

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ANNE ARUNDEL MEDICAL CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2001 MEDICAL PARKWAY City or town, state or province, country, and ZIP or foreign postal code ANNAPOLIS, MD 21401 F Name and address of principal officer: ROBERT REILLY SAME AS C ABOVE	D Employer identification number 52-1169362 E Telephone number (443) 481-6554 G Gross receipts \$ 543,655,370. 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) H(c) Group exemption number ▶
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		
J Website: ▶ WWW.AAHS.ORG		
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: 1902		M State of legal domicile: MD

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO ENHANCE THE COMPREHENSIVE HEALTH CARE WE PROVIDE TO THE LOCAL AND REGIONAL COMMUNITY WE SERVE.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	3543
6	Total number of volunteers (estimate if necessary)	6	519
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	606,103.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	29,660.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	2,642,895.	2,516,708.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	505,262,265.	524,216,163.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,497,411.	8,807,764.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,530,937.	7,924,467.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	529,933,508.	543,465,102.
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)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	221,371,190.	233,583,566.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	269,313,401.	285,796,704.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	490,684,591.	519,380,270.
19	Revenue less expenses. Subtract line 18 from line 12	39,248,917.	24,084,832.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	920,009,002.	914,393,189.
22	Net assets or fund balances. Subtract line 21 from line 20	580,235,891.	480,911,034.
		339,773,111.	433,482,155.

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 ROBERT REILLY, CFO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name LORI S. BURGHAUSER	Preparer's signature LORI S. BURGHAUSER	Date 05/03/18	Check if self-employed <input type="checkbox"/>	PTIN P00370694
	Firm's name ▶ SC&H TAX & ADVISORY SERVICES, LLC	Firm's EIN ▶ 20-5991824			
	Firm's address ▶ 910 RIDGEBROOK ROAD SPARKS, MD 21152	Phone no. (410) 403-1500			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AS A CHARITABLE ORGANIZATION, ANNE ARUNDEL MEDICAL CENTER'S ("AAMC") MISSION IS TO ENHANCE THE HEALTH OF THE PEOPLE IT SERVES AND AAMC'S VISION IS "LIVING HEALTHIER TOGETHER" WITH THE COMMUNITY. IN ADDITION TO TRADITIONAL PATIENT SERVICES LIKE DIAGNOSIS, TREATMENT AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] 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 \$ 431,615,322. including grants of \$ 0.) (Revenue \$ 517,255,402.) INPATIENT

THE AAMC WOMEN'S AND CHILDREN'S CENTER OFFERS MULTIGENERATIONAL PROGRAMS TO SUPPORT A WOMAN FROM THE TIME SHE BEGINS GYNECOLOGICAL CARE THROUGH THE CHILDBEARING YEARS AND BEYOND. WE OFFER THE MOST COMPREHENSIVE WOMEN'S SERVICES; ALL-INCLUSIVE MATERNITY, NEWBORN AND PEDIATRIC CARE; ADVANCED TREATMENTS FOR ANY HEALTH CHALLENGES WOMEN AND THEIR FAMILIES MAY ENCOUNTER; AND EXTENSIVE SCREENING, PREVENTION AND WELLNESS PROGRAMS TO HELP THEM LEAD LONGER, HEALTHIER AND MORE FULFILLING LIVES.

AAMC IS KNOWN FOR EXCELLENCE IN OBSTETRICAL SERVICES, AND WE OFFER MOMS

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 431,615,322.

Part IV Checklist of Required Schedules

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

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 question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 278, 0, 3543, CAYMAN ISLANDS).

