

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2015

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP			D Employer identification number 52-1362793	
	Doing Business As			E Telephone number (410) 328-1376	
	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				
F Name and address of principal officer: ROBERT CHRENCIK 250 W. PRATT STREET BALTIMORE, MD 21201			G Gross receipts \$ 1,746,037,038.		
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			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 2015 (Part V, line 2a)	5	11,550.
	6	Total number of volunteers (estimate if necessary)	6	955.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-114,100.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-2,178,739.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	11,089,122.	16,838,015.
	9	Program service revenue (Part VIII, line 2g)	1,814,589,337.	1,504,055,073.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,049,490.	10,541,654.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,615,883.	-41,003,453.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,869,343,832.	1,490,431,289.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,013,801.	370,500.
	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)	863,869,902.	710,260,231.
	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)	963,512,849.	786,157,553.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,828,396,552.	1,496,788,284.
19	Revenue less expenses. Subtract line 18 from line 12	40,947,280.	-6,356,995.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,147,272,937.	3,793,629,356.
	21	Total liabilities (Part X, line 26)	1,958,832,650.	2,545,231,657.
22	Net assets or fund balances. Subtract line 21 from line 20	1,188,440,287.	1,248,397,699.	

COPY FOR PUBLIC INSPECTION

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>	05/11/2017		P00532355
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
Firm's address ▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103			Phone no. 215-561-4200		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

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, 2017, 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, 2015, and ending 06/30, 2016.

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 2015	
FED	
Locator:	4222CV
Taxpayer Name:	UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	10/10/2016 16:30:08
Acknowledgement Date:	10/10/2016 16:57:19
Status:	Accepted
Submission ID:	23695320162845000032

• 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 <small>File by the due date for filing your return. See instructions.</small>	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 17 .

5 For calendar year _____, or other tax year beginning 07/01, 20 15, and ending 06/30, 20 16 .

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. Gardini Title TAX PRINCIPAL Date 01/31/2017

Cumulative e-File History 2015	
FED	
Locator:	4222CV
Taxpayer Name:	UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	01/31/2017 10:01:52
Acknowledgement Date:	01/31/2017 10:27:22
Status:	Accepted
Submission ID:	23695320170315000012

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,278,802,827. including grants of \$ 363,250.) (Revenue \$ 1,514,242,735.)

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 ▶ 1,278,802,827.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	
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	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d 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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or 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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 990, Form 720, and Form 700P.

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 (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 8a-8b (governing body/committees), 9 (reachability).

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 (local chapters/policies), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15a-15b (compensation review), 16a-16b (joint venture investments).

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, M.D. 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) AUGUST J. CHIASERA DIRECTOR	1.00 0.	X						0.	0.	0.
(7) JOHN W. DILLON DIRECTOR	1.00 0.	X					156,000.	0.	0.	0.
(8) ALAN H. FLEISCHMANN DIRECTOR	1.00 0.	X						0.	0.	0.
(9) WAYNE L. GARDNER, SR. DIRECTOR	1.00 0.	X						0.	0.	0.
(10) LOUISE MICHAUX GONZALES, ESQ. DIRECTOR	1.00 0.	X						0.	0.	0.
(11) BARRY P. GOSSETT DIRECTOR	1.00 0.	X						0.	0.	0.
(12) GILBERTO DE JESUS, ESQ. DIRECTOR	1.00 0.	X						0.	0.	0.
(13) ORLAN M. JOHNSON, ESQ. DIRECTOR	1.00 0.	X						0.	0.	0.
(14) SEN. EDWARD J. KASEMEYER 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) SENATOR FRANCIS X. KELLY ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) BELKIS LEONG-HONG ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) SARA A. MIDDLETON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) KENNETH V. MORELAND ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(19) KEVIN B. O'CONNOR ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(20) ROBERT L. PEVENSTEIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(21) D. BRUCE POOLE, ESQ. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(22) SENATOR CATHERINE E. PUGH ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(23) ROGER E. SCHNEIDER, M.D. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(24) R. KENT SCHWAB ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(25) JAMES T. SMITH, JR. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								156,000.	0.	0.
c Total from continuation sheets to Part VII, Section A								14,475,788.	0.	346,240.
d Total (add lines 1b and 1c)								14,631,788.	0.	346,240.

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 ► 1173

	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 ► 463

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) LEONARD STOLER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(27) SENATOR JOSEPH D. TYDINGS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(28) JUDGE ALEXANDER WILLIAMS, JR. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(29) ROBERT A. CHRENCIK ----- PRESIDENT AND CEO	40.00 ----- 10.00			X				2,562,797.	0.	23,637.
(30) HENRY J. FRANEY ----- CFO- UMMS/TREASURER	40.00 ----- 10.00			X				1,335,462.	0.	23,637.
(31) MEGAN M. ARTHUR ----- SVP & GEN COUNSEL/ SEC'TY	40.00 ----- 10.00			X				723,420.	0.	26,981.
(32) JEFFERY A. RIVEST ----- PRESIDENT & CEO - UMMC	40.00 ----- 10.00				X			1,873,656.	0.	20,150.
(33) LISA C. ROWEN ----- SVP & CNO - UMMC	40.00 ----- 10.00				X			588,229.	0.	23,637.
(34) WALTER ETTINGER ----- SVP & CMO - UMMS	40.00 ----- 10.00				X			875,805.	0.	23,637.
(35) JON P. BURNS ----- SVP & CIO	40.00 ----- 10.00				X			654,203.	0.	23,637.
(36) MICHAEL R. JABLONOVER ----- SVP & CMO	40.00 ----- 10.00				X			655,279.	0.	23,671.
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 ► 1173

	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			886,674.	0.	16,061.
(38) DAVID P. SWIFT SVP - CHIEF HR OFFICER	40.00 10.00				X			612,263.	0.	10,600.
(39) JOHN W. ASHWORTH III SVP NETWORK DEVELOPMENT	40.00 10.00					X		780,732.	0.	23,637.
(40) CHRISTINE BACHRACH VP - CORP COMPLIANCE OFFICER	40.00 10.00					X		610,389.	0.	26,928.
(41) KENNETH LEWIS EXECUTIVE - UNION OF CECIL	40.00 10.00					X		1,037,019.	0.	26,109.
(42) GERALD L. WOLLMAN SVP CORP OPERATIONS	40.00 10.00					X		603,045.	0.	26,883.
(43) ALISON G. BROWN SVP PLANNING & MARKETING	40.00 10.00					X		676,815.	0.	27,035.
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 ► 1173

	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	9,274,563.					
	e Government grants (contributions)	1e	7,563,452.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f						
	g Noncash contributions included in lines 1a-1f: \$ _____							
	h Total. Add lines 1a-1f			16,838,015.				
Program Service Revenue		Business Code						
	2a PATIENT SERVICE REVENUE	900099		1,407,490,943.	1,406,820,428.	670,515.		
	b PHARMACY	900099		96,564,130.	96,292,595.	271,535.		
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			1,504,055,073.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			4,944,916.			4,944,916.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real	3,249,712.					
		(ii) Personal						
		b Less: rental expenses		2,030,588.				
		c Rental income or (loss)		1,219,124.				
	d Net rental income or (loss)				1,219,124.	2,275,274.	-1,056,150.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	259,171,899.					
		(ii) Other						
		b Less: cost or other basis and sales expenses		253,373,373.	201,788.			
		c Gain or (loss)		5,798,526.	-201,788.			
	d Net gain or (loss)				5,596,738.		5,596,738.	
	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 CHI ESCROW SETTLEMENT		900099		34,275,000.			34,275,000.	
	b MEDICARE/CAID MEANINGFUL USE PROGRAM	900099		8,842,700.	8,842,700.			
	c CAFETERIA	900099		3,257,490.	3,257,490.			
	d All other revenue	900099		-88,597,767.	-3,245,752.		-85,352,015.	
	e Total. Add lines 11a-11d			-42,222,577.				
12 Total revenue. See instructions.			1,490,431,289.	1,514,242,735.	-114,100.	-40,535,361.		

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	370,500.	370,500.		
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	14,475,788.	2,119,313.	12,356,475.	
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	564,952,318.	457,611,378.	107,340,940.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,673,582.	15,125,601.	3,547,981.	
9 Other employee benefits	69,875,604.	56,599,239.	13,276,365.	
10 Payroll taxes	42,282,939.	34,249,181.	8,033,758.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	99,555.		99,555.	
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.) ATCH 3	151,673,616.	122,855,629.	28,817,987.	
12 Advertising and promotion	8,213,817.	6,653,192.	1,560,625.	
13 Office expenses	9,166,928.	7,425,212.	1,741,716.	
14 Information technology	23,370,696.	18,930,264.	4,440,432.	
15 Royalties	0.			
16 Occupancy	15,155,400.	12,275,874.	2,879,526.	
17 Travel	1,092,100.	884,601.	207,499.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	791,229.	640,895.	150,334.	
20 Interest	30,792,728.	24,942,110.	5,850,618.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	91,149,504.	73,831,098.	17,318,406.	
23 Insurance	20,122,777.	19,822,107.	300,670.	
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>MEDICAL SUPPLIES</u>	330,964,124.	330,964,124.		
b <u>BAD DEBT EXPENSES</u>	44,544,648.	44,544,648.		
c <u>UTILITIES</u>	23,922,018.	19,376,835.	4,545,183.	
d <u>TRANSPLANT COSTS</u>	21,088,424.	17,081,623.	4,006,801.	
e All other expenses	14,009,989.	12,499,403.	1,510,586.	
25 Total functional expenses. Add lines 1 through 24e	1,496,788,284.	1,278,802,827.	217,985,457.	
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	252,299,871.	1	362,611,380.
	2 Savings and temporary cash investments	648,236.	2	100,000.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	183,589,273.	4	168,652,361.
	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	1,933,322.	7	0.
	8 Inventories for sale or use	32,251,958.	8	28,187,093.
	9 Prepaid expenses and deferred charges	8,327,116.	9	12,830,617.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1992327593.		
	b Less: accumulated depreciation	10b 1076258280.		
		1,129,188,406.	10c	916,069,313.
	11 Investments - publicly traded securities	141,618,000.	11	75,553,000.
	12 Investments - other securities. See Part IV, line 11	143,025,000.	12	119,598,913.
	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	1,254,391,755.	15	2,110,026,679.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,147,272,937.	16	3,793,629,356.	
Liabilities	17 Accounts payable and accrued expenses	299,797,345.	17	246,229,357.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	125,419.	19	493,156.
	20 Tax-exempt bond liabilities	920,693,000.	20	1,411,430,389.
	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	243,823,209.	24	151,496,790.
	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	494,393,677.	25	735,581,965.
	26 Total liabilities. Add lines 17 through 25	1,958,832,650.	26	2,545,231,657.
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	966,240,836.	27	1,028,816,232.
	28 Temporarily restricted net assets	220,510,712.	28	217,892,728.
	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	1,188,440,287.	33	1,248,397,699.	
34 Total liabilities and net assets/fund balances	3,147,272,937.	34	3,793,629,356.	

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	1,490,431,289.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,496,788,284.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,356,995.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,188,440,287.
5	Net unrealized gains (losses) on investments	5	-22,019,053.
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	88,333,460.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,248,397,699.

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** (2015)

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

2015

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 (Form 990 or 990-EZ).)
- 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 (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) 2015

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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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, etc. (see instructions); 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 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 in 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <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

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

2015

▶ 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 for 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	_____	\$ 7,563,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 9,274,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2015

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.**

Open to Public Inspection

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

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

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

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

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

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

Name of organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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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) 2015

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) 2012	(b) 2013	(c) 2014	(d) 2015	(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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		99,555.
j Total. Add lines 1c through 1i			99,555.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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).

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

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."

1 Dues, assessments and similar amounts from members	1	
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	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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 1I THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 6.15% AND 22.12% 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP) and Employer identification number (52-1362793)

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements.

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

Table with 2 columns: Line number, Description. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and monitoring expenses.

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

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

Table with 2 columns: Line number, Description. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2015

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		72,139,924.		72,139,924.
b Buildings		1056279189.	503,503,661.	552,775,528.
c Leasehold improvements		5,695,908.	3,438,418.	2,257,490.
d Equipment		787,143,144.	568,803,311.	218,339,833.
e Other		71,069,428.	512,890.	70,556,538.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				916,069,313.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

ATTACHMENT 1	(a) Description	(b) Book value
(1)	AFFILIATE RECOVERY	801,982,530.
(2)	INVESTMENT IN SUBSIDIARIES	558,596,655.
(3)	ECO.INT. ASSETS LIMITED TO USE	197,438,344.
(4)	ASSETS WHOSE USE IS LIMITED	173,319,149.
(5)	OTHER RECEIVABLES	149,702,454.
(6)	DUE TO AFFILIATES	125,143,498.
(7)	SELF INSURANCE TRUST FUNDS	53,064,381.
(8)	DEBT SERVICE FUNDS	22,269,193.
(9)	ESCROW	19,127,624.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶		2,110,026,679.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	INT. RATE SWAPS MARK TO MARKET	273,037,309.
(3)	LINE OF CREDIT	180,000,000.
(4)	OTHER MALPRACTICE	125,662,133.
(5)	ADVANCES FROM 3RD PARTY PAYORS	72,546,389.
(6)	CAPITAL LEASE	38,395,408.
(7)	OTHER LIABILITIES	34,673,307.
(8)	CREDIT BALANCES	11,267,419.
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		735,581,965.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

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 ASSETSDESCRIPTIONBOOK VALUE

DEFERRED FINANCING COSTS

9,382,851.

