISTRACTED DRIVING)

TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE WITHIN THE TARGET POPULATION:

- VIP - 1,662 ENCOUNTERS WITH 42 REGISTERED PARTICIPANTS
- DOMESTIC VIOLENCE PROJECT - 126
- PHAT PROGRAM - 25
- TRAUMA PREVENTION - 11,795

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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- 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 OBJECTIVES OF THE INITIATIVE:

PROVIDE EVIDENCE-BASED, INNOVATIVE, AND ENGAGING PROGRAMS THAT:

- 1) REDUCES RECIDIVISM DUE TO VIOLENT INJURY AND DOMESTIC VIOLENCE
- 2) PROMOTE VIOLENCE PREVENTION AND EDUCATION IN YOUTH
- 3) PROMOTE TRAUMA PREVENTION (DISTRACTED DRIVING, DRIVING WHILE INTOXICATED)

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

SINCE 1998; EXPECTED TO CONTINUE

KEY COLLABORATORS IN DELIVERY OF INITIATIVE:

UMMC PARTNERS WITH BALTIMORE CITY POLICE COMMISSIONER, BALTIMORE CITY POLICE DEPT., BALTIMORE CITY PUBLIC SCHOOLS, BALTIMORE CITY HEALTH DEPT., HSCRC, AND DPSC SECRETARY

IMPACT/OUTCOME OF HOSPITAL INITIATIVE:

AS A RESULT OF THE VPP PROGRAM (OF 42 CLIENTS), THERE WERE:

- RECIDIVISM: 2 CLIENTS - ONLY 4.76% HAD A REPEAT ADMISSION SECONDARY TO

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

VIOLENCE

- JOB/EMPLOYMENT: 9 CLIENTS - 21% OF CLIENTS BECAME GAINFULLY EMPLOYED
- SCHOOL :1 CLIENT - RETURNED TO SCHOOL

EVALUATION OUTCOMES:

BALTIMORE CITY'S HOMICIDE RATE THIS YEAR IS THE HIGHEST ON RECORD SINCE THE 1990S. THE RATE IS APPROX. 1/DAY WITH HALF OF THEM OCCURRING IN THE TARGETED CBSA. SINCE THE UNREST IN THE SPRING, VIOLENCE PREVALENCE HAS INCREASED.

(SOURCE: [HTTP://DATA.BALTIMORESUN.COM/BING-MAPS/HOMICIDES/?](http://data.baltimoresun.com/bing-maps/homicides/?))

CONTINUATION OF INITIATIVE:

YES - VIOLENCE INDICATORS ARE ON SHARP INCREASE ESPECIALLY SINCE APRIL 2015 AND WARRANT CONTINUED FOCUS.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR:

ALL VIOLENCE PREVENTION INITIATIVES = APPROX. \$150,000

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS

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.

ALL VIOLENCE PREVENTION INITIATIVES = \$100,900

INITIATIVE 4: WORKFORCE DEVELOPMENT

IDENTIFIED NEED:

11% UNEMPLOYMENT RATE IN BALTIMORE CITY WITH TARGETED CBSA ZIP CODES MUCH HIGHER (17.5% AND 19.6% IN 6/9 ZIPS). THIS WAS IDENTIFIED THROUGH THE CHNA PROCESS (FY12 & FY15).

HOSPITAL INITIATIVES:

- HCA INTERNS
- PROJECT SEARCH
- BACH FELLOWS
- YOUTHWORKS
- BUILDING STEPS
- DRESS FOR SUCCESS

Part VI Supplemental Information

Provide the following information.

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- 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.

TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE WITHIN THE TARGET

POPULATION:

379 INDIVIDUALS

PRIMARY OBJECTIVES OF THE INITIATIVE:

PROVIDE EVIDENCE-BASED, INNOVATIVE, AND ENGAGING PROGRAMS THAT INCREASE:

- 1) NUMBER OF PEOPLE GAINFULLY EMPLOYED
- 2) EMPLOYMENT DIVERSITY OF UNDER-REPRESENTED GROUPS IN HEALTH CARE

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

SINCE 2003; EXPECTED TO CONTINUE

KEY COLLABORATORS IN DELIVERY OF INITIATIVE:

UMMC PARTNERS WITH UNIVERSITY OF MARYLAND BALTIMORE, THE ARC OF BALTIMORE, BALTIMORE CITY PUBLIC SCHOOLS, BALTIMORE CITY, DIVISION OF REHABILITATION SERVICES, BUILDING STEPS, CENTER FOR URBAN FAMILIES, ASSOCIATION FOR BLACK CHARITIES.

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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- 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.

IMPACT/OUTCOME OF HOSPITAL INITIATIVE:

379 YOUTH AND ADULTS BENEFITED FROM THE WORKFORCE DEVELOPMENT INITIATIVES. 36% (137/379) OF THE PEOPLE SERVED BY THE VARIOUS WORKFORCE DEVELOPMENT PROGRAMS WERE HIRED AS A RESULT OF THESE PROGRAMS. WD PROVIDES ON-THE-JOB TRAINING, SOFT SKILLS TRAINING, INTERNSHIPS, TUTORING, AND SEVERAL EDUCATIONAL PROGRAMS FOR MINORITIES AND YOUTH IN THE CBSA.

EVALUATION OUTCOMES:

BALTIMORE CITY'S UNEMPLOYMENT INCREASE TO A HIGH OF 8.1% IN JUNE 2015. TYPICALLY, IT REMAINS AT 7-8%.

(SOURCE: [HTTP://WWW.DLLR.STATE.MD.US/LMI/LAUS/](http://www.dllr.state.md.us/lmi/laus/))

CONTINUATION OF INITIATIVE:

YES, UNEMPLOYMENT RATE IS ON THE RISE AND THIS WARRANTS CONTINUED FOCUS.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR:

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

ALL INITIATIVES - \$233,600

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS:

HCA INTERNS PROGRAM - \$80,000

PROMOTING THE HEALTH OF THE COMMUNITY - UMSJMC

SCHEDULE H, PART VI, LINE 5

INITIATIVE 1 - EARLY CANCER DETECTION - SCREENING

IDENTIFIED NEED:

CANCER PREVENTION AND EARLY DETECTION THROUGH CANCER SCREENINGS. THIS WAS NOT IDENTIFIED THROUGH THE CHNA PROCESS.

HOSPITAL INITIATIVE: ONE VOICE

TOTAL NUMBER OF PEOPLE WITHIN THE TARGET POPULATION: UNAVAILABLE

TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE WITHIN THE TARGET

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

POPULATION: 210

PRIMARY OBJECTIVE OF THE INITIATIVE:

TO PROVIDE EARLY MAMMOGRAM SCREENING FOR PATIENTS WHO HAD NOT HAD
SCREENINGS BEFORE DUE TO FINANCIAL ISSUES

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

KEY COLLABORATORS IN DELIVERY OF THE INITIATIVE:

BALTIMORE COUNTY CANCER PROGRAM; ADVANCED RADIOLOGY

IMPACT/OUTCOME OF HOSPITAL INITIATIVE:

210 ROUTINE SCREENING MAMMOGRAMS AND CLINICAL BREAST EXAMS; 1 DIAGNOSIS
OF CANCER WITH FOLLOW-UP TREATMENT

EVALUATION OF OUTCOMES: MODESTLY SUCCESSFUL

CONTINUATION OF INITIATIVE? UNKNOWN (DEPENDENT ON FUNDING AND

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.
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COLLABORATION)

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR: \$10,386

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS: \$0

INITIATIVE 2 - CANCER PREVENTION AND EARLY DETECTION

IDENTIFIED NEED:

CANCER PREVENTION AND EARLY DETECTION THROUGH CANCER SCREENINGS

THIS IS NEED WAS IDENTIFIED THROUGH THE CHNA PROCESS. IN ADDITION, NEEDS

WERE IDENTIFIED THROUGH NUEVA VIDA, A COMMUNITY CANCER SUPPORT PROGRAM

FOR LATINAS AND BALTIMORE COUNTY CANCER PROGRAM

HOSPITAL INITIATIVE: ONE VOICE

TOTAL NUMBER OF PEOPLE WITHIN THE TARGET POPULATION: UNAVAILABLE

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.

TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE WITHIN THE TARGET
POPULATION: 63 UNINSURED WOMEN WERE EDUCATED AND PROVIDED CBE AND
MAMMOGRAMS THROUGH THE CANCER INSTITUTE ONE VOICE PROGRAM, A MONTHLY
BREAST CANCER EDUCATION AND SCREENING PROGRAM. 40 DIAGNOSTIC FOLLOW-UP
PROCEDURES WERE PROVIDED TO WOMEN IN THE ONE VOICE PROGRAM

PRIMARY OBJECTIVE OF THE INITIATIVE:
TO EDUCATE UNINSURED/UNDERSERVED WOMEN ABOUT CANCER PREVENTION AND
PROVIDE EARLY DETECTION OF BREAST CANCER THROUGH SCREENING PROGRAM AND
PATIENT NAVIGATION

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

KEY COLLABORATORS IN DELIVERY OF THE INITIATIVE:
NUEVA VIDA, A COMMUNITY CANCER SUPPORT AND ADVOCACY GROUP FOR HISPANIC
WOMEN, CANCER INSTITUTE BREAST CENTER WHO PROVIDES THE CBE AND FOLLOW-UP
FOR WOMEN WITH POSITIVE FINDINGS AND ADVANCED RADIOLOGY WHO PROVIDED 100

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.

FREE SCREENING MAMMOGRAMS FOR THE PROGRAM. UM SJMC WORKS WITH BALTIMORE COUNTY CANCER PROGRAM (BCCP) TO ENROLL WOMEN IN NEED OF A BIOPSY AND/OR TREATMENT INTO THE BREAST AND CERVICAL CANCER DIAGNOSIS AND TREATMENT PROGRAM.

IMPACT/OUTCOME OF HOSPITAL INITIATIVE:

THROUGH OUR COLLABORATIVE PARTNERS, THE ONE VOICE BREAST SCREENING PROGRAM HAS BEEN ABLE TO BE SUSTAINED SINCE 2012 AND HAS EXPANDED TO INCLUDE DIAGNOSTICS AND A SEAMLESS REFERRAL PROCESS FOR CERVICAL AND COLORECTAL SCREENINGS FOR UNINSURED WOMEN.

EVALUATION OF OUTCOMES:

FEEDBACK WAS PROVIDED BY WOMEN SERVED BY THE PROGRAM, NUEVA VIDA, BREAST CENTER AND ADVANCED RADIOLOGY. TWO QUALITY MEASURES WERE ADDED TO THE MONTHLY BREAST SCREENING PROGRAM BASED ON EVALUATION: DIAGNOSTICS WERE INCLUDED IN THE SCREENING PROGRAM TO PROVIDE CONTINUITY OF CARE FOR THE WOMEN AND A REFERRAL PROCESS WAS DEVELOPED WITH BCCP FOR WOMEN IN NEED OF CERVICAL AND/OR COLON CANCER SCREENING.

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.

CONTINUATION OF INITIATIVE? YES

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR: \$1,129

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS \$0

INITIATIVE 3 - CANCER COALITION BUILDING

IDENTIFIED NEED:

COALITION BUILDING AND ADVOCACY ARE VITAL TO A STRONG OUTREACH PROGRAM

FOCUSED ON CANCER EDUCATION, PREVENTION, EARLY DETECTION AND

SURVIVORSHIP, WITH PARTICULAR ATTENTION TO CULTURALLY SENSITIVE

APPROACHES. THIS NEED WAS IDENTIFIED THROUGH THE CHNA PROCESS, WITH THE

ADDITION OF COLLABORATIVE PARTNERSHIPS.

HOSPITAL INITIATIVE: CANCER COALITION BUILDING AND ADVOCACY

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.

TOTAL NUMBER OF PEOPLE WITHIN THE TARGET POPULATION: UNAVAILABLE

TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE WITHIN THE TARGET

POPULATION: 1,768

PRIMARY OBJECTIVE OF THE INITIATIVE:

TO ENHANCE THE EFFECTIVENESS OF EACH PARTICIPATING ORGANIZATION/AGENCY IN
CANCER EDUCATION/PREVENTION BY COLLABORATING IN INITIATIVES TO EDUCATE
AND SCREEN PERSONS, ESPECIALLY THOSE IN MINORITY AND TRADITIONALLY
UNDERSERVED/MARGINAL COMMUNITIES.

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

KEY COLLABORATORS IN DELIVERY OF THE INITIATIVE:

NUEVA VIDA, UMSJMC COMMUNITY HEALTH, UMMS COMMUNITY OUTREACH DOWNTOWN, MD
STATE CANCER COLLABORATIVE, MD STATE CANCER CONTROL STEERING COMMITTEE,
BALTIMORE COUNTY CANCER COALITION

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.

IMPACT/OUTCOME OF HOSPITAL INITIATIVE:

TOTAL # OF COLLABORATIVE EDUCATION/PREVENTION ACTIVITIES = 36

EVALUATION OF OUTCOMES: METRICS INCLUDE THE FOLLOWING:

PEOPLE REACHED (UNAVAILABLE)

PEOPLE SCREENED (UNAVAILABLE)

EVALUATIONS AT INDIVIDUAL EVENTS (UNAVAILABLE)

OF COLLABORATIVE ACTIVITIES (UNAVAILABLE)

CONTINUATION OF INITIATIVE? YES

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR: \$705

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS \$0

INITIATIVE 4 - ST. CLARE MEDICAL OUTREACH

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:

PRIMARY CARE SERVICES FOR PERSONS WITH NO INSURANCE WHATSOEVER (NO MEDICARE, NO MEDICAID, NOT ELIGIBLE FOR ANY HEALTH INSURANCE UNDER THE ACA) OR AN EASILY ACCESSIBLE BUS ROUTE. THIS NEED WAS IDENTIFIED THROUGH THE CHNA PROCESS. ACCESS TO HEALTH CARE WAS IDENTIFIED AS ONE OF THE PRIMARY UNMET HEALTH CARE NEEDS.

HOSPITAL INITIATIVE: ST. CLARE MEDICAL OUTREACH

TOTAL NUMBER OF PEOPLE WITHIN THE TARGET POPULATION:

NUMBER OF HISPANICS IN BALTIMORE CITY 2010 CENSUS - 29,960

NUMBER OF HISPANICS IN BALTIMORE COUNTY 2010 CENSUS - 33,735

TOTAL - 63,695

TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE WITHIN THE TARGET

POPULATION: ST. CLARE HAS 900 INDIVIDUAL PATIENTS

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 OBJECTIVE OF THE INITIATIVE:

PRIMARY HEALTH CARE SERVICE FOR THOSE WITH NO HEALTH INSURANCE,
PARTICULARLY THE HISPANIC COMMUNITY (ALSO IMMIGRANT).

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

KEY COLLABORATORS IN DELIVERY OF THE INITIATIVE:

UM SJMC - PROVIDES NO COST LAB AND OUT-PATIENT SERVICES

CHARITY IN-PATIENT SERVICES FOR PATIENTS REFERRED FROM ST. CLARE MEDICAL

OUTREACH, INCLUDING SURGERY AND CANCER TREATMENT:

- SERVICE OF EMPLOYED PHYSICIANS
- SERVICE OF NON-EMPLOYED SPECIALISTS WHO ACCEPT ST. CLARE PATIENTS AS PRO BONO PATIENTS
- BALTIMORE COUNTY CANCER PREVENTION PROGRAM
- BALTIMORE CITY CANCER PREVENTION PROGRAM - MED STAR
- ESPERANZA CENTER
- HOUSE OF RUTH/ADELENTE FAMILIA

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.