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	17	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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: **SANDRA HUFFER - (443) 481-6554**
2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 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) GARY JOBSON CHAIRMAN	1.00 2.00	X		X				0.	0.	0.
(2) JOHN BELCHER VICE CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(3) LEISA C. RUSSELL TREASURER	1.00 2.00	X		X				0.	0.	0.
(4) JASON GROVES SECRETARY	1.00 2.00	X		X				0.	0.	0.
(5) ALAN J. HYATT ASSISTANT TREASURER	1.00 1.00	X		X				0.	0.	0.
(6) VICTORIA BAYLESS PRESIDENT AND CEO	40.00 10.00	X		X				1,275,155.	0.	190,036.
(7) PEGGY ALEXANDER BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(8) GEORGE K. ANDERSON, M.D. BOARD MEMBER	1.00 2.00	X						0.	0.	0.
(9) JAMES CHAMBERS BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(10) MARY CLANCE BOARD MEMBER	40.00 1.00	X						324,147.	0.	4,808.
(11) PATRICIA DARROW-SMITH BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(12) KAREN DRENKARD BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(13) JAMES ELLERSON BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(14) CARLESA FINNEY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(15) EDWARD GOSSELIN BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(16) KEN GUMMERSON, M.D. BOARD MEMBER	1.00 2.00	X						21,000.	0.	0.
(17) SHERRY MORRISSETTE BOARD MEMBER - PART YEAR	1.00 2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) THEODORE PINCUS BOARD MEMBER	1.00 2.00	X					0.	0.	0.	
(19) ROBERT REILLY CFO	40.00 7.00			X			595,473.	0.	51,144.	
(20) MAULIK JOSHI CHIEF OPERATING OFFICER	40.00 3.00			X			319,873.	0.	23,635.	
(21) SHERRY PERKINS CHIEF OPERATING OFFICER-PART YEAR	40.00 0.00			X			233,471.	0.	6,715.	
(22) MITCHELL SCHWARTZ, M.D. CHIEF MEDICAL OFFICER	20.00 26.00			X			723,249.	0.	57,230.	
(23) PAULA WIDERLITE CHIEF STRATEGY OFFICER	40.00 0.00			X			471,146.	0.	22,876.	
(24) BARBARA BALDWIN VP AND CIO	40.00 0.00			X			452,331.	0.	5,300.	
(25) BARBARA JACOBS CHIEF NURSING OFFICER	40.00 1.00			X			381,682.	0.	26,399.	
(26) JENNIFER HARRINGTON VP SUPPORT & CLINICAL SERVICES	40.00 1.00			X			322,656.	0.	29,557.	
1b Sub-total							5,120,183.	0.	417,700.	
c Total from continuation sheets to Part VII, Section A							2,628,244.	0.	159,538.	
d Total (add lines 1b and 1c)							7,748,427.	0.	577,238.	

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 **312**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK TECHNOLOGIES 10510 TWIN LAKES PKWY, CHARLOTTE, NC 28269	HEALTHCARE TECHNOLOGIES SERVICE	2,877,170.
CR GOODMAN ASSOCIATES 912 COMMERCE ROAD, ANNAPOLIS, MD 21401	CONSTRUCTION DESIGN CONSULTING	1,325,491.
PA & ASSOCIATES HEALTHCARE, 9515 DEERECO RD, SUITE 301, TIMONIUM, MD 21030	SPEND MANAGEMENT CONSULTANTS	1,263,904.
BERKELEY RESEARCH GROUP, 2200 POWELL ST, SUITE 1200, EMERYVILLE, CA 94608	HEALTHCARE CLINICAL ECONOMICS	1,098,020.
CONIFER VALUE-BASED CARE, LLC 1596 WHITEHALL ROAD, ANNAPOLIS, MD 21409	MEDICAL PLAN SERVICES	1,050,158.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **44**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(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			
(27) DAVID LEHR CHIEF INFORMATION OFFICER	40.00 0.00				X		212,537.	0.	10,105.	
(28) ADRIAN PARK SURGERY DIVISION CHAIR	40.00 1.00				X		766,823.	0.	64,392.	
(29) GEORGE SAMARAS, MD MEDICINE DIVISION CHAIR	40.00 0.00				X		432,792.	0.	27,583.	
(30) PATRICIA CZAPP, MD CLINICAL INTEGRATION CHAIR	40.00 1.00				X		431,064.	0.	22,993.	
(31) MARK SANCHEZ MEDICAL DIRECTOR	40.00 0.00				X		413,252.	0.	6,550.	
(32) HENRY SOBEL, M.D. WOMEN'S DIVISION CHAIR	40.00 0.00				X		371,776.	0.	27,915.	
Total to Part VII, Section A, line 1c							2,628,244.		159,538.	