TOTALS

2,110,026,679.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

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		104,542,268.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					104,542,268.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					104,542,268.

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

Schedule F (Form 990) 2015

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 separately 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 separately 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

2015

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on 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	

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)			21,470,367.		21,470,367.	1.48
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			21,470,367.		21,470,367.	1.48
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,061,071.	364,409.	3,696,662.	.25
f Health professions education (from Worksheet 5)			158,970,831.		158,970,831.	10.95
g Subsidized health services (from Worksheet 6)			19,237,652.	9,472,657.	9,764,995.	.67
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			318,836.		318,836.	.02
j Total. Other Benefits			182,588,390.	9,837,066.	172,751,324.	11.89
k Total. Add lines 7d and 7j.			204,058,757.	9,837,066.	194,221,691.	13.37

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

Schedule H (Form 990) 2015

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			41,644.		41,644.	
2 Economic development			118,394.		118,394.	.01
3 Community support			23,673.		23,673.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			129,157.		129,157.	.01
7 Community health improvement advocacy						
8 Workforce development			357,267.	80,000.	277,267.	.02
9 Other						
10 Total			670,135.	80,000.	590,135.	.04

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)	420,121,202.
6 Enter Medicare allowable costs of care relating to payments on line 5	373,697,014.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	46,424,188.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (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 UNIV. OF MD MEDICAL CENTER 22 S. GREENE STREET BALTIMORE MD 21201 HTTP://UMM.EDU 30-068	X	X	X	X			X			1
2										
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 UNIV. OF MD MEDICAL CENTER

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)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group UNIV. OF MD MEDICAL CENTER

		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>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</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 checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://UMM.EDU/</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> 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 UNIV. OF MD MEDICAL CENTER

		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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
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 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?		X
If "No," indicate why:			
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?		X
If "Yes," explain in Section C.			
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?		X
If "Yes," explain in Section C.			

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 HAS UPDATED 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).

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.

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

RELATED ORGANIZATION 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.

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

RELATED 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

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.

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

COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES INCLUDE THE NUMEROUS WORKFORCE/CAREER DEVELOPMENT PROGRAMS THAT ARE IN PLACE AT THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UNIVERSITY AND MIDTOWN CAMPUSES). THESE PROGRAMS PROMOTE LITERACY, HEALTH LITERACY, AND JOB SKILLS TO PREPARE YOUNG ADULTS AND CURRENT EMPLOYEES FOR A VARIETY OF POSITIONS WITHIN EITHER THE MEDICAL CENTER OR IN THE HEALTHCARE INDUSTRY. THE HEALTH OF THE COMMUNITY IS IMPACTED BY HAVING INDIVIDUALS PREPARED FOR JOBS THAT ENABLE THEM TO OBTAIN HEALTH INSURANCE WHILE ALSO ASSISTING THEM TO BE MORE AWARE OF

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.

THEIR OWN HEALTHCARE NEEDS. WORKFORCE/CAREER DEVELOPMENT PROGRAMS

INCLUDE:

YOUTHWORKS

BACH FELLOWS

PROJECT SEARCH

HEALTHCARE CAREER ALLIANCE

PATIENT CARE TECHNICIAN TRAINING/SURGICAL TECH TRAINING

BALTIMORE CITY SCHOOL PARTNERSHIPS (5 LOCAL SCHOOLS)

IN FY'16, 219 YOUTH AND 161 ADULTS WERE ENGAGED IN THE ABOVE

WORKFORCE/CAREER DEVELOPMENT PROGRAMS.

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

Part VI Supplemental Information

Provide the following information.

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WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO
BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL.

IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO
REFLECT THE CURRENT HEALTHCARE ENVIRONMENT. UNDER THIS NEW WAIVER,
SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN
CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF:

1. REVENUE GROWTH PER CAPITA
2. MEDICARE HOSPITAL REVENUE PER BENEFICIARY
3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY
4. MEDICARE READMISSION RATES
5. HOSPITAL ACQUIRED CONDITION RATE

MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

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3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY
4. MEDICARE READMISSION RATES
5. HOSPITAL ACQUIRED CONDITION RATE

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

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DIGNIFIED AND RESPECTFUL MANNER. CURRENTLY, UMMS HAS UPDATED ITS BILLING AND COLLECTIONS PROCESS TO ENSURE IT IS IN COMPLIANCE WITH THE NEW IRC SECTION 501(R) REGULATIONS. EMERGENCY SERVICES AND MEDICALLY NECESSARY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY.

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

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

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-SIGNAGE IN MAIN ADMITTING AREAS AND EMERGENCY ROOMS OF THE HOSPITAL

-UMMC WEBSITE

-PATIENT HANDBOOK DISTRIBUTED TO ALL PATIENTS

-BROCHURES EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL

PATIENT CARE AREAS

-PATIENT PLAIN LANGUAGE SHEETS - NEWLY REVISED IN JUNE 2016, THIS HANDOUT

WAS REVISED AND IS AT THE 5TH GRADE READING LEVEL (AVAILABLE IN ENGLISH,

SPANISH, FRENCH & CHINESE BASED ON TOP LANGUAGES SPOKEN BY UMMC

PATIENTS)

-APPEARING IN PRINT MEDIA THROUGH LOCAL NEWSPAPERS

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

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UTILIZED AS AN ORGANIZING METHODOLOGY. THE UMMC/MIDTOWN COMMUNITY 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: 21201 21215 21216 21217 21218 21206 21223 21229 21230 THE POPULATIONS IN THESE ZIP CODES ARE SOME OF THE MOST VULNERABLE, UNDERSERVED RESIDENTS IN

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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 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

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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 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 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

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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 - 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 -

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AS RELATED TO CVD AS A COMORBIDITY - 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:

BARRIERS WERE IDENTIFIED AS WELL POTENTIAL SUGGESTIONS 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 -

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INCREASE COLLABORATION - FOCUS ON SOCIAL DETERMINANTS OF HEALTH - 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) - 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 -
 COUNTY HEALTH RANKINGS - CENTERS FOR DISEASE CONTROL REPORTS/UPDATES - F
 AS IN FAT: EXECUTIVE SUMMARY (RWJF) RESULTS: - BALTIMORE CITY HEALTH

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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. 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

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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. 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

BASIS AND ANNUALLY, AND ADJUSTMENTS TO PROGRAMS WILL BE AS NEEDED. ALL

Part VI Supplemental Information

Provide the following information.

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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 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

Part VI Supplemental Information

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MISSION. THE NEEDS ASSESSMENT PROCESS WILL BE REPEATED IN FISCAL YEAR
2018.

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 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

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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

DESCRIPTION OF COMMUNITY SERVED

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, 21215, 21216,

Part VI Supplemental Information

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21217, 21218, 21223, AND 21229. 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 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

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(SDOH). WHILE THERE ARE NUMEROUS SOCIAL DETERMINANTS WHICH AFFECT THIS POPULATION, THE MAIN SDOHS INCLUDE THE 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 TOTAL 260,969 (MALE=120,058, FEMALE=140,911)

MEDIAN AGE 34.6 YEARS

RACE

WHITE/CAUCASIAN 45,918

BLACK/AFRICAN AMERICAN 199,656

AMER INDIAN/ALASKA NATIVE 996

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ASIAN 6,063

NATIVE HAWAIIAN/OTHER PACIFIC 101

OTHER 1,797

TWO OR MORE RACES 6,438

ETHNICITY

HISPANIC 5,490

NON-HISPANIC 255,479

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
PROMOTING THE HEALTH OF THE COMMUNITY - UMMSC	
SCHEDULE H, PART VI, LINE 5	
ANALYSIS OF ALL QUANTITATIVE AND QUALITATIVE DATA FROM THE FY15 CHNA	
IDENTIFIED FOUR TOP 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. THESE	

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PRIORITIES WERE IDENTIFIED AND APPROVED BY THE UMMC/MIDTOWN CHI TEAM AND
VALIDATED WITH THE HEALTH EXPERTS FROM THE UMB CAMPUS PANEL. ALL
COMMUNITY HEALTH IMPROVEMENT PROGRAMMING IS FOCUSED ON THESE STRATEGIC
PRIORITIES:

1. CARDIOVASCULAR DISEASE PREVENTION
2. WORKFORCE DEVELOPMENT
3. MATERNAL & CHILD HEALTH
4. VIOLENCE PREVENTION
5. HEALTH LITERACY (SHARED UMMS PRIORITY)

IDENTIFIED NEED/PRIORITY: HEALTH LITERACY

DURING THE CHNA CONDUCTED IN FY12 AND FY15, UMMC IDENTIFIED KEY COMMUNITY
PRIORITIES, ONE OF WHICH WAS HEALTH LITERACY. THIS NEED WAS IDENTIFIED
BOTH YEARS AND WAS BASED ON THE LOW RATES OF HIGH SCHOOL COMPLETION RATES
AS WELL AS PUBLIC IN THE CBSA TARGETED ZIP CODES AS OUTLINED BELOW.

BALTIMORE CITY DATA:

Part VI Supplemental Information

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OVERALL HIGH SCHOOL COMPLETION RATE IN BALTIMORE CITY IS 80.3%. HOWEVER, WITHIN THE TARGETED CBSA ZIP CODES, THE HIGH SCHOOL COMPLETION RATE RANGES FROM 73.1% TO 86.8%. THESE RATES ARE FAR LOWER THAN THE STATE OF MARYLAND AVERAGE OF 87%. AS A RESULT OF A LACK OF HEALTH LITERACY IS THE OVERALL MISUSE OF EMERGENCY SERVICES WHEN URGENT CARE OR PREVENTIVE/PRIMARY CARE IS, AT TIMES, MORE APPROPRIATE. IN A SURVEY OF BALTIMORE CITY RESIDENTS DURING THE FY15 CHNA, 69% OF RESIDENTS REPORTED THEY DID NOT HAVE HEALTH INSURANCE. WHEN FURTHER QUESTIONED, MANY PARTICIPANTS ACTUALLY HAD THE NEW ACA HEALTH CARE COVERAGE BUT DIDN'T KNOW THAT IT COVERED PREVENTIVE CARE AND DIDN'T UNDERSTAND THE PROCESS OF SELECTING A PHYSICIAN FOR PRIMARY CARE. THEREFORE, MANY INDIVIDUALS DO NOT PURSUE PRIMARY/PREVENTIVE CARE AND EVENTUALLY SEEK EMERGENCY CARE AFTER A PROBLEM BECOMES SIGNIFICANTLY WORSE.

HEALTH LITERACY IS A SIGNIFICANT SOCIAL DETERMINANT OF HEALTH IN BALTIMORE CITY WHICH AFFECTS PATIENTS' HEALTH OUTCOMES AND SPEAKS TO THE IDENTIFIED NEED, AND SUBSEQUENTLY, THE UMMC AND UMMS PRIORITY OF HEALTH LITERACY.

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HOSPITAL INITIATIVES

TO WORK ON THE ISSUE OF HEALTH LITERACY, UMMC HAD ONE MAJOR INITIATIVE TO ADDRESS THE ABOVE IDENTIFIED NEED WITH HEALTHCARE PROFESSIONALS IN FY16.

HEALTH LITERACY (FOR PROFESSIONALS)

PRIMARY OBJECTIVES:

- 1) DEVELOP VIDEO FOR HEALTHCARE PROFESSIONALS ON IMPORTANCE OF HEALTH LITERACY
- 2) POST VIDEO ON STAFF INTRANET
- 3) ENGAGE STAFF IN AT LEAST 5 KEY ORGANIZATIONAL STAFF MEETINGS

DESCRIPTION: PROVIDE HEALTH LITERACY INFORMATION TO HEALTH CARE PROFESSIONALS TO INFORM THEIR PRACTICE

- METRICS:

- VIDEO DEVELOPED

- VIDEO POSTED ON THE INTRANET

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- # OF KEY ORGANIZATIONAL STAFF MEETINGS
- # OF MEETINGS WHERE VIDEO SHOWN
- # OF HEALTHCARE PROFESSIONALS WATCHING VIDEO
- # OF PAGE VIEWS

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR - UMMC IS WORKING ON THIS IDENTIFIED NEED OVER THE THREE YEAR CYCLE THAT IS CONSISTENT WITH THE CHNA CYCLE. UPDATES PER IMPLEMENTATION PLAN METRIC FOR EACH FISCAL YEAR ARE PROVIDED IN THE HSCRC REPORT AND TO THE IRS.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION:

UMMS SYSTEM HOSPITALS, UMMC DEPT OF COMMUNICATIONS, HEALTHCARE PROFESSIONALS ACROSS THE UMMS SYSTEM

HOW WERE THE OUTCOMES EVALUATED?

THE OUTCOMES WERE EVALUATED BASED ON THE METRICS DISCUSSED IN THE 'PRIMARY OBJECTIVES' SECTION ABOVE.