- NUEVA VIDA

- PROVISION - JHH WILMER EYE INSTITUTE - DIABETIC RETINOPATHY

- UNIVERSITY OF MD DENTAL SCHOOL

- BALTIMORE COUNTY HEALTH DEPARTMENT FOR WOMEN'S HEALTH

- BALTIMORE CITY FQHC FOR WOMEN'S HEALTH CARE

- BALTIMORE CITY HEALTH DEPT. - STD CLINICS

- MEDICINE AND INTERNATIONAL HEALTH JHU SOM CENTER FOR TB RESEARCH

IMPACT/OUTCOME OF HOSPITAL INITIATIVE:

ST. CLARE SEES APPROXIMATELY 2200 PATIENTS/YEAR.

EVALUATION OF OUTCOMES:

NUMBER OF PATIENTS ABLE TO BE SEEN WITH LIMITED HEALTH CARE PROVIDERS IN

THE PRACTICE

DECREASE IN AIC MARKERS INDICATING BETTER CONTROL OF DIABETES (DIABETES

IS ONE OF THE MOST PREVALENT AND CHRONIC CONDITIONS OF ST. CLARE

PATIENTS)

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.

DECREASE NUMBER OF PATIENTS SEEN IN THE EMERGENCY ROOM AT SJMC

CONTINUATION OF INITIATIVE

UM ST. JOSEPH MEDICAL CENTER IS COMMITTED TO UNDERWRITING THE EXPENSES OF
ST. CLARE MEDICAL OUTREACH INCLUDING RENT, SALARIES, PHARMACEUTICALS,
ETC.

TOTAL COST OF INITIATIVE FOR CURRENT FISCAL YEAR: \$735,527

DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS \$0

AFFILIATED HEALTH CARE SYSTEM ROLES - UMMSC

SCHEDULE H, PART VI, LINE 6

AS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), THE
UNIVERSITY OF MARYLAND MEDICAL CENTER UNDERSTANDS THAT HEALTH CARE GOES
BEYOND THE WALLS OF THE HOSPITAL AND INTO THE COMMUNITY IT SERVES. UMMS
HOSPITALS ARE COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITIES.

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.

IN DOING SO, THE UMMC ASSESSES THE COMMUNITY'S HEALTH NEEDS, DEVELOPS BUDGETS, AND RESPONDS WITH SERVICES, PROGRAMS AND INITIATIVES WHICH MAKE A POSITIVE, SUSTAINED IMPACT ON THE HEALTH OF THE COMMUNITY. WITH REPRESENTATION FROM ALL UMMS HOSPITALS, THE MEDICAL SYSTEM'S COMMUNITY HEALTH NEEDS ASSESSMENT AND REPORTING COALITION COORDINATES THE EFFECTIVE AND EFFICIENT UTILIZATION AND DEPLOYMENT OF RESOURCES FOR COMMUNITY-BASED ACTIVITIES AND EVALUATES HOW SERVICES AND ACTIVITIES MEET TARGETED COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS. THE UNIVERSITY OF MARYLAND MEDICAL CENTER IS COMMITTED TO HEALTH EDUCATION, ADVOCACY, COMMUNITY PARTNERSHIPS, AND PROGRAMS TO ELIMINATE HEALTH CARE DISPARITIES IN OUR COMMUNITY.

AFFILIATED HEALTH CARE SYSTEM ROLES - UMSJMC

SCHEDULE H, PART VI, LINE 6

AS A MEMBER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, UM-SJMC PARTICIPATES ANNUALLY IN MULTIPLE COMMUNITY-BASED EVENTS, I.E., HEALTH FAIRS, SCREENINGS AND EDUCATIONAL OPPORTUNITIES ACROSS THE UMMS SYSTEM, PARTICULARLY IN COLLABORATION WITH THE DOWNTOWN UNIVERSITY OF MARYLAND

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.

MEDICAL CENTER.

STATE FILING OF COMMUNITY BENEFIT REPORT - UMMSC & UMSJMC

SCHEDULE H, PART VI, LINE 7

MD

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UMBF INC 100 N. GREENE ST. BALTIMORE, MD 21201			30,000.				GENERAL ASSISTANCE
(2) YOUTHWORKS BALTIMORE CITY FOUNDATION INC. 101 WEST 24TH STREET BALTIMORE, MD 21218			55,000.				GENERAL ASSISTANCE
(3) BWMC FOUNDATION 300 HOSPITAL DRIVE, GLEN BURNIE, MD 21061			10,000.				GENERAL ASSISTANCE
(4) CAL RIPKEN SR. FOUNDATION 1427 CLARKVIEW ROAD BALTIMORE, MD 21209			10,000.				GENERAL ASSISTANCE
(5) UMMS FOUNDATION 22 S. GREENE ST BALTIMORE, MD 21201			10,000.				GENERAL ASSISTANCE
(6) GREATER BALTIMORE COMMITTEE 111 SOUTH CALVERT ST., BALTIMORE, MD 21202			9,000.				GENERAL ASSISTANCE
(7) HEALTHY HOLLY LLC. 3603 DENNLY ROAD BALTIMORE, MD 21215			100,000.				GENERAL ASSISTANCE
(8) HOGAN/RUTHERFORD ENAUGURAL COMMITTEE 2702 LH POINT EAST, BALTIMORE, MD 21224			25,000.				GENERAL ASSISTANCE
(9) AMERICAN HEART ASSOCIATION 217 E. REDWOOD STREET BALTIMORE, MD 21201			82,261.				GENERAL ASSISTANCE
(10) RONALD MCDONALD HOUSE - BALTIMORE 635 W. LEXINGTON STREET BALTIMORE, MD 21201			20,000.				GENERAL ASSISTANCE
(11) THE LIVING LEGACY FOUNDATION 1730 TWIN SPRINGS ROAD BALTIMORE, MD 21227			10,000.				GENERAL ASSISTANCE
(12) UNIV. OF MARYLAND ST. JOSEPH FOUNDATION, IN 250 WEST PRATT STREET, 1436			500,000.				GENERAL ASSISTANCE

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CRISTO REY CORPORATE INTERNSHIP PROGRAM 420 S CHESTER STREET BALTIMORE, MD 21231			25,500.				GENERAL ASSISTANCE
(2) Y OF CENTRAL MARYLAND 303 W CHESAPEAKE AVE. BALTIMORE, MD 21204			46,145.				GENERAL ASSISTANCE
(3) AMERICAN HEART ASSOCIATION, MID ATLANTIC 107 WATERHOUSE ROAD BOURNE, MA 02532			7,500.				GENERAL ASSISTANCE
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 15.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2

UNIVERSITY OF MARYLAND MEDICAL SYSTEM MAKES CONTRIBUTIONS TO ORGANIZATIONS IN SUPPORT OF ITS OVERALL MISSION OF HEALTH PROMOTION IN THE COMMUNITY IT SERVES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

52-1362793

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), 501(c)(4), and 501(c)(29) 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) 2014