Public Disclosure Copy

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	2,516,708.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		2,516,708.			
Program Service Revenue	2 a	ANCILLIARY SERVICES	Business Code 621500	242,933,422.	234,820,258.	8,113,164.	
	b	ADMISSION/ROOM CHARGES	621990	230,179,766.	230,179,766.		
	c	EMERGENCY ROOM CHARGES	621990	49,894,283.	49,894,283.		
	d	PATIENT EDUCATION/MISC	624100	1,208,692.	1,208,692.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		524,216,163.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,962,365.		32,868.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	1,459,644.			
			(ii) Personal				
			Less: rental expenses	161,539.			
			Rental income or (loss)	1,298,105.			
	d	Net rental income or (loss)		1,298,105.		1,298,105.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	2,874,128.			
			(ii) Other				
			Less: cost or other basis and sales expenses	0.	28,729.		
			Gain or (loss)	2,874,128.	-28,729.		
	d	Net gain or (loss)		2,845,399.		2,845,399.	
	8 a	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						
9 a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities						
10 a	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						
Miscellaneous Revenue			Business Code				
11 a	CAFETERIA	722210	4,696,011.			4,696,011.	
b	MANAGEMENT SERVICES	812900	621,316.	48,081.	573,235.		
c	ANSWERING/PAGING SERVICE	812900	204,713.			204,713.	
d	All other revenue	900099	1,104,322.	1,104,322.			
e	Total. Add lines 11a-11d		6,626,362.				
12	Total revenue. See instructions.		543,465,102.	517,255,402.	606,103.	23,086,889.	

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 X

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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,760,525.	5,184,473.	576,052.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	194,183,008.	156,679,890.	37,503,118.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,137,682.	3,320,786.	816,896.	
9 Other employee benefits	15,374,580.	12,432,811.	2,941,769.	
10 Payroll taxes	14,127,771.	11,434,402.	2,693,369.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,517,168.		2,517,168.	
c Accounting	198,581.		198,581.	
d Lobbying	124,557.		124,557.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	112,500.		112,500.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	63,225,527.	43,109,373.	20,116,154.	
12 Advertising and promotion	1,117,459.	36,718.	1,080,741.	
13 Office expenses	17,062,001.	12,433,994.	4,628,007.	
14 Information technology	6,626,442.	50,354.	6,576,088.	
15 Royalties				
16 Occupancy	11,193,536.	7,270,700.	3,922,836.	
17 Travel	854,811.	628,070.	226,741.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,161,238.	512,560.	648,678.	
20 Interest	12,314,400.	12,314,400.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,611,928.	28,611,928.		
23 Insurance	2,070,233.	1,863,210.	207,023.	
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 MEDICAL SUPPLIES	133,089,356.	133,036,934.	52,422.	
b TEMPORARY AGENCY	3,385,395.	2,490,129.	895,266.	
c DUES, BOOKS, AND SUBSCR	2,131,572.	204,590.	1,926,982.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	519,380,270.	431,615,322.	87,764,948.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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		1	
	2 Savings and temporary cash investments	34,591,609.	2	16,455,216.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	59,872,225.	4	63,520,201.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8,841,972.	8	8,304,995.
	9 Prepaid expenses and deferred charges	5,703,961.	9	6,131,051.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 665,378,741.		
	b Less: accumulated depreciation	10b 329,867,661.	347,603,227.	10c 335,511,080.
	11 Investments - publicly traded securities	236,927,964.	11	272,171,194.
	12 Investments - other securities. See Part IV, line 11	91,755,032.	12	101,538,587.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	134,713,012.	15	110,760,865.
16 Total assets. Add lines 1 through 15 (must equal line 34)	920,009,002.	16	914,393,189.	
Liabilities	17 Accounts payable and accrued expenses	89,519,708.	17	58,392,749.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	337,662,291.	20	331,038,358.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	153,053,892.	25	91,479,927.
	26 Total liabilities. Add lines 17 through 25	580,235,891.	26	480,911,034.
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	315,695,052.	27	406,999,083.
	28 Temporarily restricted net assets	13,027,598.	28	15,792,311.
	29 Permanently restricted net assets	11,050,461.	29	10,690,761.
	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	339,773,111.	33	433,482,155.
34 Total liabilities and net assets/fund balances	920,009,002.	34	914,393,189.	