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OUTCOMES :

- VIDEO DEVELOPED AND FINALIZED 4/2016
- 2 MAJOR ORGANIZATIONAL MEETINGS WITH VIDEO SHOWN
- OVER 100 PROFESSIONALS WATCHED VIDEO IN MEETINGS
- 1,714 PAGE VIEWS ON THE INTRANET WHERE VIDEO IS POSTED -
WWW.UMM.EDU/COMMUNITY (ONLY FOR APRIL - JUNE 2016)

CONTINUATION OF INITIATIVE :

UMMC WILL CONTINUE TO MONITOR PERFORMANCE AND OUTCOME MEASURES ANNUALLY.

THIS PRIORITY AND THE ACCOMPANYING INITIATIVES WILL CONTINUE UNTIL THE
FY18 CHNA.

- A. TOTAL COST OF INITIATIVE - APPROX. \$10,000 TO DEVELOP VIDEO
(UTILIZED ACROSS UMMS)
- B. DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS - \$0

IDENTIFIED NEED: CARDIOVASCULAR DISEASE/OBESITY PREVENTION

DURING THE CHNA CONDUCTED IN FY12 AND FY15, UMMC IDENTIFIED KEY COMMUNITY
PRIORITIES, ONE OF WHICH WAS CARDIOVASCULAR DISEASE PREVENTION. THIS

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.

NEED WAS IDENTIFIED BOTH YEARS AND WAS BASED ON THE HIGH PREVALENCE OF
CARDIOVASCULAR DISEASE, HYPERTENSION, OBESITY, AND STROKE IN THE CBSA
TARGETED ZIP CODES AS OUTLINED BELOW.

BALTIMORE CITY DATA:

COUNTY HEALTH RANKINGS REPORTS THAT BALTIMORE CITY IS RANKED THE LOWEST
OF ALL COUNTIES WITHIN MARYLAND ON 6 OF 8 MAJOR CATEGORIES. 68% OF
BALTIMORE CITY ADULTS ARE EITHER OVERWEIGHT OR OBESE. 34% OF BALTIMORE
ADULTS REPORT A BMI OF > 30. 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 CBSA ZIPS. THIRTY FIVE PERCENT OF
BALTIMORE HIGH SCHOOL STUDENTS ARE OBESE OR OVERWEIGHT COMPARED WITH 26%
STATEWIDE. ALL OF THESE SIGNIFICANT HEALTH DISPARITIES IN BALTIMORE CITY
SPEAKS TO THE IDENTIFIED NEED, AND SUBSEQUENTLY, THE UMMC PRIORITY OF
CARDIOVASCULAR DISEASE PREVENTION.

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.

HOSPITAL INITIATIVES:

TO COMBAT THE HIGH PREVALENCE OF CARDIOVASCULAR DISEASE,
HYPERTENSION, OBESITY, AND STROKE IN THE TARGETED CBSA AREA, UMMC HAS
SEVERAL INITIATIVES TO ADDRESS THE ABOVE IDENTIFIED NEED:

PRIMARY OBJECTIVES: KNOW YOUR NUMBERS INITIATIVE

- 1) INCREASE THE % OF ADULTS WHO ARE AT A HEALTHY WEIGHT (MARYLAND SHIP)
- 2) REDUCE THE % OF YOUTH WHO ARE OBESE (MARYLAND SHIP)

DESCRIPTION: PROVIDE EDUCATION AND INFORMATION ON HEART HEALTHY
LIFESTYLE THROUGH ENGAGING, EVIDENCE-BASED PROGRAMS IN THE COMMUNITY

METRICS:

- # OF PEOPLE ATTENDING HEALTH EVENTS RECEIVING INFO ON HEART
HEALTHY LIFESTYLE THROUGH HEALTH FAIRS AND EVENTS
- # OF LIVING WELL WITH HIGH BLOOD PRESSURE CLASSES
- # OF LIVING WELL CLASSES

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

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.

WORKING ON THIS IDENTIFIED NEED OVER THE THREE YEAR CYCLE THAT IS CONSISTENT WITH THE CHNA CYCLE. UPDATES PER IMPLEMENTATION PLAN METRIC FOR EACH FISCAL YEAR ARE PROVIDED IN THE HSCRC REPORT AND TO THE IRS.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION:

UMMC DEPT OF FAMILY MEDICINE, DEPT OF CARDIOLOGY, DEPT OF CLINICAL NUTRITION, UMMC MIDTOWN CAMPUS, UNIVERSITY OF MARYLAND BALTIMORE CAMPUS, BALTIMORE CITY HEALTH DEPARTMENT, MARYLAND DHMH, MAINTAINING ACTIVE CITIZENS, (MAC, INC.)

HOW WERE THE OUTCOMES EVALUATED?

THE OUTCOMES WERE EVALUATED BASED ON THE METRICS DISCUSSED IN THE 'PRIMARY OBJECTIVES' SECTION ABOVE.

OUTCOMES:

- 1,926 PEOPLE ATTENDING VARIOUS HEART HEALTHY EVENTS
- 1ST PILOT CLASS OF LIVING WELL WITH HIGH BLOOD PRESSURE
- 14 PEOPLE PARTICIPATED IN THE 1ST LIVING WELL WITH HIGH BLOOD

Part VI Supplemental 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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PRESSURE CLASS IN MAY

- 24 SENIORS PARTICIPATED IN THE SECOND CLASS OFFERED IN JUNE
- WHILE THIS FIRST PILOT WAS SMALL, RESULTS ON POST CLASS EVALUATIONS WERE POSITIVE
- 100% OF PARTICIPANTS REPORTED THAT THEY WERE MORE MOTIVATED TO TAKE CARE OF THEIR HEALTH AFTER THE WORKSHOP
- 100% OF PARTICIPANTS REPORTED THAT THEY KNEW MORE ABOUT LIFESTYLE CHANGES THAT ARE RECOMMENDED FOR THEIR HEALTH AFTER THE WORKSHOP
- FUTURE CLASSES IN FY17 WILL BE EVALUATED WITH SAME SURVEY AS PROVIDED BY MAC, INC.

CONTINUATION OF INITIATIVE:

UMMC WILL CONTINUE TO MONITOR PERFORMANCE AND OUTCOME MEASURES ANNUALLY.

THIS PRIORITY AND THE ACCOMPANYING INITIATIVES WILL CONTINUE UNTIL THE

FY18 CHNA.

A. TOTAL COST OF INITIATIVE - \$33,829

B. DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS - N/A

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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IDENTIFIED NEED: CARDIOVASCULAR DISEASE/OBESITY PREVENTION

DURING THE CHNA CONDUCTED IN FY12 AND FY15, UMMC IDENTIFIED KEY COMMUNITY PRIORITIES, ONE OF WHICH WAS CARDIOVASCULAR DISEASE PREVENTION. THIS NEED WAS IDENTIFIED BOTH YEARS AND WAS BASED ON THE HIGH PREVALENCE OF CARDIOVASCULAR DISEASE, HYPERTENSION, OBESITY, AND STROKE IN THE CBSA TARGETED ZIP CODES AS OUTLINED BELOW.

BALTIMORE CITY DATA:

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 CBSA ZIPS. ALL OF THESE SIGNIFICANT HEALTH DISPARITIES IN BALTIMORE CITY SPEAKS TO THE IDENTIFIED NEED, AND SUBSEQUENTLY, THE UMMC PRIORITY OF CARDIOVASCULAR DISEASE PREVENTION.

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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HOSPITAL INITIATIVES:

TO COMBAT THE HIGH PREVALENCE OF CARDIOVASCULAR DISEASE,
HYPERTENSION, OBESITY, AND STROKE IN THE TARGETED CBSA AREA, UMMC HAS
SEVERAL INITIATIVES TO ADDRESS THE ABOVE IDENTIFIED NEED:

PRIMARY OBJECTIVES: MARYLAND HEALTHY MEN

- 1) DECREASE THE ED VISIT RATE DUE TO HYPERTENSION (MARYLAND SHIP)
- 2) ENGAGE AT LEAST 440 AFRICAN AMERICAN MEN WITH HYPERTENSION
EDUCATION AFTER IDENTIFYING THEM WITH BP READING > 139/89 (BALTIMORE CITY
HEALTH DEPT GOAL)

- DESCRIPTION: PROVIDE HYPERTENSION SCREENING, EDUCATION AND
REFERRAL TO AFRICAN AMERICAN MEN IN BALTIMORE

- METRICS:

- # OF BP SCREENINGS (ALL RACES, BOTH GENDERS)
- # OF AA MEN WITH HYPERTENSION
- # OF AA MEN IN PROGRAM
- BP AFTER PROGRAM

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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- SELF-REPORTED BEHAVIORS AFTER THE PROGRAM

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR - UMMC IS WORKING ON THIS IDENTIFIED NEED OVER THE THREE YEAR CYCLE THAT IS CONSISTENT WITH THE CHNA CYCLE. UPDATES PER IMPLEMENTATION PLAN METRIC FOR EACH FISCAL YEAR ARE PROVIDED IN THE HSCRC REPORT AND TO THE IRS.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION:

UMMC DEPT OF FAMILY MEDICINE, DEPT OF CARDIOLOGY, DEPT OF CLINICAL NUTRITION, UNIVERSITY OF MARYLAND BALTIMORE CAMPUS, LOCAL FARMERS, AMERICAN HEART ASSOCIATION, SHOPPER'S FOOD WAREHOUSE, BUY-RITE, DRUID HILL YMCA, MAC, INC., AND BALTIMORE CITY HEALTH DEPARTMENT

HOW WERE THE OUTCOMES EVALUATED?

THE OUTCOMES WERE EVALUATED BASED ON THE METRICS DISCUSSED IN THE 'PRIMARY OBJECTIVES' SECTION ABOVE.

OUTCOMES:

- 1500 BP SCREENINGS (ALL RACES, BOTH GENDERS)

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.

- 499 AFRICAN AMERICAN MEN IDENTIFIED WITH HYPERTENSION >139/89
- 499 MEN RECEIVED EDUCATION (RISK FACTORS, NUTRITION, EXERCISE, TOBACCO USE, FAST FOOD, AND SALT INTAKE)
- 125 MEN FULLY PARTICIPATED IN PROGRAM
- 51% OF MEN PARTICIPATING IN THE PROGRAM DECREASED THEIR BP, 33% HAD SAME BP, AND 16% INCREASED THEIR BP
- 93% REPORTED NOW TAKING THEIR BP REGULARLY AT HOME AS A RESULT OF THE PROGRAM
- 87% REPORTED THEY KNEW THEIR BP READING AS A RESULT OF THE PROGRAM

CONTINUATION OF INITIATIVE: UMMC WILL CONTINUE TO MONITOR PERFORMANCE AND OUTCOME MEASURES ANNUALLY. THIS PRIORITY AND THE ACCOMPANYING INITIATIVES WILL CONTINUE UNTIL THE FY18 CHNA.

- A. TOTAL COST OF INITIATIVE - \$155,512
- B. DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS - \$139,644

IDENTIFIED NEED: CARDIOVASCULAR DISEASE/OBESITY PREVENTION

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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DURING THE CHNA CONDUCTED IN FY12 AND FY15, UMMC IDENTIFIED KEY COMMUNITY PRIORITIES, ONE OF WHICH WAS CARDIOVASCULAR DISEASE PREVENTION. THIS NEED WAS IDENTIFIED BOTH YEARS AND WAS BASED ON THE HIGH PREVALENCE OF CARDIOVASCULAR DISEASE, HYPERTENSION, OBESITY, AND STROKE IN THE CBSA TARGETED ZIP CODES AS OUTLINED BELOW.

BALTIMORE CITY DATA:

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 CBSA ZIPS. ADDITIONALLY, THE HEALTHY FOOD AVAILABILITY INDEX (HFAI) RANGES FROM 7.8 TO 14. THIS INDEX RANGES FROM 0-25 WITH THE HIGHER NUMBERS INDICATING BETTER AVAILABILITY OF HEALTHY FOOD. THIRTY FIVE PERCENT OF BALTIMORE HIGH SCHOOL STUDENTS ARE OBESE OR OVERWEIGHT COMPARED WITH 26% STATEWIDE. ALL OF THESE SIGNIFICANT HEALTH DISPARITIES IN BALTIMORE CITY SPEAKS TO

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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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.

THE IDENTIFIED NEED, AND SUBSEQUENTLY, THE UMMC PRIORITY OF
CARDIOVASCULAR DISEASE PREVENTION.

HOSPITAL INITIATIVES

TO COMBAT THE HIGH PREVALENCE OF CARDIOVASCULAR DISEASE,
HYPERTENSION, OBESITY, AND STROKE IN THE TARGETED CBSA AREA, UMMC HAS
SEVERAL INITIATIVES TO ADDRESS THE ABOVE IDENTIFIED NEED:

PRIMARY OBJECTIVES: FARMER'S MARKET

- 1) REDUCE THE % OF CHILDREN WHO ARE CONSIDERED OBESE (MARYLAND SHIP)
- 2) INCREASE THE % OF ADULTS WHO ARE AT A HEALTHY WEIGHT (MARYLAND SHIP)
- 3) INCREASE HEALTHY FOOD ACCESS
- 4) INCREASE THE VARIETY OF FRUITS AND VEGETABLES TO THE DIETS OF THE POPULATION AGED 2 YEARS AND OLDER

- DESCRIPTION: PROVIDE FARMERS' MARKET IN IDENTIFIED FOOD DESERT TO
IMPROVE ACCESS TO VARIETY OF HEALTHY FRUITS AND VEGETABLES

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.