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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ROBERT A. CHRENCIK PRESIDENT AND CEO	(i) 1,183,796.	1,004,469.	4,692,806.	10,400.	10,695.	6,902,166.	4,526,360.
	(ii)	0	0	0	0	0	0	0
2	HENRY J. FRANEY CFO- UMMS/TREASURER	(i) 716,371.	364,157.	133,840.	10,400.	10,695.	1,235,463.	0
	(ii)	0	0	0	0	0	0	0
3	MEGAN M. ARTHUR SVP & GEN COUNSEL/ SEC'TY	(i) 428,562.	172,033.	66,247.	10,400.	14,252.	691,494.	0
	(ii)	0	0	0	0	0	0	0
4	JEFFERY A. RIVEST PRESIDENT & CEO - UMMC	(i) 743,558.	278,394.	151,946.	10,400.	9,869.	1,194,167.	0
	(ii)	0	0	0	0	0	0	0
5	LISA C. ROWEN SVP & CNO - UMMC	(i) 349,373.	126,744.	49,843.	10,400.	15,195.	551,555.	0
	(ii)	0	0	0	0	0	0	0
6	WALTER ETTINGER SVP & CMO - UMMS	(i) 581,016.	207,943.	8,880.	95,692.	9,869.	903,400.	0
	(ii)	0	0	0	0	0	0	0
7	JON P. BURNS SVP & CIO	(i) 381,339.	154,634.	55,236.	10,400.	9,869.	611,478.	0
	(ii)	0	0	0	0	0	0	0
8	JONATHAN E. GOTTLIEB SVP & CMO	(i) 446,296.	147,094.	463,800.	10,400.	10,695.	1,078,285.	314,430.
	(ii)	0	0	0	0	0	0	0
9	KEITH D. PERSINGER SVP & CFO UMMC	(i) 505,707.	181,300.	72,844.	10,400.	6,412.	776,663.	0
	(ii)	0	0	0	0	0	0	0
10	DAVID P. SWIFT SVP - CHIEF HR OFFICER	(i) 337,762.	196,500.	50,850.	10,400.	0	595,512.	0
	(ii)	0	0	0	0	0	0	0
11	JOHN W. ASHWORTH III SVP NETWORK DEVELOPMENT	(i) 373,547.	155,458.	68,205.	10,400.	10,695.	618,305.	0
	(ii)	0	0	0	0	0	0	0
12	GARY H. KANE VP - SUPPLY CHAIN MGMT	(i) 292,984.	91,357.	210,838.	10,400.	10,695.	616,274.	134,854.
	(ii)	0	0	0	0	0	0	0
13	KENNETH LEWIS EXECUTIVE - UNION OF CECIL	(i) 559,246.	212,203.	7,077.	18,351.	7,591.	804,468.	0
	(ii)	0	0	0	0	0	0	0
14	MARK KELEMEN CHIEF MEDICAL INFO OFFICER	(i) 335,377.	130,804.	48,160.	10,400.	15,215.	539,956.	0
	(ii)	0	0	0	0	0	0	0
15	ALISON G BROWN SVP PLANNING & MARKETING	(i) 379,957.	141,814.	62,186.	10,400.	15,195.	609,552.	0
	(ii)	0	0	0	0	0	0	0
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.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

SCHEDULE J, PART I, LINE 1A

UMMS EXECUTIVES RECEIVE A BENEFIT PACKAGE 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.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

DURING THE FISCAL YEAR- ENDED JUNE 30, 2015, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT 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:

KENNETH LEWIS

WALTER ETTINGER.

DURING THE FISCAL YEAR-ENDED JUNE 30, 2015, CERTAIN OFFICERS AND KEY

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.

EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM
(UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED
BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE
CONTRIBUTIONS TO THE PLAN FOR THE FISCAL YEAR ARE REPORTED AS TAXABLE
COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER
REPORTABLE COMPENSATION:

JEFFREY A. RIVEST

HENRY J. FRANEY

KEITH D. PERSINGER

LISA C. ROWAN

MEGAN M. ARTHUR

JON P. BURNS

DAVID P. SWIFT

JOHN W. ASHWORTH

ALLISON G. BROWN

MARK KELEMEN

DURING THE FISCAL YEAR-ENDED JUNE 30, 2015, CERTAIN OFFICERS AND KEY

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.

EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE 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).

ROBERT A. CHRENCIK

JONATHAN E. GOTTLIEB

GARY H. KANE

NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

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 K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

2014

▶ Attach to Form 990.

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2004B)	52-0936091	574217LP8	12/17/2003	37,590,847.	ADVANCE REFUNDING	X			X		X
B MHHEFA (SERIES 2005)	52-0936091	574217W92	06/25/2008	144,317,619.	CURRENT REFUNDING		X		X		X
C MHHEFA (SERIES 2006A)	52-0936091	574217YG4	10/24/2006	46,070,791.	NEW MONEY		X		X		X
D MHHEFA (SERIES 2007A)	52-0936091	574217G74	09/12/2007	96,445,000.	ADVANCE REFUNDING		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	9,485,000.		7,025,000.				400,000.	
2 Amount of bonds legally defeased	25,160,000.							
3 Total proceeds of issue	37,590,847.		144,317,619.		46,907,010.		96,445,000.	
4 Gross proceeds in reserve funds					2,214,122.			
5 Capitalized interest from proceeds					3,498,365.			
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	444,968.		1,167,619.		350,032.		784,512.	
8 Credit enhancement from proceeds	1,056,738.						13,877.	
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds					40,844,491.			
11 Other spent proceeds	36,089,142.		143,150,000.				95,646,611.	
12 Other unspent proceeds								
13 Year of substantial completion					2008			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X			X		X
15 Were the bonds issued as part of an advance refunding issue?	X			X		X	X	
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?						X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?						X		

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

**SCHEDULE K
(Form 990)**

MHHEFA

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

2014

▶ **Attach to Form 990.**

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2007B)	52-0936091	574217G82	09/12/2007	41,350,000.	ADVANCE REFUNDING	X			X		X
B MHHEFA (SERIES 2008A)	52-0936091	574217U78	05/21/2008	50,000,000.	CURRENT REFUNDING	X			X		X
C MHHEFA (SERIES 2008B)	52-0936061	574217U86	05/21/2008	75,000,000.	CURRENT REFUNDING	X			X		X
D MHHEFA (SERIES 2008C)	52-0936091	574217U94	05/21/2008	50,000,000.	CURRENT REFUNDING	X			X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	175,000.							
2 Amount of bonds legally defeased	41,175,000.		50,000,000.		75,000,000.		50,000,000.	
3 Total proceeds of issue	46,837,192.		50,000,000.		75,000,000.		50,000,000.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	45,792,457.							
7 Issuance costs from proceeds	336,219.		283,967.		425,158.		283,967.	
8 Credit enhancement from proceeds	5,947.		33,758.		50,542.		33,758.	
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	702,569.		49,682,275.		74,524,300.		49,682,275.	
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15 Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X

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

**SCHEDULE K
(Form 990)**

MHHEFA

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

2014

▶ **Attach to Form 990.**

**Open to Public
Inspection**

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Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2008D)	52-0936091	574217V28	05/21/2008	50,000,000.	CURRENT REFUNDING		X		X		X
B MHHEFA (SERIES 2008E)	52-0936091	574217V36	05/21/2008	55,000,000.	CURRENT REFUNDING		X		X		X
C MHHEFA (SERIES 2008F)	52-0936091	574217Y66	07/10/2008	89,764,001.	CURRENT REFUNDING		X		X		X
D MHHEFA (SERIES 2010)	52-0936091	5742175E1	01/07/2010	241,441,656.	NEW MONEY/CURRENT REFUNDING		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired						17,365,000.		10,460,000.
2 Amount of bonds legally defeased								
3 Total proceeds of issue	50,000,000.		55,000,000.		89,764,001.			241,441,656.
4 Gross proceeds in reserve funds								19,092,171.
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	283,967.		309,350.		792,457.			2,656,305.
8 Credit enhancement from proceeds	33,758.		36,775.					
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								130,000,000.
11 Other spent proceeds	49,682,275.		54,653,875.		88,971,544.			89,693,180.
12 Other unspent proceeds								
13 Year of substantial completion								2012
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X			X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