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	543,465,102.
2	Total expenses (must equal Part IX, column (A), line 25)	2	519,380,270.
3	Revenue less expenses. Subtract line 2 from line 1	3	24,084,832.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	339,773,111.
5	Net unrealized gains (losses) on investments	5	28,808,993.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	40,815,219.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	433,482,155.

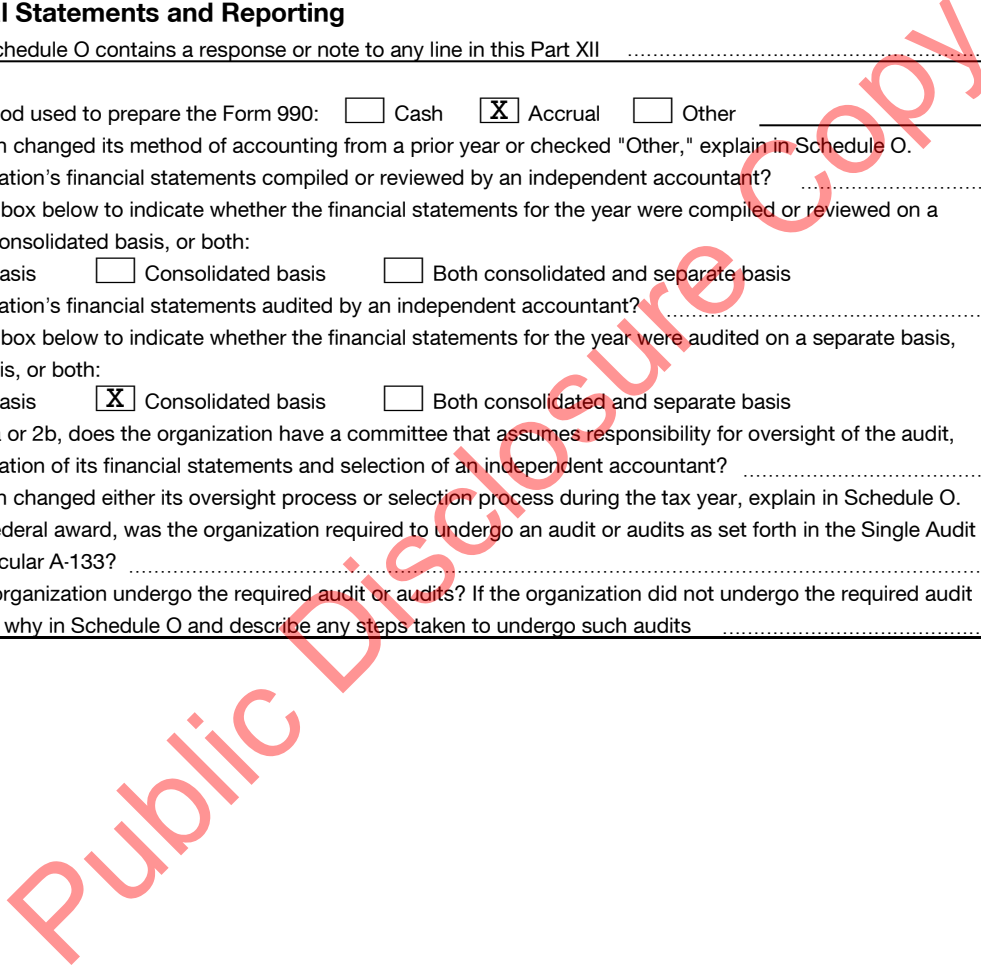
Part XII Financial Statements and Reporting

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		

Form 990 (2016)



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

2016

Open to Public Inspection

Name of the organization ANNE ARUNDEL MEDICAL CENTER, INC. **Employer identification number** 52-1169362

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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		
Total						

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

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

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

Section C. Type II Supporting Organizations

	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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

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.		
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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described 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? 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.		
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? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Public Disclosure Copy

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ 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.