- METRICS:

- # OF FARMERS' MARKETS HELD

- # ATTENDING (APPROXIMATE)

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR - UMMC IS WORKING ON THIS IDENTIFIED NEED OVER THE THREE YEAR CYCLE THAT IS CONSISTENT WITH THE CHNA CYCLE. UPDATES PER IMPLEMENTATION PLAN METRIC FOR EACH FISCAL YEAR ARE PROVIDED IN THE HSCRC REPORT AND TO THE IRS.

KEYPARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION:

UMMC DEPT OF FAMILY MEDICINE, DEPT OF COMMUNITY HEALTH IMPROVEMENT, DEPT OF CLINICAL NUTRITION, UNIVERSITY OF MARYLAND BALTIMORE CAMPUS, LOCAL FARMERS, UMMC 'GREEN TEAM'

HOW WERE THE OUTCOMES EVALUATED?

THE OUTCOMES WERE EVALUATED BASED ON THE METRICS DISCUSSED IN THE 'PRIMARY OBJECTIVES' SECTION ABOVE.

OUTCOMES:

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.

- 28 FARMERS' MARKETS HELD
- 2,800 ATTENDING (BASED ON APPROX. 100 AT EACH MARKET DAY)

CONTINUATION OF INITIATIVE

UMMC WILL CONTINUE TO MONITOR PERFORMANCE AND OUTCOME MEASURES ANNUALLY. THIS PRIORITY AND THE ACCOMPANYING INITIATIVES WILL CONTINUE UNTIL THE FY18 CHNA.

- A. TOTAL COST OF INITIATIVE - \$13,730
- B. DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS - N/A

IDENTIFIED NEED: CARDIOVASCULAR DISEASE/OBESITY PREVENTION DURING THE CHNA CONDUCTED IN FY12 AND FY15, UMMC IDENTIFIED KEY COMMUNITY PRIORITIES, ONE OF WHICH WAS CARDIOVASCULAR DISEASE PREVENTION. THIS NEED WAS IDENTIFIED BOTH YEARS AND WAS BASED ON THE HIGH PREVALENCE OF CARDIOVASCULAR DISEASE, HYPERTENSION, OBESITY, AND STROKE IN THE CBSA TARGETED ZIP CODES AS OUTLINED BELOW.

BALTIMORE CITY DATA:

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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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 CBSA ZIPS. ADDITIONALLY, THE HEALTHY FOOD AVAILABILITY INDEX (HFAI) RANGES FROM 7.8 TO 14. THIS INDEX RANGES FROM 0-25 WITH THE HIGHER NUMBERS INDICATING BETTER AVAILABILITY OF HEALTHY FOOD. THIRTY FIVE PERCENT OF BALTIMORE HIGH SCHOOL STUDENTS ARE OBESE OR OVERWEIGHT COMPARED WITH 26% STATEWIDE. ALL OF THESE SIGNIFICANT HEALTH DISPARITIES IN BALTIMORE CITY SPEAKS TO THE IDENTIFIED NEED, AND SUBSEQUENTLY, THE UMMC PRIORITY OF CARDIOVASCULAR DISEASE PREVENTION.

HOSPITAL INITIATIVES:

TO COMBAT THE HIGH PREVALENCE OF CARDIOVASCULAR DISEASE, HYPERTENSION, OBESITY, AND STROKE IN THE TARGETED CBSA AREA, UMMC HAS SEVERAL INITIATIVES TO ADDRESS THE ABOVE IDENTIFIED NEED:

PRIMARY OBJECTIVES: KIDS TO FARMER'S MARKET

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.

- 1) REDUCE THE % OF CHILDREN WHO ARE CONSIDERED OBESE (MARYLAND SHIP)
 - 2) INCREASE HEALTHY FOOD ACCESS
 - 3) INCREASE THE VARIETY OF FRUITS AND VEGETABLES TO THE DIETS OF THE POPULATION AGED 2 YEARS AND OLDER
 - 4) EXPOSE ELEMENTARY SCHOOL CHILDREN TO HEALTHY PRODUCE THEY MAY NOT HAVE EXPERIENCED
 - A. DESCRIPTION: PROVIDE EDUCATION AND INFORMATION ON HEALTHY PRODUCE TO ELEMENTARY SCHOOL CHILDREN LIVING IDENTIFIED FOOD DESERTS
 - B. METRIC:
 - C. # OF CHILDREN ATTENDING
 - D. % OF CHILDREN TRYING NEW FRUIT OR VEGETABLE ITEM
 - E. # OF CHILDREN REPORTING THAT THEY LIKED THE NEW ITEM
- SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR - UMMC IS WORKING ON THIS IDENTIFIED NEED OVER THE THREE YEAR CYCLE THAT IS CONSISTENT WITH THE CHNA CYCLE. UPDATES PER IMPLEMENTATION PLAN METRIC FOR EACH FISCAL YEAR ARE PROVIDED IN THE HSCRC REPORT AND TO THE IRS.
- KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UMMC DEPT OF

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.

COMMUNITY HEALTH IMPROVEMENT, DEPT OF CLINICAL NUTRITION, UNIVERSITY OF
MARYLAND BALTIMORE CAMPUS, LOCAL FARMERS, UMMC 'GREEN TEAM', BALTIMORE
CITY PUBLIC SCHOOLS

HOW WERE THE OUTCOMES EVALUATED?

THE OUTCOMES WERE EVALUATED BASED ON THE METRICS DISCUSSED IN THE
'PRIMARY OBJECTIVES' SECTION ABOVE.

OUTCOMES:

- 91 CHILDREN PARTICIPATED FROM 3 BALTIMORE CITY PUBLIC SCHOOLS
- 90% TRIED NEW FRUIT/VEGETABLE ITEM (SPAGHETTI SQUASH, PUMPKIN DIP,
FRESH APPLESAUCE)
- 97% LIKED THE NEW ITEM TRIED

CONTINUATION OF INITIATIVE:

UMMC WILL CONTINUE TO MONITOR PERFORMANCE AND OUTCOME MEASURES
ANNUALLY. THIS PRIORITY AND THE ACCOMPANYING INITIATIVES WILL CONTINUE
UNTIL THE FY18 CHNA.

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.

A. TOTAL COST OF INITIATIVE - \$8732

B. DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS - N/A

IDENTIFIED NEED: MATERNAL AND CHILD HEALTH

DURING THE CHNA CONDUCTED IN FY12 AND FY15, UMMC IDENTIFIED KEY COMMUNITY PRIORITIES, ONE OF WHICH WAS MATERNAL AND CHILD HEALTH. THIS NEED WAS IDENTIFIED BOTH YEARS AND WAS BASED ON THE HIGH RATES OF PREMATUREITY, LOW BIRTH WEIGHTS, LOW BREASTFEEDING RATES, HIGH PEDIATRIC ASTHMA RATES AND UNINTENTIONAL INJURY RATES IN THE CBSA TARGETED ZIP CODES AS OUTLINED BELOW.

BALTIMORE CITY DATA:

PEDIATRIC ASTHMA PREVALENCE (20%) WITHIN BALTIMORE CITY IS MUCH HIGHER THAN THE STATE WITH A RATE OF 9.2%. ACCORDING TO THE MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP), THE ED VISIT RATE FOR BALTIMORE CITY IS 224.8 PER 10,000 AS COMPARED TO 63.8 PER 10,000 FOR MARYLAND. THE ED VISIT RATE FOR AFRICAN AMERICANS IS 100.8 PER 10,000. ALL OF THESE SIGNIFICANT DISPARITIES IN PREVALENCE IN BALTIMORE CITY SPEAKS TO THE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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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.

IDENTIFIED NEED, AND SUBSEQUENTLY, THE UMMC PRIORITY OF MATERNAL AND CHILD HEALTH WITH AN EMPHASIS ON PEDIATRIC ASTHMA.

HOSPITAL INITIATIVES:

TO COMBAT THE HIGH PREVALENCE OF PEDIATRIC ASTHMA, UMMC HAS ONE MAJOR INITIATIVE TO ADDRESS THE ABOVE IDENTIFIED NEED:

PRIMARY OBJECTIVES:

BREATHMOBILE

- 1) DECREASE THE ED VISIT RATE DUE TO (PEDIATRIC) ASTHMA (MARYLAND SHIP)
- 2) DECREASE HOSPITALIZATIONS DUE TO PEDIATRIC ASTHMA
- 3) DECREASE MISSED SCHOOL DAYS DUE PEDIATRIC ASTHMA

- DESCRIPTION: PROVIDE MOBILE PRIMARY TREATMENT AND HEALTH EDUCATION TO SCHOOL-AGE CHILDREN WITH ASTHMA IN BALTIMORE CITY USING THE BREATHMOBILE

- METRICS:

- # OF SITE VISITS

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.

- # OF INDIVIDUAL STUDENTS SEEN

- # OF TOTAL VISITS

- % OF ED VISITS

- % OF HOSPITALIZATIONS

- % OF MISSED SCHOOL DAYS

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR - UMMC IS WORKING ON THIS IDENTIFIED NEED OVER THE THREE YEAR CYCLE THAT IS CONSISTENT WITH THE CHNA CYCLE. UPDATES PER IMPLEMENTATION PLAN METRIC FOR EACH FISCAL YEAR ARE PROVIDED IN THE HSCRC REPORT AND TO THE IRS.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION:

UMMC DEPT OF PEDIATRICS, UMMC DEPT OF FAMILY MEDICINE, BALTIMORE CITY PUBLIC SCHOOLS, BALTIMORE CITY HEALTH DEPARTMENT, KOHLS CARES FOUNDATION

HOW WERE THE OUTCOMES EVALUATED?

THE OUTCOMES WERE EVALUATED BASED ON THE METRICS DISCUSSED IN THE 'PRIMARY OBJECTIVES' SECTION ABOVE.

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.

OUTCOMES :

- 21 DIFFERENT SITES VISITED
- 529 CHILDREN TREATED
- 921 TOTAL VISITS
- 50.6% HAD ANY ED VISITS
- 11.5% HOSPITALIZATION RATE
- 51.6% HAD ANY MISSED SCHOOL DAYS

CONTINUATION OF INITIATIVE :

UMMC WILL CONTINUE TO MONITOR PERFORMANCE AND OUTCOME MEASURES ANNUALLY. THIS PRIORITY AND THE ACCOMPANYING INITIATIVES WILL CONTINUE UNTIL THE FY18 CHNA.

- A. TOTAL COST OF INITIATIVE - BREATHMOBILE - \$178,139
- B. DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS - \$139,808

IDENTIFIED NEED :

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.

MATERNAL AND CHILD HEALTH

DURING THE CHNA CONDUCTED IN FY12 AND FY15, UMMC IDENTIFIED KEY COMMUNITY PRIORITIES, ONE OF WHICH WAS MATERNAL AND CHILD HEALTH. THIS NEED WAS IDENTIFIED BOTH YEARS AND WAS BASED ON THE HIGH RATES OF PREMATURITY, LOW BIRTH WEIGHTS, LOW BREASTFEEDING RATES, HIGH PEDIATRIC ASTHMA RATES AND UNINTENTIONAL INJURY RATES IN THE CBSA TARGETED ZIP CODES AS OUTLINED BELOW.

BALTIMORE CITY DATA:

THE PEDESTRIAN INJURY RATE IN BALTIMORE CITY IS 113.8 (PER 100,000 POPULATION) AS COMPARED TO 42.5 IN THE STATE. MOTOR VEHICLE CRASHES ARE THE NUMBER 1 REASON FOR UNINTENTIONAL DEATH IN CHILDREN 0-19 YEARS. CONTRIBUTING TO THIS STATISTIC, THERE IS A HIGH MISUSE RATE OF CAR SEATS. ONE CDC STUDY FOUND THAT, IN ONE YEAR, MORE THAN 618,000 CHILDREN AGES 0-12 RODE IN VEHICLES WITHOUT THE USE OF A CHILD SAFETY SEAT OR BOOSTER SEAT OR A SEAT BELT AT LEAST SOME OF THE TIME. OF THE CHILDREN AGES 12 YEARS AND YOUNGER WHO DIED IN A CRASH IN 2014, 34% WERE NOT BUCKLED UP. ALL OF THESE SIGNIFICANT HEALTH DISPARITIES IN 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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- 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.

CITY CHILDREN SPEAKS TO THE IDENTIFIED NEED, AND SUBSEQUENTLY, THE UMMC
PRIORITY OF MATERNAL AND CHILD HEALTH.

HOSPITAL INITIATIVES:

TO COMBAT THE HIGH PREVALENCE OF UNINTENTIONAL INJURIES IN
CHILDREN, UMMC HAS ONE MAJOR INITIATIVE TO ADDRESS THE ABOVE IDENTIFIED
NEED:

SAFE KIDS

PRIMARY OBJECTIVES: SAFE KIDS

- 1) DECREASE NUMBER OF FIRE-RELATED DEATHS TO CHILDREN UNDER 14 YEARS
OF AGE (SAFE KIDS GOAL)
- 2) DECREASE THE PEDESTRIAN INJURY RATE ON PUBLIC ROADS (MARYLAND
SHIP)
- 3) INCREASE THE PERCENTAGE OF CORRECTLY INSTALLED CHILD SAFETY SEATS
(SAFE KIDS GOAL)
- 4) INCREASE IN PARTICIPANTS' KNOWLEDGE AND AWARENESS OF FIRE SAFETY,
PEDESTRIAN SAFETY, AND CHILD PASSENGER SEAT SAFETY (SAFE KIDS GOAL)

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.