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

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

2014

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2012A)	52-0936091		08/16/2012	40,785,000.	CURRENT REFUNDING		X		X		X
B MHHEFA (SERIES 2012B)	52-0936091		08/16/2012	50,175,000.	CURRENT REFUNDING		X		X		X
C MHHEFA (SERIES 2012C)	52-0936091		08/16/2012	75,205,000.	CURRENT REFUNDING		X		X		X
D MHHEFA (SERIES 2012D)	52-0936091		08/16/2012	50,170,000.	CURRENT REFUNDING		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	40,785,000.		50,175,000.		75,205,000.		50,170,000.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	580,000.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	40,205,000.		50,175,000.		75,205,000.		50,170,000.	
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?		X		X		X		X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

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**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

MHHEFA

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2013A)	52-0936091	574218MH3	03/08/2013	265,377,428.	NEW MONEY/CURRENT & ADVANCED REFUN		X		X		X
B MHHEFA (SERIES 2015)	52-0936091	574218WD1	05/21/2015	86,603,677.	ADVANCE REFUNDING		X		X		X
C MHHEFA (SERIES 2008C)	52-0936091	5742172P9	08/08/2008	55,325,000.	CURRENT REFUNDING		X		X		X
D MHHEFA (SERIES 2011A)	52-0936091		10/01/2011	42,000,000.	NEW MONEY		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired						54,124,840.		
2 Amount of bonds legally defeased								
3 Total proceeds of issue	265,377,428.		86,603,677.		58,596,000.		50,000,000.	
4 Gross proceeds in reserve funds						2,511,863.		
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	54,010,562.		86,594,202.					
7 Issuance costs from proceeds	2,662,975.		9,475.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	129,930,000.							
11 Other spent proceeds	35,603,891.							
12 Other unspent proceeds	43,170,000.							
13 Year of substantial completion						2008		2013
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			X	X			X
15 Were the bonds issued as part of an advance refunding issue?	X		X			X		X
16 Has the final allocation of proceeds been made?		X		X	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

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

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

MHHEFA

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2011B)	52-0936091		12/01/2011	59,225,000.	CURRENT REFUNDING		X		X		X
B MHHEFA (SERIES 2011C)	52-0936091		12/01/2011	59,225,000.	CURRENT REFUNDING		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	61,800,000.		58,080,000.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	59,225,000.		59,225,000.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2000		2000					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

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

Part III Private Business Use (Continued)

MHHEFA

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?						X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X			
c Are there any research agreements that may result in private business use of bond-financed property?						X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?					X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?		X		X		X		X
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?		X		X		X	X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X	X	
b Name of provider								JP MORGAN BANK AMER
c Term of hedge								27.000
d Was the hedge superintegrated?		X		X		X		X
e Was the hedge terminated?								

Part III Private Business Use (Continued)

MHHEFA

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?				X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?				X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?			X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?		X		X		X		X
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
b Name of provider	JP MORGAN BANK AMER		JP MORGAN BANK AMER		JP MORGAN BANK AMER		JP MORGAN BANK AMER	
c Term of hedge.	27.000		34.600		34.600		34.600	
d Was the hedge superintegrated?		X		X		X		X
e Was the hedge terminated?								

Part III Private Business Use (Continued)

MHHEFA

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, rebate computation, and qualified hedges.

Part III Private Business Use (Continued)

MHHEFA

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and hedges.

Part III Private Business Use (Continued)

MHHEFA

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, rebate computation, and hedge issues.

Part III Private Business Use (Continued)

MHHEFA

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and qualified hedges.

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

SCHEDULE K, PART III, LINE 9, PART IV, LINE 9, PART V

THE ORGANIZATION IS IN THE PROCESS OF ESTABLISHING WRITTEN PROCEDURES, TO
BE EFFECTIVE BY THE END OF THE FISCAL YEAR JUNE 30, 2015, TO ENSURE THE
FOLLOWING:

- 1) ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH
THE REQUIREMENTS UNDER REGULATIONS SECTIONS 1.141-12 AND 1.145-2;
- 2) VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND
CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF
SELF-REMIEDIATION IS NOT AVAILABLE UNDER APPLICABLE REGULATION; AND
- 3) ENSURE COMPLIANCE BY MONITORING THE REQUIREMENT OF SECTION 148.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2014

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.**
▶ **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: UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP
Employer identification number: 52-1362793

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

1	(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.

1	(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)					

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) ATWOOD COLLINS	BOARD MEMBER	2,500,000.	SEE BELOW		
(2) FRANCIS KELLY	BOARD MEMBER	1,481,793.	SEE BELOW		
(3) JOHN DILLON	BOARD MEMBER	156,000.	SEE BELOW		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

ATWOOD COLLINS

THE ORGANIZATION USED M&T BANK FOR MANY OF IT'S BANKING SERVICES, INCLUDING TREASURY MANAGEMENT, DEPOSIT SERVICIES, LINES OF CREDIT AND CORPORATE TRUST AND CUSTODY SERVICES. ATWOOD COLLINS IS EXECUTIVE VICE PRESIDENT OF M&T BANK AS WELL AS A BOARD MEMBER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM. SERVICES PROVIDED BY M&T BANK ARE CHARGED AT OR BELOW FAIR MARKET VALUE.

FRANCIS KELLY

FRANCIS KELLY IS A BOARD MEMBER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM AS WELL AS THE CHAIRMAN AND CHIEF EXECUTIVE OFFICER OF KELLY & ASSOCIATES INSURANCE GROUP, INC. THE MEDICAL SYSTEM USES KELLY & ASSOCIATES TO PURCHASE HEALTH, VISION, DENTAL AND LIFE INSURANCE POLICIES FOR THE EMPLOYEES OF THE SYSTEM. SERVICES PROVIDED BY KELLY & ASSOCIATES ARE CHARGED AT OR BELOW FAIR MARKET VALUE. THE ABOVE AMOUNT INCLUDES \$941,294 ATTRIBUTABLE TO UMMC AND \$137,394 ATTRIBUTABLE TO SJMC.

JOHN DILLON

MR. DILLON PROVIDES HEALTHCARE CONSULTING SERVICES TO UMMS. ALL SERVICES

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).

ARE PROVIDED AT OR BELOW FMV.

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

2014

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

FORM 990, PART III, LINE 2

ON DECEMBER 1, 2012, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM ACQUIRED SUBSTANTIALLY ALL OF THE ASSETS OF ST. JOSEPH MEDICAL CENTER, A 247-BED COMMUNITY HOSPITAL LOCATED IN TOWSON, MARYLAND, AS WELL AS OWNERSHIP INTERESTS IN RELATED AFFILIATES, PURSUANT TO AN ASSET PURCHASE AGREEMENT WITH CATHOLIC HEALTH INITIATIVES, ST. JOSEPH MEDICAL CENTER, INC. AND CERTAIN OTHER ENTITIES CONTROLLED BY CATHOLIC HEALTH INITIATIVES. THE HOSPITAL ASSETS WERE PURCHASED BY UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC, A WHOLLY-OWNED SUBSIDIARY OF UMSJ HEALTH SYSTEM, LLC. UMSJ HEALTH SYSTEM, LLC IS A WHOLLY-OWNED SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM.