OMB No. 1545-0047

2016

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
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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	<hr/> <hr/> <hr/> <hr/>	\$ <u>2,516,708.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure Copy

Name of organization ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
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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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Public Disclosure Copy

Name of organization ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
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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 info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

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

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

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 campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

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:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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) 2013	(b) 2014	(c) 2015	(d) 2016	(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)).

	(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		87,076.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		37,481.
j Total. Add lines 1c through 1i			124,557.
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 campaign activity 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION PAID \$87,076 TO ITS LOBBYIST KANE STRATEGIC MARKETS, LLC TO DIRECTLY CONTACT LEGISLATORS ON MATTERS AFFECTING HEALTH CARE. THE ORGANIZATION PAYS DUES TO THE MARYLAND HOSPITAL ASSOCIATION. A PORTION OF THESE DUES ARE USED FOR LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2016
Open to Public Inspection

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

Name of the organization ANNE ARUNDEL MEDICAL CENTER, INC. **Employer identification number** 52-1169362

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		26,905,207.		26,905,207.
b Buildings		374,814,314.	122,078,452.	252,735,862.
c Leasehold improvements		10,809,718.	8,359,451.	2,450,267.
d Equipment		247,186,411.	199,429,758.	47,756,653.
e Other		5,663,091.		5,663,091.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 335,511,080.

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) INVESTMENT IN ANNE		
(B) ARUNDEL HEALTH CARE		
(C) SERVICES, INC.	74,811,584.	END-OF-YEAR MARKET VALUE
(D) INVESTMENT IN PREMIER		
(E) PURCHASING PARTNERS, LLP	7,919,611.	END-OF-YEAR MARKET VALUE
(F) INVESTMENT IN ANNE		
(G) ARUNDEL GENERAL TREATMENT		
(H) SERVICES, INC.	5,561,716.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	101,538,587.	

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) LIMITED USE ASSETS	25,250,281.
(2) DEFERRED DEBT ISSUE COSTS	4,178,746.
(3) NOTES RECEIVABLE FROM AFFILIATES	3,017,720.
(4) BENEFICIAL INTEREST IN AAMC FOUNDATION	27,107,868.
(5) RESTRICTED COLLATERAL FOR INTEREST RATE SWAP AGREEMENTS	51,206,250.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	110,760,865.

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) THIRD PARTY ADVANCE LIABILITIES	18,221,600.
(3) FAIR VALUE OF INTEREST RATE SWAP	
(4) DERIVATIVE CONTRACTS	73,258,327.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	91,479,927.

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 line numbers and a final total column.

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 line numbers and a final total column.

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.

PART X, LINE 2:

UNDER THE REQUIREMENTS OF ASC 740, INCOME TAXES, TAX-EXEMPT ORGANIZATIONS COULD BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. ANNE ARUNDEL HEALTH SYSTEM, INC. AND SUBSIDIARIES (THE "GROUP") HAS DETERMINED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THROUGH JUNE 30, 2017.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ 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.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
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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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	1	REINSURANCE EXPENSES		2,660,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		21,532,710.
3 a Sub-total	0	1			24,192,710.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	1			24,192,710.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

Public Disclosure Copy

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Public Disclosure Copy

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

Schedule F (Form 990) 2016

Public Disclosure Copy

Part V Supplemental Information

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.

Multiple horizontal lines for supplemental information.

Public Disclosure Copy

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ 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.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **ANNE ARUNDEL MEDICAL CENTER, INC.** Employer identification number **52-1169362**

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	1a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	1b	<input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities			
<input type="checkbox"/> Applied uniformly to most hospital facilities			
<input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>330</u> %			
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"?	4	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	<input checked="" type="checkbox"/>	
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?	5c		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	6a	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	6b	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of 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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			3410424.		3410424.	.66%
b Medicaid (from Worksheet 3, column a)			2014679.		2014679.	.39%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			5425103.		5425103.	1.05%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5466605.	186,106.	5280499.	1.02%
f Health professions education (from Worksheet 5)			5951994.		5951994.	1.15%
g Subsidized health services (from Worksheet 6)			28852454.		28852454.	5.56%
h Research (from Worksheet 7)			340,000.		340,000.	.07%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			856,341.		856,341.	.16%
j Total. Other Benefits			41467394.	186,106.	41281288.	7.96%
k Total. Add lines 7d and 7j			46892497.	186,106.	46706391.	9.01%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			25,523.		25,523.	.00%
3 Community support			57,225.		57,225.	.01%
4 Environmental improvements			44,168.		44,168.	.01%
5 Leadership development and training for community members			165,895.		165,895.	.03%
6 Coalition building			201,394.		201,394.	.04%
7 Community health improvement advocacy			27,877.		27,877.	.01%
8 Workforce development			211,349.		211,349.	.04%
9 Other			262,557.		262,557.	.05%
10 Total			995,988.		995,988.	.19%