- DESCRIPTION: PROVIDE EDUCATION AND INFORMATION ON CHILD PASSENGER SAFETY, FIRE SAFETY, PEDESTRIAN SAFETY, AND DISTRACTED PEDESTRIAN AWARENESS TO CHILDREN AND FAMILIES

- METRIC:

- # OF ENCOUNTERS WITH CHILDREN AND/OR FAMILIES
- # OF FIRE-RELATED DEATHS UNDER 14 YRS IN BALTO CITY
- # OF PEDESTRIAN INJURIES
- # OF CHILD PASSENGER SAFETY SEAR ERRORS IDENTIFIED AND CORRECTED
- INCREASE IN KNOWLEDGE USING PRE/POST-TESTS FOR: FIRE SAFETY, PEDESTRIAN SAFETY, CHILD PASSENGER SEAT SAFETY (NEW FOR THIS YEAR)

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR - UMMC IS WORKING ON THIS IDENTIFIED NEED OVER THE THREE YEAR CYCLE THAT IS CONSISTENT WITH THE CHNA CYCLE. UPDATES PER IMPLEMENTATION PLAN METRIC FOR EACH FISCAL YEAR ARE PROVIDED IN THE HSCRC REPORT AND TO THE IRS.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: SAFE KIDS WORLDWIDE, UMMC DEPT OF PEDIATRICS, BALTIMORE CITY PUBLIC SCHOOLS,

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.

BALTIMORE CITY HEALTH DEPARTMENT, BALTIMORE CITY FIRE AND POLICE

DEPARTMENTS, DHMH, MIEMSS CHILD PASSENGER PROGRAMS

HOW WERE THE OUTCOMES EVALUATED?

THE OUTCOMES WERE EVALUATED BASED ON THE METRICS DISCUSSED IN THE

'PRIMARY OBJECTIVES' SECTION ABOVE.

OUTCOMES:

- 5,304 CHILDREN SERVED THROUGH PROGRAM
- 4 CHILD (<18 YRS) FIRE-RELATED DEATHS FOR CALENDAR YEAR 2015
- 242 CHILD (<18 YRS) PEDESTRIAN INJURIES FOR CALENDAR YEAR 2015
- 124 CHILD PASSENGER SAFETY SEATS CHECKED WITH A 86% MISUSE RATE
(ONLY 14% CORRECTLY INSTALLED PRIOR TO EVENT) CORRECTED TO 0% ERRORS
(100% CORRECT AFTER EVENT)

CONTINUATION OF INITIATIVE UMMC WILL CONTINUE TO MONITOR

PERFORMANCE AND OUTCOME MEASURES ANNUALLY. THIS PRIORITY AND THE

ACCOMPANYING INITIATIVES WILL CONTINUE UNTIL THE FY18 CHNA.

A. TOTAL COST OF INITIATIVE - SAFE KIDS - \$78,274

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.

B. DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS - SAFE KIDS -

\$1,120

IDENTIFIED NEED: MATERNAL AND CHILD HEALTH

DURING THE CHNA CONDUCTED IN FY12 AND FY15, UMMC IDENTIFIED KEY COMMUNITY PRIORITIES, ONE OF WHICH WAS MATERNAL AND CHILD HEALTH. THIS NEED WAS IDENTIFIED BOTH YEARS AND WAS BASED ON THE HIGH RATES OF PREMATUREITY, LOW BIRTH WEIGHTS, LOW BREASTFEEDING RATES, HIGH PEDIATRIC ASTHMA RATES AND UNINTENTIONAL INJURY RATES IN THE CBSA TARGETED ZIP CODES AS OUTLINED BELOW.

BALTIMORE CITY DATA:

BALTIMORE CITY'S INFANT MORTALITY RATE IS 10.4 (DEATHS/1,000 LIVE BIRTHS) FOR THE ENTIRE CITY. HOWEVER, WITHIN THE TARGETED CBSA ZIP CODES, THE INFANT MORTALITY RATE RANGES FROM 10.3 TO 21. THESE RATES ARE FAR HIGHER THAN THE STATE OF MARYLAND AVERAGE OF 6.5. CONTRIBUTING TO THIS HIGH INFANT MORTALITY RATE IS LOW BIRTH WEIGHT INFANTS (LBW < 5 LBS, 8 OZ).

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.

BALTIMORE CITY'S RATE IS 12.8 OVERALL WITH RATES IN THE TARGETED CBSA FROM 13.8 - 18. ALL OF THESE SIGNIFICANT HEALTH DISPARITIES IN BALTIMORE CITY CHILDREN SPEAKS TO THE IDENTIFIED NEED, AND SUBSEQUENTLY, THE UMMC PRIORITY OF MATERNAL AND CHILD HEALTH.

HOSPITAL INITIATIVES:

TO COMBAT THE HIGH PREVALENCE OF INFANT MORTALITY, UMMC HAS ONE MAJOR INITIATIVE TO ADDRESS THE ABOVE IDENTIFIED NEED: STORK'S NEST

PRIMARY OBJECTIVES: STORK'S NEST

- 1) INCREASE THE PERCENTAGE OF BABIES BORN >37 WEEKS GESTATION
- 2) DECREASE INFANT MORTALITY (MARYLAND SHIP & BALTIMORE CITY HEALTH DEPT)
- 3) REDUCE THE PERCENTAGE OF BIRTHS THAT ARE LOW BIRTH WEIGHT (MARYLAND SHIP)
- 4) INCREASE THE PERCENTAGE OF WOMEN BREASTFEEDING AT DISCHARGE/AFTER DELIVERY (BABY-FRIENDLY HOSPITAL GOAL)

- DESCRIPTION: PROVIDE EDUCATION AND INFORMATION ON HEALTHY

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.

PREGNANCIES, BREASTFEEDING, AND EARLY INFANT CARE TO PREGNANT MOMS AND

THEIR PARTNERS

- METRIC:
- # OF WOMEN ENROLLED
- % OF BABIES BORN> 37 WEEKS GESTATION
- % OF BABIES BORN>2500 GRAMS
- % OF WOMEN BREASTFEEDING

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR - UMMC IS WORKING ON THIS IDENTIFIED NEED OVER THE THREE YEAR CYCLE THAT IS CONSISTENT WITH THE CHNA CYCLE. UPDATES PER IMPLEMENTATION PLAN METRIC FOR EACH FISCAL YEAR ARE PROVIDED IN THE HSCRC REPORT AND TO THE IRS.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION:

UMMC DEPT OF PEDIATRICS, UMMC DEPT OF OB/GYN, UMMC DEPT OF FAMILY MEDICINE, MARCH OF DIMES, ZETA PHI BETA SORORITY, FAITH-BASED PARTNERS, B'MORE HEALTHY BABIES

HOW WERE THE OUTCOMES EVALUATED?

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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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.

THE OUTCOMES WERE EVALUATED BASED ON THE METRICS DISCUSSED IN THE

'PRIMARY OBJECTIVES' SECTION ABOVE.

OUTCOMES:

- 87 WOMEN ENROLLED
- 81.61% OF BABIES BORN >37 WEEKS GESTATION (DECREASED SLIGHTLY FROM 84.2% IN FY15)
- 83.33% BABIES BORN >2500 GRAMS (IMPROVED FROM 80.8% IN FY15)
- 80.46% OF WOMEN BREASTFEEDING PRIOR TO DISCHARGE (HIGHER THAN THE 78% FOR MARYLAND WOMEN INITIATING BREASTFEEDING OVERALL)

CONTINUATION OF INITIATIVE UMMC WILL CONTINUE TO MONITOR PERFORMANCE AND OUTCOME MEASURES ANNUALLY. THIS PRIORITY AND THE ACCOMPANYING INITIATIVES WILL CONTINUE UNTIL THE FY18 CHNA.

- A. TOTAL COST OF INITIATIVE - STORK'S NEST - \$22,569
- B. DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS - STORK'S NEST - 0

IDENTIFIED NEED: VIOLENCE PREVENTION

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.

DURING THE CHNA CONDUCTED IN FY12 AND FY15, UMMC IDENTIFIED KEY COMMUNITY PRIORITIES, ONE OF WHICH WAS VIOLENCE PREVENTION. THIS NEED WAS IDENTIFIED BOTH YEARS AND WAS BASED ON THE HIGH PREVALENCE OF HOMICIDE AND YOUTH VIOLENCE IN THE CBSA TARGETED ZIP CODES AS OUTLINED BELOW.

BALTIMORE CITY DATA:

THE OVERALL BALTIMORE CITY HOMICIDE RATE IS 20.9 (# OF HOMICIDES/10,000).

HOWEVER, WITHIN THE TARGETED CBSA HOMICIDE RATES RANGE FROM 22.2 TO A HIGH OF 44.2 IN SOUTHWEST BALTIMORE. BALTIMORE CITY IS THE THIRD MOST VIOLENT CITY IN THE US AS RANKED BY THE FBI. MORE THAN 90% OF HOMICIDE VICTIMS ARE AFRICAN AMERICAN, AND MORE THAN HALF ARE 18-30 YEARS OLD. THE NUMBER ONE CAUSE OF DEATH FOR AFRICAN AMERICAN MEN IN BALTIMORE AGED 18-25 YEARS IS HOMICIDE. ALL OF THESE SIGNIFICANT HEALTH DISPARITIES IN BALTIMORE CITY SPEAKS TO THE IDENTIFIED NEED, AND SUBSEQUENTLY, THE UMMC PRIORITY OF VIOLENCE PREVENTION.

HOSPITAL INITIATIVES:

TO COMBAT THE HIGH PREVALENCE OF VIOLENCE IN THE TARGETED CBSA

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.

AREA, , UMMC HAS SEVERAL INITIATIVES TO ADDRESS THE ABOVE IDENTIFIED
NEED:

PRIMARY OBJECTIVES: VIOLENCE INTERVENTION PROGRAM

- 1)REDUCE THE RATE RECIDIVISM DUE TO VIOLENT INJURY AND DOMESTIC VIOLENCE
- 2)INCREASE LIFE EXPECTANCY (MARYLAND SHIP)

- DESCRIPTION: PROVIDE EDUCATION, SUPPORT, AND INFORMATION THROUGH
EVIDENCE-BASED PROGRAM - VIOLENCE INTERVENTION PROGRAM (VIP)

- METRICS:
- 100% OF VIOLENCE VICTIMS ENROLLED IN PROGRAM
 - 100% PARTICIPANT COMPLETION
 - RE-INJURY RATE (RECIDIVISM)
 - VPP SURVEY AND PROGRAM EVALUATION

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD:

MULTI-YEAR - UMMC IS WORKING ON THIS IDENTIFIED NEED OVER THE THREE
YEAR CYCLE THAT IS CONSISTENT WITH THE CHNA CYCLE. UPDATES PER
IMPLEMENTATION PLAN METRIC FOR EACH FISCAL YEAR ARE PROVIDED IN THE HSCRC

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.

REPORT AND TO THE IRS.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION:

UMMC SHOCK TRAUMA CENTER, BALTIMORE CITY POLICE DEPARTMENT,
BALTIMORE CITY PUBLIC SCHOOLS, AND BALTIMORE CITY HEALTH DEPARTMENT

HOW WERE THE OUTCOMES EVALUATED?

THE OUTCOMES WERE EVALUATED BASED ON THE METRICS DISCUSSED IN THE
'PRIMARY OBJECTIVES' SECTION ABOVE.

OUTCOMES:

- 640 PEOPLE PARTICIPATED (OUT OF 1,373 PATIENTS ADMITTED FOR VIOLENCE)
- AVERAGE OF 15% ENROLLMENT RATE PER MONTH CONTINUED IN THE PROGRAM
- 63% COMPLETION RATE
- 0.8% (4) REINJURY RATE OF THE PARTICIPANTS COMPLETING THE PROGRAM
(STABLE FROM FY15 - 2 CLIENTS WERE RE-INJURED LAST YEAR BUT MORE PARTICIPATED THIS YEAR, SO THE RATE IS STABLE)

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.

- VPP SURVEY RESULTS

100% OF CLIENTS SCREENED POSITIVE FOR ADVERSE CHILDHOOD EXPERIENCE AND SYMPTOMS OF PTSD AT INTAKE

ONGOING EVALUATION: SHOWING REDUCTION OF SYMPTOMS OVER COURSE OF CASE MANAGEMENT SERVICES

CONTINUATION OF INITIATIVE:

UMMC WILL CONTINUE TO MONITOR PERFORMANCE AND OUTCOME MEASURES ANNUALLY. THIS PRIORITY AND THE ACCOMPANYING INITIATIVES WILL CONTINUE UNTIL THE FY18 CHNA.

A. TOTAL COST OF INITIATIVE - \$180,651 - STAFF SALARIES SPLIT BETWEEN YOUTH VIOLENCE PROGRAMS

B. DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS - N/A

IDENTIFIED NEED: VIOLENCE PREVENTION

DURING THE CHNA CONDUCTED IN FY12 AND FY15, UMMC IDENTIFIED KEY COMMUNITY PRIORITIES, ONE OF WHICH WAS VIOLENCE PREVENTION. THIS NEED WAS IDENTIFIED BOTH YEARS AND WAS BASED ON THE HIGH PREVALENCE OF HOMICIDE

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.