UNDER THE PURCHASE AGREEMENT, PURCHASED ASSETS INCLUDE THE ST. JOSEPH MEDICAL CENTER HOSPITAL FACILITY LAND AND IMPROVEMENTS, FURNITURE, FIXTURES AND EQUIPMENT, SUPPLIES, INVENTORY, INTANGIBLE ASSETS, PREPAID EXPENSES AND CERTAIN RECORDS NECESSARY TO CONTINUE OPERATIONS AT THE FACILITY, BUT EXCLUDE CERTAIN ASSETS SUCH AS CASH, INVESTMENTS AND ACCOUNTS RECEIVABLE AS OF THE PURCHASE DATE. UNDER THE TERMS OF THE PURCHASE AGREEMENT, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM DID NOT ASSUME ANY LIABILITIES OR FINANCIAL OBLIGATIONS ASSOCIATED WITH ANY ACQUIRED ASSETS OR THE BUSINESS OPERATIONS AT ST. JOSEPH MEDICAL CENTER THAT EXISTED AT THE TIME OF, OR OCCURRED PRIOR TO, THE PURCHASE DATE, INCLUDING BUT NOT LIMITED TO ACCOUNTS PAYABLE, LIABILITIES FOR BENEFITS OR PENSION PLANS, FINANCIAL OBLIGATIONS TO ANY GOVERNMENTAL AUTHORITY AND

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

CLAIMS OR LITIGATION RELATING TO ACTS OR OMISSIONS THAT OCCURRED PRIOR TO THE PURCHASE DATE.

ON DECEMBER 6, 2013, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM COMPLETED A FULL ACQUISITION AND BECAME A SOLE CORPORATE MEMBER OF UPPER CHESAPEAKE. PRIOR TO 2013, UMMS OWNED A 49 PERCENT INTEREST IN A JOINT VENTURE THAT INCLUDED THE MAJORITY OF THE OPERATING ASSETS AND REVENUES OF UPPER CHESAPEAKE. FOR THIS PERIOD, UMMS' INVESTMENT IN UPPER CHESAPEAKE WAS ACCOUNTED FOR AS A NONCONTROLLING JOINT VENTURE INTEREST AND A COMPONENT OF UMMS' NONOPERATING INCOME.

FORM 990, PART VII

UNIVERSITY OF MARYLAND ST. JOSEPH'S MEDICAL CENTER BOARD OF DIRECTORS

ROBERT A. CHRENCIK, MEMBER

JOHN W. ASHWORTH III, MEMBER

HONORABLE FRANCIS X. KELLY, CHAIRMAN

REV. JOSEPH BARR, MEMBER

JOHN P. COALE ESQ., MEMBER

MONSIGNOR RICHARD CRAMLITT, MEMBER

R. MICHAEL GILL, MEMBER

EDWARD J. GILLIS, ESQ., VICE CHAIRMAN

PATRICK J. GOLES, MEMBER

CAROLINE A. GRIFFIN, ESQ., MEMBER

E. ALBERT REECE, MD, MEMBER

HONORABLE JAMES T. SMITH, JR., MEMBER

ADELE A. WILZACK, RN, MEMBER

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

DAVID BRINKER, MD, MEMBER

HONORABLE ANDREW P. HARRIS, MD, MEMBER

MONSIGNOR J. BRUCE JARBOE, MEMBER

OFFICERS- NON VOTING MEMBERS

MOHANAKUMAR SUNTHARALINGAM, PRESIDENT & CEO

CRAIG J. CARMICHAEL, VP OPERATIONS

PAUL S NICHOLSON, CFO

THE FOLLOWING REPRESENTS COMPENSATION PAID BY UNIVERSITY OF MARYLAND
MEDICAL SYSTEM CORP. TO THE OFFICERS OF ST. JOSEPH'S MEDICAL CENTER
DURING THE TAX YEAR:

INDIVIDUAL	REPORTABLE COMPENSATION	OTHER COMPENSATION
M. SUNTHARALINGAM	1,138,649	119,195
PAUL S. NICHOLSON	416,369	25,595
HONORABLE F. KELLY	-	-
EDWARD J. GILLIS, ESQ.	-	-

-EDWARD J GILLIS ALSO SERVES AS A DIRECTOR BUT DOES NOT RECIEVES ANY

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

COMPENSATION FOR HIS SERVES AS A DIRECTOR OR AS AN OFFICER OF ST. JOSEPH'S MEDICAL CENETER.

-HONORABLE F. KELLY SERVES AS AN OFFICER, WITHOUT COMPENSATION FOR HIS SERVICES TO ST. JOSEPH'S MEDICAL CENTER.

THE FOLLOWING DIRECTORS OF ST. JOSEPH'S MEDICAL CENTER ARE NOT COMPENSATED FOR THEIR ROLES AS DIRECTORS OF ST. JOSEPH'S MEDICAL CENTER BUT RATHER RECEIVE COMPENSATION FROM THE THE UNIVERSITY OF MARYLAND CORP. (UMMS CORP.) AS THE PRESIDENT & CEO AND SVP NETWORK DEVELOPMENT OF UMMS CORP., RESPECTIVELY:

INDIVIDUAL	REPORTABLE COMPENSATION	OTHER COMPENSATION
ROBERT CHENCIK	6,881,071	21,095
JOHN ASHWORTH III	597,210	21,095

THE FOLLOWING REPRESENTS COMPENSATION PAID BY UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP. TO THE KEY EMPLOYEES OF ST. JOSEPH'S MEDICAL CENTER DURING THE TAX YEAR:

INDIVIDUAL	REPORTABLE COMPENSATION	OTHER COMPENSATION
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Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

CRAIG CARMICHAEL	327,823	23,328
GAIL CUNNINGHAM	496,179	21,095
WALTER FURLONG	273,229	45,243
PAMELA JAMIESON	350,107	19,804

THE FOLLOWING REPRESENTS COMPENSATION PAID BY UNIVERSITY OF MARYLAND
MEDICAL SYSTEM CORP. TO THE TOP 5 HIGHEST COMPENSATED EMPLOYEES OF ST.
JOSEPH'S MEDICAL CENTER DURING THE TAX YEAR:

INDIVIDUAL	REPORTABLE COMPENSATION	OTHER COMPENSATION
MICHAEL SCHULTZ	769,493	23,651
R.C.S FINNEY JR.	727,483	24,329
FARHAN MAJEED	1,010,785	23,842
HENRY SUN	721,436	23,985
RAWN SALENDER	663,702	23,842

FORM 990, PART VIII, IX, AND X
CONSOLIDATION TOTAL REVENUE PER 990

ENTITY	CONTRIBUTIONS	PROGRAM	INVEST/RENTAL AND G/L	OTHER
UMMS 52-1362793	10,758,011	1,424,000,866	12,642,480	12,133,967
UMMRSS LLC 45-5565991	-	800,924	-	-
UMRPS LLC 45-5559036	-	-	-	3,593,026

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

UMSJP LLC 30-0755741	-	-	-	1,533,792
UMSJMG LLC 37-1704041	-	32,601,519	-	8,049,275
UMSJO LLC 32-0391006	-	22,276,882	-	92,978
UMSJMC 35-2445106	331,111	334,909,146	1,199,532	4,420,323
TOTAL	11,089,122	1,814,589,337	13,842,012	29,823,361

TOTAL EXPENSE PER 990

ENTITY	PROGRAM	MANAGEMENT	FUNDRAISING
UMMS 52-1362793	1,250,831,730	158,450,322	-
UMMRSS LLC 45-5565991	791,176	59,906	-
UMRPS LLC 45-5559036	2,585,945	251,701	-
UMSJP LLC 30-0755741	2,023,821	51,120	-
UMSJMG LLC 37-1704041	44,814,888	7,450,285	-
UMSJO LLC 32-0391006	26,208,186	1,540,491	-
UMSJMC 35-2445106	285,204,365	48,132,616	-
TOTAL	1,612,460,111	215,936,441	-

BALANCE SHEET- ASSETS

ENTITY	TOTAL ASSETS
UMMS 52-1362793	2,905,496,433
UMMRSS LLC 45-5565991	(689,590)
UMRPS LLC 45-5559036	1,875,327
UMSJP LLC 30-0755741	(1,163,439)
UMSJMG LLC 37-1704041	(31,122,541)

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

UMSJO LLC 32-0391006	(14,268,761)
UMSJMC 35-2445106	287,145,508
TOTAL	3,147,272,937

BALANCE SHEET- LIABILITIES AND FUND BALANCE

ENTITY	TOTAL	TOTAL	TOTAL
	LIABILITIES	FUND BALANCE	
UMMS 52-1362793	1,611,670,711	1,293,825,722	2,905,496,433
UMMRSS LLC 45-5565991	241,743	(931,333)	(689,590)
UMRPS LLC 45-5559036	887,740	987,587	1,875,327
UMSJP LLC 30-0755741	456,441	(1,619,880)	(1,163,439)
UMSJMG LLC 37-1704041	3,459,273	(34,581,814)	(31,122,541)
UMSJO LLC 32-0391006	2,713,768	(16,982,529)	(14,268,761)
UMSJMC 35-2445106	339,402,974	(52,257,466)	287,145,508
TOTAL	1,958,832,650	1,188,440,287	3,147,272,937

FORM 990 REVIEW PROCESS

FORM 990, 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

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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 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 MONITORING & ENFORCEMENT
FORM 990, PART VI, LINE 12C

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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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 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

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

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 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.