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?	1 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	2	10,244,610.
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	3	1,894,644.
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)	5	183,478,478.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	175,693,210.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	7,785,268.
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 type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	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	9b	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 %

Part V Facility Information

Section A. Hospital Facilities

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

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)

1 ANNE ARUNDEL MEDICAL CENTER, INC.
2001 MEDICAL PARKWAY
ANNAPOLIS, MD 21401
WWW.AAHS.ORG
02003

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, , , , X, , , , .



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 ANNE ARUNDEL MEDICAL CENTER

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

	Yes	No
Community Health Needs Assessment		
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
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?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.AAHS.ORG/COMMUNITY</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>HTTPS://WWW.AAHEALTH.ORG/HEALTHYANNEARUNDEL/CHN</u>		
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>HTTPS://WWW.AAHEALTH.ORG/HEALTHYANNEARUNDEL/CHNA</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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 ANNE ARUNDEL 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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>330</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input 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?	X	
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):		
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 checked="" 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 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2016

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group ANNE ARUNDEL MEDICAL CENTER

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications</p> <p>d <input type="checkbox"/> Made presumptive eligibility determinations</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group ANNE ARUNDEL MEDICAL CENTER

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 The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2016

Public Disclosure Copy

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ANNE ARUNDEL MEDICAL CENTER:

PART V, SECTION B, LINE 5: SEE STATEMENT FOR PART VI, LINE 2 ON PAGE 59 FOR SUPPORTING NARRATIVE.

ANNE ARUNDEL MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE CHNA WAS A JOINT UNDERTAKING, LED BY THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH, ANNE ARUNDEL HEALTH SYSTEM AND BALTIMORE WASHINGTON MEDICAL CENTER. THE RESEARCH AND SURVEY DATA WERE SOURCED BY SECONDARY DATA PROFILES, KEY INFORMANT SURVEYS AND FOCUS GROUPS.

ANNE ARUNDEL MEDICAL CENTER:

PART V, SECTION B, LINE 6B: ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH PARTNERSHIP FOR CHILDREN YOUTH & FAMILIES ANNE ARUNDEL MENTAL HEALTH AGENCY ANNE ARUNDEL DEPARTMENT OF AGING ANNE ARUNDEL COUNTY OFFICE OF THE COUNTY EXECUTIVE

ANNE ARUNDEL MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE CHNA IDENTIFIED MORE THAN 50 COMMUNITY HEALTH NEEDS. WHILE MANY OF THE NEEDS OVERLAP OR ARE NEEDS WE CURRENTLY ADDRESS (OBESITY, CO-OCCURRING DISORDERS, CANCER, HEART DISEASE AND DIABETES), IT IS IMPORTANT TO PRIORITIZE NEEDS TO SUPPORT A STRATEGIC

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FRAMEWORK, MAXIMIZE RESOURCES AND HAVE AN IMPACT. THROUGH A VERY
STRUCTURED STRATEGIC PRIORITIZATION PLANNING PROCESS, AAMC DEVELOPED AN
IMPLEMENTATION PLAN TO ADDRESS THE HEALTH NEEDS OUTLINED IN THE CHNA,
FOCUSING ON FIVE OF THE HIGHEST PRIORITY HEALTH NEEDS FOR THE COMMUNITY:
CASE MANAGEMENT FOR CHRONIC DISEASE, MENTAL HEALTH AND SUBSTANCE ABUSE,
INFANT MORTALITY, PALLIATIVE CARE, AND ACCESS TO CARE. THE CHNA DESCRIBED
OTHER SOCIAL DETERMINANTS OF HEALTH SUCH AS TRANSPORTATION, BUT AAMC
CANNOT ADEQUATELY ADDRESS THOSE NEEDS AS THEY REQUIRE INTERVENTION FROM
PUBLIC SERVICES AND LOCAL GOVERNMENT.