AND DOMESTIC VIOLENCE IN THE CBSA TARGETED ZIP CODES AS OUTLINED BELOW.

BALTIMORE CITY DATA:

THE OVERALL BALTIMORE CITY HOMICIDE RATE IS 20.9 (# OF HOMICIDES/10,000).

HOWEVER, WITHIN THE TARGETED CBSA HOMICIDE RATES RANGE FROM 22.2 TO A HIGH OF 44.2 IN SOUTHWEST BALTIMORE. BALTIMORE CITY IS THE THIRD MOST VIOLENT CITY IN THE US AS RANKED BY THE FBI. MORE THAN 90% OF HOMICIDE VICTIMS ARE AFRICAN AMERICAN, AND MORE THAN HALF ARE 18-30 YEARS OLD. ALL OF THESE SIGNIFICANT HEALTH DISPARITIES IN BALTIMORE CITY SPEAKS TO THE IDENTIFIED NEED, AND SUBSEQUENTLY, THE UMMC PRIORITY OF VIOLENCE PREVENTION.

HOSPITAL INITIATIVES:

TO COMBAT THE HIGH PREVALENCE OF VIOLENCE IN THE TARGETED CBSA AREA, , UMMC HAS SEVERAL INITIATIVES TO ADDRESS THE ABOVE IDENTIFIED NEED:

YOUTH VIOLENCE PREVENTION

PRIMARY OBJECTIVES: YOUTH VIOLENCE PREVENTION

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.

1) PROMOTE VIOLENCE PREVENTION AND EDUCATION IN YOUTH POPULATIONS

2) INCREASE LIFE EXPECTANCY (MARYLAND SHIP)

- DESCRIPTION: PROVIDE EDUCATION AND INFORMATION ON THE IMPORTANCE OF VIOLENCE PREVENTION THROUGH 2 EVIDENCE-BASED PROGRAMS - PROMOTING HEALTHY ALTERNATIVES FOR TEENS (PHAT) AND MY FUTURE, MY CAREER (MFMC)

- METRICS:

- # OF YOUTH COMPLETING PROGRAMS

- PHAT SURVEY RESULTS

- MFMC SURVEY RESULTS

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR - UMMC IS WORKING ON THIS IDENTIFIED NEED OVER THE THREE YEAR CYCLE THAT IS CONSISTENT WITH THE CHNA CYCLE. UPDATES PER IMPLEMENTATION PLAN METRIC FOR EACH FISCAL YEAR ARE PROVIDED IN THE HSCRC REPORT AND TO THE IRS.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION: UMMC SHOCK TRAUMA CENTER, BALTIMORE CITY POLICE DEPARTMENT, BALTIMORE CITY PUBLIC SCHOOLS

HOW WERE THE OUTCOMES EVALUATED?

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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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.

THE OUTCOMES WERE EVALUATED BASED ON THE METRICS DISCUSSED IN THE

'PRIMARY OBJECTIVES' SECTION ABOVE.

OUTCOMES:

- 18 CHILDREN PARTICIPATED SPECIFICALLY IN MFMC (6-8TH GRADES)
- NO PHAT SURVEY RESULTS AT THIS TIME
- MFMC SURVEYS SHOWED ONLY 60% OF CHILDREN BELIEVED THEY WOULD GRADUATE FROM HIGH SCHOOL AND OVER 80% REPORTED AN EXPOSURE TO VIOLENCE IN THE PAST 6 MONTHS; CHILDREN WILL BE FOLLOWED AT A LATER DATE FOR FURTHER EVALUATION. (FIRST TIME SURVEY HAS BEEN USED)

CONTINUATION OF INITIATIVE:

UMMC WILL CONTINUE TO MONITOR PERFORMANCE AND OUTCOME MEASURES ANNUALLY. THIS PRIORITY AND THE ACCOMPANYING INITIATIVES WILL CONTINUE UNTIL THE FY18 CHNA.

A. TOTAL COST OF INITIATIVE - \$180,651 - STAFF SALARIES SPLIT BETWEEN VIOLENCE INTERVENTION PROGRAMS

B. DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS - N/A

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.

IDENTIFIED NEED: WORKFORCE AND COMMUNITY DEVELOPMENT

DURING THE CHNA CONDUCTED IN FY12 AND FY15, UMMC IDENTIFIED KEY COMMUNITY PRIORITIES, ONE OF WHICH WAS WORKFORCE DEVELOPMENT. THIS NEED WAS IDENTIFIED BOTH YEARS AND WAS BASED ON THE EXTREME POVERTY AND UNEMPLOYMENT IN THE CBSA TARGETED ZIP CODES AS OUTLINED BELOW.

BALTIMORE CITY DATA:

BALTIMORE CITY'S UNEMPLOYMENT RATE IS REPORTED AS 13.9% FOR THE ENTIRE CITY. HOWEVER, WITHIN THE TARGETED CBSA ZIP CODES, THE UNEMPLOYMENT RATE RANGES FROM 19.2% TO 29.9%. THESE RATES ARE FAR HIGHER THAN THE STATE OF MARYLAND AVERAGE OF 5.3% - RANGING FROM 3-4 TIMES HIGHER IN THE TARGETED CBSA. THE EXTREME UNEMPLOYMENT LEADS TO THE HIGH LEVEL OF POVERTY. HOUSEHOLDS BELOW POVERTY RANGE FROM 12.2% - 48.8% WITH THE LOWEST MEDIAN INCOME OF \$13,811 IN THE 21201 ZIP CODE. THE HIGH UNEMPLOYMENT RATES ARE A RESULT OF LIMITED LITERACY, LOW LEVELS OF HIGH SCHOOL GRADUATES AND LIMITED JOB OPPORTUNITIES IN THE COMMUNITY.

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.

HOSPITAL INITIATIVES:

TO COMBAT THE HIGH PREVALENCE OF UNEMPLOYMENT AND ACCOMPANYING
POVERTY, UMMC HAS SEVERAL INITIATIVES TO ADDRESS THE ABOVE IDENTIFIED
NEED:

WORKFORCE DEVELOPMENT PROGRAMS

PRIMARY OBJECTIVES: WORKFORCE DEVELOPMENT PROGRAMS

INCREASE THE NUMBER OF PEOPLE GAINFULLY EMPLOYED

- DESCRIPTION: PROVIDE TRAINING, COACHING, AND EMPLOYMENT FOR
PROGRAM PARTICIPANTS THROUGH 6 KEY PROGRAMS.

- HEALTHCARE CAREER ALLIANCE

- PROJECT SEARCH

- YOUTHWORKS

- NAHSE

- BACH FELLOWS

O URBAN ALLIANCE

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.

- METRICS:

- # OF STUDENTS ENROLLED IN PROGRAMS

- 100 GAINFULLY EMPLOYABLE INDIVIDUALS

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD:

MULTI-YEAR - UMMC IS WORKING ON THIS IDENTIFIED NEED OVER THE THREE YEAR CYCLE THAT IS CONSISTENT WITH THE CHNA CYCLE. UPDATES PER IMPLEMENTATION PLAN METRIC FOR EACH FISCAL YEAR ARE PROVIDED IN THE HSCRC REPORT AND TO THE IRS.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION:

MAYOR'S OFFICE OF EMPLOYMENT DEVELOPMENT, UNIVERSITY OF MARYLAND BALTIMORE CAMPUS, DEPARTMENT OF SOCIAL SERVICES, CENTER FOR URBAN FAMILIES, HELPING UP MISSION, CATHOLIC CHARITIES, SINAI HOSPITAL VSP

HOW WERE THE OUTCOMES EVALUATED?

THE OUTCOMES WERE EVALUATED BASED ON THE METRICS DISCUSSED IN THE 'PRIMARY OBJECTIVES' SECTION ABOVE.

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.

OUTCOMES :

- 217 PARTICIPANTS- SUMMER YOUTH INTERNSHIPS
- 75 HOSPITAL TOURS/VISITS
- 18 PARTICIPANTS - PATIENT CARE TECHNICIAN (PCT) TRAINING
- 14 PCTS HIRED AS RESULT OF ABOVE PCT TRAINING

CONTINUATION OF INITIATIVE :

UMMC WILL CONTINUE TO MONITOR PERFORMANCE AND OUTCOME MEASURES ANNUALLY. THIS PRIORITY AND THE ACCOMPANYING INITIATIVES WILL CONTINUE UNTIL THE FY18 CHNA.

- A. TOTAL COST OF INITIATIVE - \$266,646
- B. DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS - \$80,000

IDENTIFIED NEED: WORKFORCE AND COMMUNITY DEVELOPMENT

DURING THE CHNA CONDUCTED IN FY12 AND FY15, UMMC IDENTIFIED KEY COMMUNITY PRIORITIES, ONE OF WHICH WAS WORKFORCE DEVELOPMENT. THIS NEED WAS

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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- 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 BOTH YEARS AND WAS BASED ON THE EXTREME POVERTY AND UNEMPLOYMENT IN THE CBSA TARGETED ZIP CODES AS OUTLINED BELOW.

BALTIMORE CITY DATA:

BALTIMORE CITY'S UNEMPLOYMENT RATE IS REPORTED AS 13.9% FOR THE ENTIRE CITY. HOWEVER, WITHIN THE TARGETED CBSA ZIP CODES, THE UNEMPLOYMENT RATE RANGES FROM 19.2% TO 29.9%. THESE RATES ARE FAR HIGHER THAN THE STATE OF MARYLAND AVERAGE OF 5.3% - RANGING FROM 3-4 TIMES HIGHER IN THE TARGETED CBSA. THE EXTREME UNEMPLOYMENT LEADS TO THE HIGH LEVEL OF POVERTY. HOUSEHOLDS BELOW POVERTY RANGE FROM 12.2% - 48.8% WITH THE LOWEST MEDIAN INCOME OF \$13,811 IN THE 21201 ZIP CODE. THE HIGH UNEMPLOYMENT RATES ARE A RESULT OF LIMITED LITERACY, LOW LEVELS OF HIGH SCHOOL GRADUATES AND LIMITED JOB OPPORTUNITIES IN THE COMMUNITY.

HOSPITAL INITIATIVES:

TO COMBAT THE HIGH PREVALENCE OF UNEMPLOYMENT AND ACCOMPANYING POVERTY, UMMC HAS SEVERAL INITIATIVES TO ADDRESS THE ABOVE IDENTIFIED NEED:

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.

LIVE NEAR YOUR WORK

PRIMARY OBJECTIVES: LIVE NEAR YOUR WORK

INCREASE NUMBER OF EMPLOYEES ABLE TO PURCHASE A HOME IN BALTIMORE CITY

- DESCRIPTION: PROVIDE INCENTIVE FOR EMPLOYEES PURCHASING HOMES

WITHIN BALTIMORE CITY THROUGH LIVE NEAR YOUR WORK (LNYW) PROGRAM

- METRIC:

- # OF EMPLOYEES PURCHASING HOME THROUGH LNYW PROGRAM

SINGLE OR MULTI-YEAR INITIATIVE TIME PERIOD MULTI-YEAR - UMMC IS

WORKING ON THIS IDENTIFIED NEED OVER THE THREE YEAR CYCLE THAT IS

CONSISTENT WITH THE CHNA CYCLE. UPDATES PER IMPLEMENTATION PLAN METRIC

FOR EACH FISCAL YEAR ARE PROVIDED IN THE HSCRC REPORT AND TO THE IRS.

KEY PARTNERS IN DEVELOPMENT AND/OR IMPLEMENTATION:

MAYOR'S OFFICE OF EMPLOYMENT DEVELOPMENT, UNIVERSITY OF MARYLAND
BALTIMORE CAMPUS,

HOW WERE THE OUTCOMES EVALUATED?

THE OUTCOMES WERE EVALUATED BASED ON THE METRICS DISCUSSED IN THE

Part VI Supplemental Information

Provide the following information.

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

'PRIMARY OBJECTIVES' SECTION ABOVE.

OUTCOME:

- 8 UMMC EMPLOYEES PURCHASED HOMES IN BALTIMORE CITY THROUGH LIVE
NEAR YOUR WORK IN FY16

CONTINUATION OF INITIATIVE:

UMMC WILL CONTINUE TO MONITOR PERFORMANCE AND OUTCOME MEASURES
ANNUALLY. THIS PRIORITY AND THE ACCOMPANYING INITIATIVES WILL CONTINUE
UNTIL THE FY18 CHNA.

A. TOTAL COST OF INITIATIVE - \$20,000 WITH MATCHING \$20,000 FROM
BALTIMORE CITY (NOT OFFSETTING). EACH EMPLOYEE RECEIVES \$2,500 FROM UMMC
AND ANOTHER \$2,500 FROM THE CITY, SO THE EMPLOYEE RECEIVES A TOTAL OF
\$5,000 IF THEY MEET THE CRITERIA

B. DIRECT OFFSETTING REVENUE FROM RESTRICTED GRANTS - N/A

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.

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. 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.

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.