PROCESS FOR DETERMINING COMPENSATION
FORM 990, PART VI, LINES 15A AND 15B

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

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--	--

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

THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC
FORM 990, 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.

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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.

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.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 9

CAPITAL TRANSFER- MGH	\$ (5,081,000)
CHANGE FAIR VALUE- INTEREST RATE SWAP	(19,423,000)
NET ASSETS RELEASED FROM RESTRICTIONS FOR PURCHASES	14,669,000

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CHANGE IN ECONOMIC/BENEFICIAL INTEREST IN NET ASSETS OF RELATED ORGANIZATIONS	(2,170,000)
CHANGE IN UNRESTRICTED NET ASSETS (UMMC, IHL, ELIM, ECARE)	938,808
CHANGE IN OWNERSHIP OF NONCONSOLIDATED SUBSIDIARIES	(234,000)
OTHER CHANGES IN NET ASSETS	(1,321,825)

TOTAL	\$ (12,622,017)

HOURS ON RELATED ENTITY

PART VII, SECTION A, COL (B)

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

ATTACHMENT 1

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

UMMS, A PRIVATE, NON-PROFIT HEALTH SYSTEM, CONSISTS OF 13 HOSPITALS - THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC), THE ACADEMIC "HUB" - AND THE 12 COMMUNITY AND SPECIALTY HOSPITALS THROUGHOUT THE STATE OF MARYLAND. UMMC IS A NATIONAL AND REGIONAL REFERRAL CENTER FOR TRAUMA, CANCER CARE, NEUROCARE, CARDIAC CARE AND HEART SURGERY, WOMEN'S AND CHILDREN'S HEALTH AND ORGAN TRANSPLANTS. IT HAS ONE OF THE MOST TECHNOLOGICALLY ADVANCED

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ATTACHMENT 1 (CONT'D)

OPERATING ROOM FACILITIES AND IS INTERNATIONALLY RECOGNIZED FOR ITS LEADERSHIP IN DEVELOPING AND PERFORMING MINIMALLY INVASIVE SURGICAL PROCEDURES. UMMS PROVIDES CHARITY CARE TO PATIENTS UNABLE TO PAY. CHARITY CARE FOR THE YEAR ENDED 6/30/2015 IS APPROXIMATELY \$46,150,257 AT COST.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THE WHITING TURNER CONTRACTING COMPANY 300 EAST JOPPA ROAD TOWSON, MD 21286	GENERAL CONTRACTORS	16,087,880.
HUNTZINGER STAFFING SOLUTIONS, LLC 670 NORTH RIVER STREET PLAINS, PA 18705	STAFFING	13,518,043.
TOWSON ORTHOPEDICS 8322 BELONA AVE. BALTIMORE, MD 21204	BILLING & MGMT	10,553,040.
TURNER CONSTRUCTION CO. 1500 SPRING GARDEN STREET, SUITE 220 PHILADELPHIA, PA 19130	GENERAL CONTRACTORS	8,910,152.
EMC CORPORATION 4246 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	SOFTWARE	8,024,435.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

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

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

52-1362793

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) 36 S. PACA STREET, LLC 36 S. PACA STREET BALTIMORE, MD 21211 56-2544990	RENTAL	MD	1,087,000.	9,697,000.	UMMSC
(2) UNIVERSITY OF MARYLAND ECARE, LLC 250 W. PRATT STREET BALTIMORE, MD 21201 46-1441270	HEALTHCARE	MD	2,936,000.	1,774,000.	UMMSC
(3) SJMC PHYSICIANS, LLC 7601 OSLER DRIVE TOWSON, MD 20204 36-4734065	HEALTHCARE	MD	0	0	UMMSC
(4) UNIV OF MD MED REG SUPPLIER SERVICES 7601 OSLER DRIVE TOWSON, MD 21204 45-5565991	HEALTHCARE	MD	800,924.	-689,589.	UMMSC
(5) UNIV OF MD MED REG PROF SERVICES 7601 OSLER DRIVE TOWSON, MD 21204 45-5559036	HEALTHCARE	MD	3,593,026.	1,875,000.	UMMSC
(6) UMSJ PROPERTIES, LLC 7601 OSLER DRIVE TOWSON, MD 21204 30-0755741	RENTAL	MD	1,533,792.	-1,163,439.	UMMSC

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 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1756326	HEALTHCARE	MD	501(C)(3)	11A	UMBWMS		X
(2) BALTIMORE WASHINGTON HEALTHCARE SERVICES 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1830243	HEALTHCARE	MD	501(C)(3)	11A	UMBWMS		X
(3) BALTIMORE WASHINGTON MEDICAL CENTER INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-0689917	HEALTHCARE	MD	501(C)(3)	03	UMBWMS		X
(4) UMD BALTIMORE WASHINGTON MEDICAL CENTER 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1830242	HEALTHCARE	MD	501(C)(3)	11A	UMMSC	X	
(5) BW MEDICAL CENTER FOUNDATION INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1813656	FUNDRAISING	MD	501(C)(3)	11C	UMBWMS		X
(6) NORTH ARUNDEL DEVELOPMENT CORPORATION 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1318404	REAL ESTATE	MD	501(C)(2)		NCC		X
(7) NORTH COUNTY CORPORATION 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1591355	REAL ESTATE	MD	501(C)(2)		UMBWMS		X

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Name of the organization

Employer identification number

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

52-1362793

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) UNIV OF MD ST JOSEPH MEDICAL CENTER, LLC 35-2445106 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	340860112.	263705637.	UMMSC
(2) UNIV OF MD ST JOSEPH MEDICAL GROUP, LLC 37-1704041 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	40,650,794.	-31122541.	UMMSC
(3) UNIV OF MD ST JOSEPH ORTHOPAEDICS, LLC 32-0391006 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	22,369,860.	-14268761.	UMMSC
(4) OLP, LLC 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	0	0	UMMSC
(5) UNIVERSITY OF MD MEDICAL CENTER, LLC 32-0443777 250 W. PRATT STREET BALTIMORE, MD 21201	HEALTHCARE	MD	1458811090.	2906094433.	UMMSC
(6) UNIVERSITY OF MD HEALTH VENTURES, LLC 47-4794292 250 W. PRATT STREET BALTIMORE, MD 21201	HEALTHCARE	MD	0	0	UMMSC