ANNE ARUNDEL MEDICAL CENTER

PART V, LINE 16A, FAP WEBSITE:

[HTTP://WWW.AAHS.ORG/PATIENTS-VISITORS/BILLING.PHP](http://www.aahs.org/patients-visitors/billing.php)

ANNE ARUNDEL MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTP://WWW.AAHS.ORG/PATIENTS-VISITORS/BILLING.PHP](http://www.aahs.org/patients-visitors/billing.php)

ANNE ARUNDEL MEDICAL CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTP://WWW.AAHS.ORG/PATIENTS-VISITORS/BILLING.PHP](http://www.aahs.org/patients-visitors/billing.php)

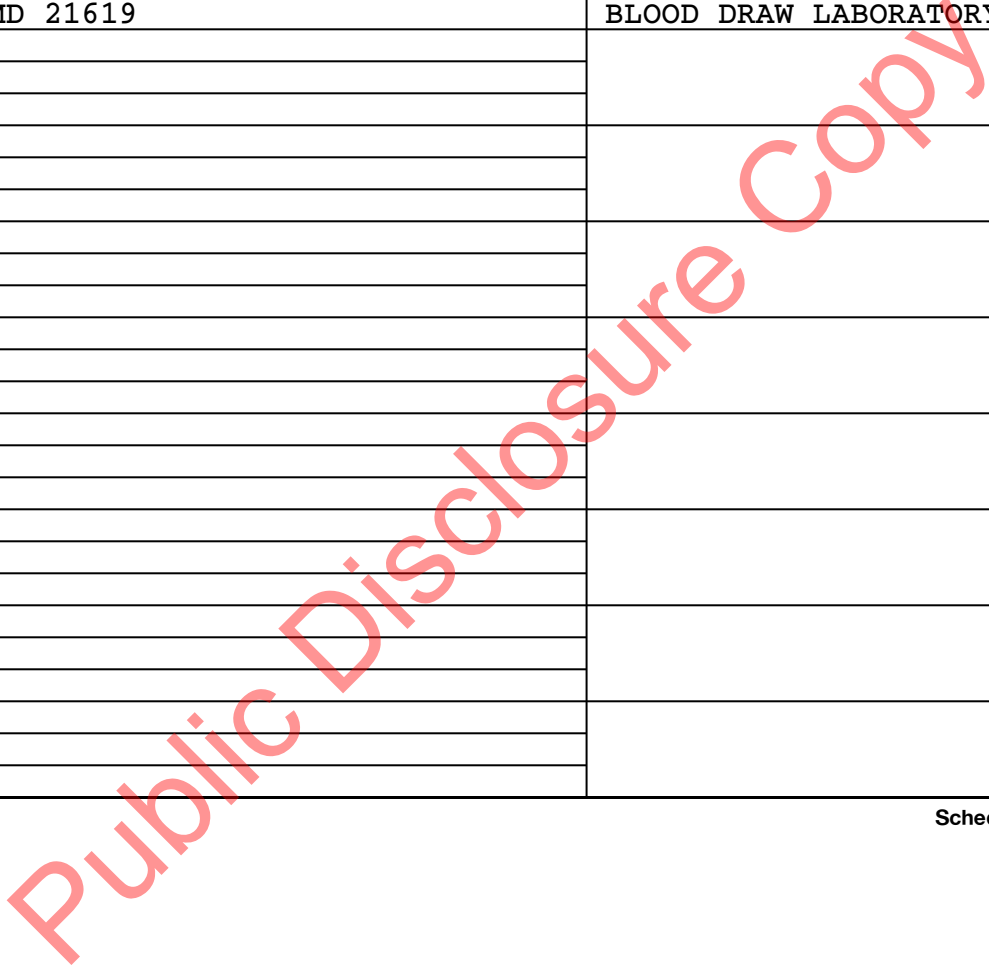
Part V Facility Information *(continued)*

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? 2

Name and address	Type of Facility (describe)
1 BLOOD DRAW SITE- SAJAK PAVILION 2002 MEDICAL PARKWAY ANNAPOLIS, MD 21401	BLOOD DRAW LABORATORY
2 BLOOD DRAW SITE- KENT ISLAND 1630 MAIN STREET CHESTER, MD 21619	BLOOD DRAW LABORATORY



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.