STATE FILING OF COMMUNITY BENEFIT REPORT - UMMSC

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

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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	31-1678679	501(C)(3)	38,000.				GENERAL ASSISTANCE
(2) YOUTHWORKS BALTIMORE CITY FOUNDATION, INC. 101 WEST 24TH STREET BALTIMORE, MD 21218	52-1212473	501(C)(3)	25,000.				GENERAL ASSISTANCE
(3) BALTIMORE AREA COUNCIL, BSA 701 WYMAN PARK DRIVE BALTIMORE, MD 21211	52-0591572	501(C)(3)	10,000.				GENERAL ASSISTANCE
(4) CAL RIPKEN SR. FOUNDATION 1427 CLARKVIEW ROAD BALTIMORE, MD 21209	52-2310500	501(C)(3)	10,000.				GENERAL ASSISTANCE
(5) UMMS FOUNDATION 22 S. GREENE STREET BALTIMORE, MD 21201	52-2238893	501(C)(3)	22,500.				GENERAL ASSISTANCE
(6) BALTIMORE FESTIVAL OF THE ARTS, INC. 10 E. BALTIMORE STREET BALTIMORE, MD 21202	52-1559145	501(C)(3)	7,500.				GENERAL ASSISTANCE
(7) GREATER BALTIMORE COMMITTEE 111 S. CALVERT STREET BALTIMORE, MD 21202	52-0645650	501(C)(4)	27,500.				GENERAL ASSISTANCE
(8) AMERICAN ASSOCIATION OF ENDOCRINE SURGEONS 11300 WEST OLYMPIC BLVD., STE. 600	13-5613797	501(C)(3)	7,500.				GENERAL ASSISTANCE
(9) RONALD MCDONALD HOUSE - BALTIMORE 635 W. LEXINGTON STREET BALTIMORE, MD 21201	52-1184957	501(C)(3)	120,000.				GENERAL ASSISTANCE
(10) DOWNTOWN PARTNERSHIP OF BALTIMORE, INC. 20 S. CHARLES STREET BALTIMORE, MD 21201	52-1914273	501(C)(3)	15,000.				GENERAL ASSISTANCE
(11) THE HEALTH CARE FOR THE HOMELESS 421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501(C)(3)	7,500.				GENERAL ASSISTANCE
(12) MARCH OF DIMES - CENTRAL MARYLAND 175 W. OSTEND STREET BALTIMORE, MD 21230	13-1846366	501(C)(3)	10,000.				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UPPER CHESAPEAKE HEALTH FOUNDATION 520 UPPER CHESAPEAKE DR. BEL AIR, MD 21014	52-1398507	501(C)(3)	7,500.				GENERAL ASSISTANCE
(2) MOUNT WASHINGTON PEDIATRIC HOSPITAL 1708 W. ROGERS AVENUE BALTIMORE, DC 21209	52-0591483	501(C)(3)	17,500.				GENERAL ASSISTANCE
(3)							
(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 ▶ 13.

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

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

Schedule I (Form 990) (2015)

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

2015

**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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

	Yes	No
1a	X	
2	X	
3		
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) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	JOHN W. DILLON DIRECTOR	(i)	0.	0.	156,000.	0.	0.	156,000.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	ROBERT A. CHRENCIK PRESIDENT AND CEO	(i)	1,254,208.	1,054,693.	253,896.	10,600.	13,037.	2,586,434.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	HENRY J. FRANEY CFO- UMMS/TREASURER	(i)	779,989.	405,004.	150,469.	10,600.	13,037.	1,359,099.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	MEGAN M. ARTHUR SVP & GEN COUNSEL/ SEC'TY	(i)	459,717.	188,226.	75,477.	10,600.	16,381.	750,401.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	JEFFERY A. RIVEST PRESIDENT & CEO - UMMC	(i)	823,831.	349,458.	700,367.	10,600.	9,550.	1,893,806.	183,861.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	LISA C. ROWEN SVP & CNO - UMMC	(i)	391,582.	140,053.	56,594.	10,600.	13,037.	611,866.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	WALTER ETTINGER SVP & CMO - UMMS	(i)	623,866.	242,400.	9,539.	10,600.	13,037.	899,442.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	JON P. BURNS SVP & CIO	(i)	414,431.	179,244.	60,528.	10,600.	13,037.	677,840.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	MICHAEL R. JABLONOVER SVP & CMO	(i)	411,801.	183,150.	60,328.	8,985.	14,686.	678,950.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	KEITH D. PERSINGER SVP & CFO UMMC	(i)	572,023.	231,000.	83,651.	10,600.	5,461.	902,735.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	DAVID P. SWIFT SVP - CHIEF HR OFFICER	(i)	395,192.	160,650.	56,421.	10,600.	0.	622,863.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	JOHN W. ASHWORTH III SVP NETWORK DEVELOPMENT	(i)	511,790.	169,396.	99,546.	10,600.	13,037.	804,369.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	CHRISTINE BACHRACH VP - CORP COMPLIANCE OFFICER	(i)	295,718.	95,828.	218,843.	10,600.	16,328.	637,317.	139,659.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	KENNETH LEWIS EXECUTIVE - UNION OF CECIL	(i)	745,833.	282,678.	8,508.	13,072.	13,037.	1,063,128.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	GERALD L. WOLLMAN SVP CORP OPERATIONS	(i)	391,640.	156,366.	55,039.	10,600.	16,283.	629,928.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	ALISON G. BROWN SVP PLANNING & MARKETING	(i)	432,980.	179,760.	64,075.	10,600.	16,435.	703,850.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.

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.

SEVERANCE PAYMENT OR CHANGE OF CONTROL PAYMENT

SCHEDULE J, PART I, LINE 4A

DURING THE FISCAL YEAR-ENDED JUNE 30, 2016, CERTAIN OFFICERS AND KEY EMPLOYEES HAVE RECEIVED SEVERANCE PAYMENTS. THESE AMOUNTS ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION. THE INDIVIDUALS AND AMOUNTS ARE LISTED

BELOW:

JEFFREY A. RIVEST \$188,886

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

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.

DURING THE FISCAL YEAR- ENDED JUNE 30, 2016, 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, 2016, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE CONTRIBUTIONS TO THE PLAN FOR THE FISCAL YEAR ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION:

ROBERT CHRENCIK

JEFFREY A. RIVEST

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.

HENRY J. FRANEY

KEITH D. PERSINGER

LISA C. ROWAN

MEGAN M. ARTHUR

JON P. BURNS

MICHAEL R. JABLONOVER

DAVID P. SWIFT

JOHN W. ASHWORTH

ALLISON G. BROWN

GERALD WOLLMAN

DURING THE FISCAL YEAR-ENDED JUNE 30, 2016, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN 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

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.

YEAR CONTRIBUTIONS TO THE PLAN WERE PREVIOUSLY REPORTED ON FORM 990 AND
ARE INDICATED ON SCHEDULE J, PART II, COLUMN (F).

CHRISTINE BACHRACH

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)**

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

2015

**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 2005)	52-0936091	574217V51	06/25/2008	144,317,619.	CURRENT REFUNDING		X		X		X
B MHHEFA (SERIES 2007A)	52-0936091	574217G74	09/12/2007	96,445,000.	ADVANCE REFUNDING		X		X		X
C MHHEFA (SERIES 2008D)	52-0936091	574217V28	05/21/2008	50,000,000.	CURRENT REFUNDING		X		X		X
D MHHEFA (SERIES 2015)	52-0936091	574218WD1	05/21/2015	86,603,677.	ADVANCE REFUNDING		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	7,025,000.		400,000.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	144,317,619.		96,445,000.		50,000,000.		86,603,677.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows							46,118,826.	
7 Issuance costs from proceeds	1,167,619.		784,512.		283,967.		9,475.	
8 Credit enhancement from proceeds			13,877.		33,758.			
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	143,150,000.		95,646,611.		49,682,275.		40,475,376.	
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
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.

**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.**

2015

▶ **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 2008E)	52-0936091	574217V36	05/21/2008	55,000,000.	CURRENT REFUNDING		X		X		X
B MHHEFA (SERIES 2008F)	52-0936091	574217Y66	07/10/2008	89,764,001.	CURRENT REFUNDING		X		X		X
C MHHEFA (SERIES 2010)	52-0936091	5742175EI	01/07/2010	241,441,656.	NEW MONEY/ CURRENT REFUNDING		X		X		X
D MHHEFA (SERIES 2012A)	52-0936091		08/16/2012	40,785,000.	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	55,000,000.		89,764,001.		241,441,656.		40,785,000.	
4 Gross proceeds in reserve funds					12,822,511.			
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	309,350.		792,457.		2,656,305.		580,000.	
8 Credit enhancement from proceeds	36,775.							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds					130,000,000.			
11 Other spent proceeds	54,653,875.		88,971,544.		95,962,841.		40,205,000.	
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

2015

**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.**

▶ **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 2012B)	52-0936091		08/16/2012	50,170,000.	CURRENT REFUNDING		X		X		X
B MHHEFA (SERIES 2012C)	52-0936091		08/16/2012	50,175,000.	CURRENT REFUNDING		X		X		X
C MHHEFA (SERIES 2012D)	52-0936091		08/16/2012	75,205,000.	CURRENT REFUNDING		X		X		X
D MHHEFA (SERIES 2013A)	52-0936091	574218MH3	03/08/2013	265,377,428.	NEW MONEY/CURRENT & ADVANCE REFUND		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	50,170,000.		50,175,000.		75,205,000.		265,377,428.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds							2,662,975.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds							129,930,000.	
11 Other spent proceeds	50,170,000.		50,175,000.		75,205,000.		89,614,452.	
12 Other unspent proceeds							43,170,000.	
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

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

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 bond-financed property usage.

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 bond issue details. Includes 'Yes' and 'No' columns for each section.

Part IV Arbitrage

Table with 7 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, rebates, and hedges. Includes 'Yes' and 'No' columns for each section.

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 bond issue details. Includes 'Yes' and 'No' columns for each section.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and hedge details. Includes 'Yes' and 'No' columns for each section.

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 7, PART V

THE ORGANIZATION HAS ESTABLISHED WRITTEN PROCEDURES, EFFECTIVE JULY 1,
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-REMEDICATION 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

2015

Open To Public Inspection

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.**

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)					

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

Schedule L (Form 990 or 990-EZ) 2015

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) FRANCIS X. KELLY	BOARD MEMBER	1,395,574.	SEE BELOW		X
(2) AUGUST CHIASERA	BOARD MEMBER	3,600,000.	SEE BELOW		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

FRANCIS X. KELLY

FRANCIS X. KELLY IS 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 OF KELLY & ASSOCIATES ARE CHARGED AT OR BELOW FAIR MARKET VALUE.

AUGUST CHIASERA

THE ORGANIZATION USED M&T BANK FOR MANY OF ITS BANKING SERVICES, INCLUDING TREASURY MANAGEMENT, DEPOSIT SERVICES, LINES OF CREDIT, AND CORPORATE TRUST AND CUSTODY SERVICES. AUGUST CHIASERA 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.

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

2015

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

TRANSFER OF NET ASSETS

FORM 990, PART XI, LINE 9

UMSJ HEALTH SYSTEM, LLC (UMSJHS) RECEIVED ITS 501(C)(3) EXEMPTION

LETTER IN NOVEMBER OF 2014. ON JULY 1, 2015, UMSJHS BECAME THE PARENT

COMPANY FOR ALL ENTITIES IN THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL

SYSTEM AND NOW REPORTS THE CONSOLIDATED FINANCIAL INFORMATION AND

ACTIVITIES OF THE FOLLOWING RELATED ENTITIES, WHICH WERE PREVIOUSLY

REPORTED UNDER THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION:

UM MEDICAL REGIONAL SUPPLIER, LLC

UM REGIONAL PROFESSIONAL SERVICES, LLC

UMSJ PROPERTIES, LLC

UMSJ MEDICAL GROUP, LLC

UMSJ ORTHOPAEDICS, LLC

UMSJ MEDICAL CENTER

AS SUCH, UMSJHS NOW REPORTS THESE ENTITIES' COMBINED ENDING NET ASSETS OR

FUND BALANCES AT 6/30/15, -\$105,385,436, PREVIOUSLY INCLUDED ON THE UMMS

CORPORATION BALANCE SHEET, AS A TRANSFER OF NET ASSETS ON THIS FORM 990

FOR UMSJHS.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE ACCOUNTING FIRM OF GRANT

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

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

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

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

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

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

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.

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

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

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

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

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

EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.

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

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

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

IRS FORM 990 OR FORM 1023 AS FILED WITH THE INTERNAL REVENUE SERVICE, INCLUDING ALL SCHEDULES AND ATTACHMENTS, MAY APPEAR IN PERSON OR SUBMIT A WRITTEN REQUEST. THE MOST RECENT THREE YEARS OF IRS FORM 990 MAY BE REQUESTED. IF THE REQUESTER APPEARS IN PERSON, THE INDIVIDUAL IS DIRECTED TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION AND THE FORM 990 AND/OR FORM 1023 ARE MADE AVAILABLE FOR INSPECTION.

THE INDIVIDUAL IS PERMITTED TO REVIEW THE RETURN, TAKE NOTES AND REQUEST A COPY. IF REQUESTED, A COPY IS PROVIDED ON THE SAME DAY. A NOMINAL FEE IS CHARGED FOR MAKING THE COPIES. THE ORGANIZATION MAY HAVE AN EMPLOYEE PRESENT DURING THE PUBLIC INSPECTION OF THE DOCUMENT.