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) SHIPLEYS CHOICE MEDICAL PARK INC 04-3643849 22 SOUTH GREENE STREET BALTIMORE, MD 21201	REAL ESTATE	MD	501(C)(2)		NCC		X
(2) CHESTER RIVER HEALTH FOUNDATION INC 52-1338861 100 BROWN STREET CHESTERTOWN, MD 21620	FUNDRAISING	MD	501(C)(3)	08	UMSRH		X
(3) UNIV OF MD SHORE REGIONAL HEALTH, INC 52-2046500 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	11A	UMMSC	X	
(4) CHESTER RIVER HOSPITAL CENTER 52-0679694 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	03	UMSRH		X
(5) CHESTER RIVER MANOR INC 52-6070333 200 MORGNEC ROAD CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	09	UMSRH		X
(6) MARYLAND GENERAL CLINICAL PRACTICE GROUP 52-1566211 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	11B	UMMTH		X
(7) MARYLAND GENERAL COMM HEALTH FOUNDATION 52-2147532 827 LINDEN AVENUE BALTIMORE, MD 21201	FUNDRAISING	MD	501(C)(3)	11C	UMMTH		X

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

Schedule R (Form 990) 2014

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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2014

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Internal Revenue Service

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Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

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) UMRMC I, INC. 250 W. PRATT STREET BALTIMORE, MD 21201	HEALTHCARE	MD	0	0	UMMSC
(2) UMRMC, LLC 250 W. PRATT STREET BALTIMORE, MD 21201	HEALTHCARE	MD	0	0	UMMSC
(3) UMMC I, LLC 250 W. PRATT STREET BALTIMORE, MD 21201 38-3945516	HEALTHCARE	MD	0	0	UMMSC
(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) UNIVERSITY OF MARYLAND MIDTOWN HEALTH, I 827 LINDEN AVENUE BALTIMORE, MD 21201 52-1175337	HEALTHCARE	MD	501(C)(3)	11B	UMMSC	X	
(2) MARYLAND GENERAL HOSPITAL INC 827 LINDEN AVENUE BALTIMORE, MD 21201 52-0591667	HEALTHCARE	MD	501(C)(3)	03	UMMTH		X
(3) CARE HEALTH SERVICES INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1510269	HEALTHCARE	MD	501(C)(3)	09	UMSRH		X
(4) DORCHESTER GENERAL HOSPITAL FOUNDATION 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1703242	FUNDRAISING	MD	501(C)(3)	11D	UMSRH		X
(5) MEMORIAL HOSPITAL FOUNDATION INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1282080	FUNDRAISING	MD	501(C)(3)	11A	UMSRH		X
(6) UM COMMUNITY MEDICAL GROUP, INC. 920 ELKRIDGE LANDING ROAD LINTHICUM, MD 21090 52-1874111	HEALTHCARE	MD	501(C)(3)	03	UMMSC	X	
(7) SHORE HEALTH SYSTEM INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-0610538	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X

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

Schedule R (Form 990) 2014

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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▶ Attach to Form 990.

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Name of the organization

Employer identification number

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

52-1362793

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) JAMES LAWRENCE KERNAN HOSP ENDOW FD 2200 KERNAN DRIVE BALTIMORE, MD 21207 23-7360743	FUNDRAISING	MD	501(C)(3)	11B	UMMSC		X
(2) JAMES LAWRENCE KERNAN HOSPITAL INC 2200 KERNAN DRIVE BALTIMORE, MD 21207 52-0591639	HEALTHCARE	MD	501(C)(3)	03	UMMSC	X	
(3) UMMS FOUNDATION, INC. 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-2238893	FUNDRAISING	MD	501(C)(3)	11A	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	UMCRH		X
(6) CHARLES REGIONAL MEDICAL CENTER FOUNDATI PO BOX 1070 LA PLATA, MD 20646 52-1414564	FUNDRAISING	MD	501(C)(3)	11A	UMCRH		X
(7) CHARLES REGIONAL MEDICAL CENTER AUXILIAR PO BOX 1070 LA PLATA, MD 20646 52-1131193	FUNDRAISING	MD	501(C)(3)	11A	UMCRH		X

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Schedule R (Form 990) 2014

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Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

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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) UNIV OF MD ST. JOSEPH FOUNDATION, INC. 52-1681044 7601 OSLER DRIVE TOWSON, MD 21204	FUNDRAISING	MD	501(C)(3)	11A	UMMSC	X	
(2) HARFORD 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) UNIV OF MD UPPER CHESAPEAKE HEALTH SYS. 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) 2014

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

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.

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

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

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 1-7 contain data for various organizations like UPPER CHESAPEAKE PROPERTIES, INC.

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

Schedule R (Form 990) 2014

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						0			
(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	RELATED	3,303,000.	5,284,000.		X			X	50.0000
(7) UNIVERSITYCARE LLC 52-1914892 22 SOUTH GREENE STREET	HEALTHCARE	MD	UMMSC	RELATED	2,964,600.	611,100.		X	0		X	90.0000

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	N/A	C CORP					
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES, 52-1936656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORP					
(3) BW PROFESSIONAL SERVICES, INC. 52-1655640 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORP					
(4) UNIV OF MARYLAND CHARLES REGIONAL CARE P 52-2176314 PO BOX 1070 LA PLATA, MD 20646	HEALTHCARE	MD	N/A	C CORP					
(5) UNIVERSITY MIDTOWN PROF CENTER, A CONDOM 52-1891126 827 LINDEN AVENUE BALTIMORE, MD 21201	REAL ESTATE	MD	UMMSC	C CORP					
(6) NA EXECUTIVE BUILDING CONDO ASSN, INC. 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	N/A	C CORP					
(7) TERRAPIN INSURANCE COMPANY 98-0129232 P.O. BOX 1109 GRAND CAYMAN, KY1-1102	INSURANCE	0	UMMS	C CORP	19,799,500.	99,853,000.	50.0000		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) O'DEA MEDICAL ARTS LIMITED PAR 7601 OSLER DRIVE	RENTAL	MD	UMMSC	RELATED	1,903,280.	10,157,240.		X	0		X	74.0000
(2) ADVANCED IMAGING AT ST. JOSEPH 7601 OSLER DRIVE	HEALTHCARE	MD	N/A		0	0		X			X	51.0000
(3) UCHS/UMMS REAL ESTATE TRUST 27 520 UPPER CHESAPEAKE DR	REAL ESTATE	MD	N/A		0	0		X			X	80.0000
(4)												
(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) UMMS SELF INSURANCE TRUST 52-6315433 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UMMS	TRUST	21,987,000.	114,726,000.	50.0000		X
(2) UPPER CHESAPEAKE INSURANCE COMPANY 98-0468438 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ	CAPTIVE INSURANCE	CJ	UMUCHS	LTD			100.0000		
(3) UPPER CHESAPEAKE HEALTH VENTURES, INC. 52-2031264 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	UMMS	C CORP	397,000.	3,322,000.	100.0000		X
(4) UPPER CHESAPEAKE MEDICAL CENTER LAND CON 77-0674478 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	UC MED CRT	C CORP			100.0000		
(5) UPPER CHESAPEAKE MEDICAL OFFICE BUILDING 52-1946829 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	UC HLTH VENT	C CORP			100.0000		
(6)									
(7)									

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) JAMES L. KERNAN HOSPITAL, INC.	L	330,516.	FMV
(2) JAMES L. KERNAN HOSPITAL, INC.	Q	11,035,173.	FMV
(3) MARYLAND GENERAL HOSPITAL, INC.	Q	18,438,671.	FMV
(4) MARYLAND GENERAL HOSPITAL, INC.	R	1,633,171.	FMV
(5) BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Q	29,632,691.	FMV
(6) SHORE HEALTH SYSTEM, INC.	Q	17,717,448.	FMV

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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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) SHORE HEALTH SYSTEM, INC.	P	245,592.	FMV
(2) CHESTER RIVER HOSPITAL CENTER, INC.	Q	3,785,398.	FMV
(3) CHARLES REGIONAL MEDICAL CENTER, INC.	Q	8,416,193.	FMV
(4) CHARLES REGIONAL MEDICAL CENTER, INC.	R	2,500,000.	FMV
(5) UMMS FOUNDATION, INC.	C	6,814,512.	FMV
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners 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)													
(9)													
(10)													
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(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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