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

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

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 9

USH FORGIVENESS	(315,338)
DONATED CAPITAL	(1,995,702)
STRATEGIC PRIORITIES FUNDING FROM AFFILIATES	14,900,000
CHANGE IN ECON INT FOUNDATION	(2,581,344)
CHANGE IN SWAP VALUATION	1,764,794
INVESTMENT IN MWPH	29,474
UMMS/UCHS EQUITY TRANSFER - SWAPS	(28,852,791)
OTHER MISCELLANEOUS ADJUSTMENTS	(1,069)
TRANSFER OF ST.JOSEPH ENTITIES FUND	
BALANCE TO UMSJ HEALTH SYSTEM LLC	105,385,436

TOTAL	88,333,460
	=====

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

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

ATTACHMENT 1FORM 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 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 6/30/2016 IS APPROXIMATELY \$21,470,367 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>
LIVING LEGACY FOUNDATION TRC 1730 TWIN SPRINGS ROAD BALTIMORE, MD 21227	ORGAN SUPPORT	14,722,644.
HUNTZINGER STAFFING SOLUTIONS LLC 670 NORTH RIVER STREET PLAINS, PA 18705	STAFFING	12,574,422.
MOREDIRECT INC. DBA CONNECTION P.O. BOX 536464 PITTSBURGH, PA 15253-5906	SOFTWARE	11,959,200.
EPIC SYSTEMS CORPORATION 1979 MILKY WAY	SOFTWARE	10,125,188.

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

ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
VERONA, WI 53593		
SIEMENS MEDICAL SOLUTIONS USA, INC. P.O. BOX 120001 DALLAS, TX 75312-0733	MEDICAL TECHNOLOGY	9,051,736.

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
PHYSICIAN SERVICE CONTRACTS	130,634,198.	105,813,700.	24,820,498.	
CONTRACTED SERVICES	46,959,542.	38,037,229.	8,922,313.	
CONSULTING	41,599,870.	33,695,895.	7,903,975.	
OTHER	65,910,031.	53,387,125.	12,522,906.	
CORPORATE SHARED SERVICES	-133430025.	-108078320.	-25,351,705.	
TOTALS	<u>151,673,616.</u>	<u>122,855,629.</u>	<u>28,817,987.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

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) 36 S. PACA STREET, LLC 36 S. PACA STREET BALTIMORE, MD 21211 56-2544990	RENTAL	MD	964,000.	13,558,000.	UMMSC
(2) UNIVERSITY OF MARYLAND ECARE, LLC 250 W. PRATT STREET BALTIMORE, MD 21201 461441270	HEALTHCARE	MD	2,975,000.	2,420,000.	UMMSC
(3) UNIVERSITY OF MARYLAND MEDICAL CENTER, L 250 W. PRATT STREET BALTIMORE, MD 21201 32-0443777	HEALTHCARE	MD		0.	UMMSC
(4) UNIVERSITY OF MARYLAND HEALTH VENTURES, 250 W. PRATT STREET BALTIMORE, MD 21201 47-4794292	HEALTHCARE	MD		0.	UMMSC
(5) UMRMC I, INC. 250 W. PRATT STREET BALTIMORE, MD 21201	HEALTHCARE	MD		0.	UMMSC
(6) UMRMC, LLC 250 W. PRATT STREET BALTIMORE, MD 21201	HEALTHCARE	MD		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) 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) UM BALTIMORE WASHINGTON MEDICAL SYSTEM, 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

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

Schedule R (Form 990) 2015

**SCHEDULE R
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Related Organizations and Unrelated Partnerships

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Name of the organization

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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) UMMC I, LLC 250 W. PRATT STREET BALTIMORE, MD 21201 38-3945516	HEALTHCARE	MD		0.	UMMSC
(2) UNIVERSITY OF MARYLAND QUALITY CARE NETW 37-1824357				0.	UMMSC
(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) CHESTER RIVER HEALTH FOUNDATION INC 100 BROWN STREET CHESTERTOWN, MD 21620 52-1338861	FUNDRAISING	MD	501(C)(3)	08	UMSRH		X
(2) UNIV OF MD SHORE REGIONAL HEALTH, INC 100 BROWN STREET CHESTERTOWN, MD 21620 52-2046500	HEALTHCARE	MD	501(C)(3)	11A	UMMSC	X	
(3) CHESTER RIVER HOSPITAL CENTER 100 BROWN STREET CHESTERTOWN, MD 21620 52-0679694	HEALTHCARE	MD	501(C)(3)	03	UMSRH		X
(4) CHESTER RIVER MANOR INC 200 MORGNEC ROAD CHESTERTOWN, MD 21620 52-6070333	HEALTHCARE	MD	501(C)(3)	09	UMSRH		X
(5) MARYLAND GENERAL CLINICAL PRACTICE GROUP 827 LINDEN AVENUE BALTIMORE, MD 21201 52-1566211	HEALTHCARE	MD	501(C)(3)	11B	UMMTH		X
(6) MARYLAND GENERAL COMM HEALTH FOUNDATION 827 LINDEN AVENUE BALTIMORE, MD 21201 52-2147532	FUNDRAISING	MD	501(C)(3)	11C	UMMTH		X
(7) UNIVERSITY OF MARYLAND MIDTOWN HEALTH, I 827 LINDEN AVENUE BALTIMORE, MD 21201 52-1175337	HEALTHCARE	MD	501(C)(3)	11B	UMMSC	X	

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Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

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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 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) MARYLAND GENERAL HOSPITAL INC 827 LINDEN AVENUE BALTIMORE, MD 21201 52-0591667	HEALTHCARE	MD	501(C)(3)	03	UMMTH		X
(2) CARE HEALTH SERVICES INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1510269	HEALTHCARE	MD	501(C)(3)	09	UMSRH		X
(3) DORCHESTER GENERAL HOSPITAL FOUNDATION 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1703242	FUNDRAISING	MD	501(C)(3)	11D	UMSRH		X
(4) MEMORIAL HOSPITAL FOUNDATION INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1282080	FUNDRAISING	MD	501(C)(3)	11A	UMSRH		X
(5) UM COMMUNITY MEDICAL GROUP, INC. 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1874111	HEALTHCARE	MD	501(C)(3)	03	UMMSC	X	
(6) SHORE HEALTH SYSTEM INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-0610538	HEALTHCARE	MD	501(C)(3)	03	UMMSC	X	
(7) JAMES LAWRENCE KERNAN HOSP ENDOW FD 2200 KERNAN DRIVE BALTIMORE, MD 21207 23-7360743	FUNDRAISING	MD	501(C)(3)	11B	UMMSC	X	

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Schedule R (Form 990) 2015

**SCHEDULE R
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Related Organizations and Unrelated Partnerships

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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) JAMES LAWRENCE KERNAN HOSPITAL INC 2200 KERNAN DRIVE BALTIMORE, MD 21207 52-0591639	HEALTHCARE	MD	501(C)(3)	03	UMMSC	X	
(2) UMMS FOUNDATION, INC. 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-2238893	FUNDRAISING	MD	501(C)(3)	11A	UMMSC	X	
(3) UNIVERSITY OF MARYLAND CHARLES REGIONAL PO BOX 1070 LA PLATA, MD 20646 52-2155576	HEALTHCARE	MD	501(C)(3)	11C	UMMSC	X	
(4) CIVISTA MEDICAL CENTER, INC. PO BOX 1070 LA PLATA, MD 20646 52-0445374	HEALTHCARE	MD	501(C)(3)	03	UMCRH		X
(5) CHARLES REGIONAL MEDICAL CENTER FOUNDATI PO BOX 1070 LA PLATA, MD 20646 52-1414564	FUNDRAISING	MD	501(C)(3)	11A	UMCRH		X
(6) CHARLES REGIONAL MEDICAL CENTER AUXILIAR PO BOX 1070 LA PLATA, MD 20646 52-1131193	FUNDRAISING	MD	501(C)(3)	11A	UMCRH		X
(7) UNIV OF MD ST. JOSEPH FOUNDATION, INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1681044	FUNDRAISING	MD	501(C)(3)	11A	UMMSC	X	

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Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

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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)					
(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) HARFORD MEMORIAL HOSPITAL, INC. 52-0591484 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	03	UMUCHS		X
(2) UCH LEGACY FUNDING CORPORATION 52-0882914 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	11A	UMUCHS		X
(3) UM UPPER CHESAPEAKE HEALTH SYSTEM, INC. 52-1398513 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	11C; III-FI	UMUCHS		X
(4) UPPER CHESAPEAKE HEALTH FOUNDATION, INC. 52-1398507 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	11A	UMUCHS		X
(5) UPPER CHESAPEAKE MEDICAL CENTER, INC. 52-1253920 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	03	UMUCHS		X
(6) UPPER CHESAPEAKE MEDICAL SERVICES, INC. 52-1501734 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	09	UMUCHS		X
(7) UPPER CHESAPEAKE PROPERTIES, INC. 52-1907237 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	501(C)(2)		UMUCHS		X

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

Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

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Department of the Treasury
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)					
(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) UPPER CHES RESIDENTIAL HOSPICE HOUSE, IN 26-0737028 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HOSPICE	MD	501(C)(3)	07	UMUCHS		X
(2) UPPER CHESAPEAKE/ST. JOSEPH HOME CARE, I 52-1229742 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HOSPICE	MD	501(C)(3)	09	UMUCHS		X
(3) UMSJ HEALTH SYSTEM, LLC 46-0797956 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	501(C)(3)		UMMSC	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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 GLEN BURNIE	HEALTHCARE	MD	N/A									
(2) BALTIMORE WASHINGTON IMAGING, 301 HOSPITAL DRIVE GLEN BURNIE	HEALTHCARE	MD	N/A									
(3) INNOVATIVE HEALTH LLC 52-19972 29165 CANVASBACK DRIVE, SUITE	BILLING	MD	N/A									
(4) CENTRAL MARYLAND RADIOLOGY ONC 10710 CHARTER DRIVE COLUMBIA,	HEALTHCARE	MD	UMMSC	RELATED	1,790,000.	2,185,000.		X		X		50.0000
(5) UNIVERSITYCARE LLC 52-1914892 22 SOUTH GREENE STREET BALTIMO	HEALTHCARE	MD	UMMSC	RELATED	2,664,000.	3,264,300.		X		X		90.0000
(6) O'DEA MEDICAL ARTS LIMITED PAR 7601 OSLER DRIVE TOWSON, MD 21	RENTAL	MD	UMMSC	RELATED	0.	0.		X		X		74.0000
(7) ADVANCED IMAGING AT ST. JOSEPH 7601 OSLER DRIVE TOWSON, MD 21	HEALTHCARE	MD	N/A									

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, CJ KY1-1102	INSURANCE	CJ	UMMS	C CORP	12,810,000.	100,082,500.	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) UCHS/UMMS REAL ESTATE TRUST 27 520 UPPER CHESAPEAKE DR BEL AI	REAL ESTATE	MD	N/A									
(2) UNIVERSITY OF MARYLAND CHARLES PO BOX 1070 LAPLATA, MD 20646	HEALTHCARE	MD	N/A									
(3)												
(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	574,000.		50.0000	X	
(2) UPPER CHESAPEAKE INSURANCE COMPANY 98-0468438 P.O. BOX 1109 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	CJ	UMMS	LTD.			100.0000		
(3) UPPER CHESAPEAKE HEALTH VENTURES, INC. 52-2031264 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	UMMS	C CORP			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) UNIVERSITY OF MARYLAND HEALTH ADVANTAGE, 46-1411902 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UMMS	C CORP			100.0000	X	
(7) UNIVERSITY OF MARYLAND HEALTH PARTNERS, 45-2815803 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UMMS	C CORP			100.0000	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)												
(2)												
(3)												
(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) UNIVERSITY OF MARYLAND MEDICAL SYSTEM HE 22 SOUTH GREENE STREET BALTIMORE, MD 21201 45-2815722	INSURANCE	MD	UMMS	C CORP	141,099,000.	125,187,000.	100.0000	X	
(2) SHORE ORTHOPEDICS, INC. 219 S. WASHINGTON STREET EASTON, MD 21601 37-1817260	HEALTHCARE	MD	SHS	C CORP					
(3)									
(4)									
(5)									
(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) UMMS FOUNDATION INC.	C	9,024,563.	FMV
(2) UNIVERSITY CARE LLC	K	47,916.	FMV
(3) JAMES L. KERNAN HOSPITAL, INC.	L	253,596.	FMV
(4) ST. JOSEPH MEDICAL CENTER	P	30,345,572.	FMV
(5) JAMES L. KERNAN HOSPITAL, INC.	Q	11,101,557.	FMV
(6) MARYLAND GENERAL HOSPITAL, INC.	Q	18,834,298.	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) CHARLES REGIONAL MEDICAL CENTER, INC.	Q	10,907,337.	FMV
(2) BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Q	30,297,724.	FMV
(3) CHESTER RIVER HOSPITAL CENTER, INC.	Q	3,839,355.	FMV
(4) SHORE HEALTH SYSTEM, INC.	Q	20,007,201.	FMV
(5) MARYLAND GENERAL HOSPITAL, INC.	R	1,633,171.	FMV
(6) CHARLES REGIONAL MEDICAL CENTER, INC.	R	2,500,000.	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) UMMS FOUNDATION	B	22,500.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners 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)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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