PART I, LINE 7:

CHARITY CARE REPORTED IN LINE 7A WAS CALCULATED USING A COST TO CHARGE RATIO DERIVED USING THE RATIO OF PATIENT CARE COST TO CHARGES AND THE HOSPITAL'S AUDITED FINANCIAL STATEMENTS. OTHER COST AMOUNTS INCLUDED IN LINE 7 RELATING TO COMMUNITY BENEFITS AND COMMUNITY BUILDING ACTIVITIES WERE OBTAINED FROM THE ORGANIZATION'S COMMUNITY BENEFIT REPORT FILING WITH THE HSCRC IN THE STATE OF MARYLAND. THESE COSTS WERE DETERMINED USING A VARIETY OF SOURCES, INCLUDING PAYROLL INFORMATION (FOR DIRECT LABOR COSTS) AND THE ORGANIZATION'S GENERAL LEDGER SYSTEM DETAIL (FOR OTHER DIRECT COSTS E.G. SUPPLIES). INDIRECT COSTS IN THESE AREAS OF BENEFIT WERE DETERMINED BY APPLYING AN INDIRECT COST RATIO TO THE DIRECT COST AMOUNTS OBTAINED. THIS RATIO IS CALCULATED USING SCHEDULE M OF THE HOSPITAL'S ANNUAL COST REPORT FILING WITH THE HSCRC IN THE STATE OF MARYLAND.

PART I, LINE 7A, COLUMN (D) AND LINE 7F, COLUMNS (C) AND (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

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.

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 CONSIDERING UNCOMPENSATED CARE IN EACH PAYORS' RATES, AND THEREFORE MARYLAND HOSPITALS ARE UNABLE TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

PART I, LINE 7B, COLUMN (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 CONSIDERING UNCOMPENSATED CARE IN EACH PAYORS' RATES, AND THEREFORE MARYLAND HOSPITALS ARE UNABLE TO BREAKOUT ANY DIRECT OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE 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.

MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM.

PART I, LINE 7G:

PHYSICIAN CLINIC COSTS ARE INCLUDED AS SUBSIDIZED HEALTH SERVICES BECAUSE THEY WOULD NOT OTHERWISE BE AVAILABLE TO MEET PATIENT DEMAND.

THE HOSPITAL MAINTAINS 24/7 INPATIENT COVERAGE WITH THE HOSPITALIST PROGRAM AND PHYSICIAN COVERAGE FOR PALLIATIVE CARE PROGRAM, NEUROLOGY STROKE PROGRAM, WOMEN'S PELVIC HEALTH, THORACIC SURGERY PROGRAM, NEONATAL OPHTHALMOLOGY, GYN ONCOLOGY PROGRAM, SURGICAL ONCOLOGY PROGRAM, HEMATOLOGY/MEDICAL ONCOLOGY PROGRAM, ANNAPOLIS ONCOLOGY CENTER AND BREAST CENTER AT A COST INCLUDED IN PART I, LINE 7G OF \$22,701,129 THIS COVERAGE PROVIDES AND GUARANTEES ROUND THE CLOCK ACCESS FOR PATIENTS TO NEEDED SERVICES.

EMERGENCY DEPARTMENT ON-CALL PHYSICIANS \$25,994. THE HOSPITAL FUNDS

24/7/365 COMPREHENSIVE EMERGENCY DEPARTMENT MEDICAL STAFF COVERAGE AND

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 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.

ENSURES THERE IS ALWAYS THE APPROPRIATE LEVEL OF CARE IN ORDER TO MAINTAIN QUALITY PATIENT CARE.

PHYSICIAN SHORTAGES IDENTIFIED:

LOCALLY, THERE IS A SIGNIFICANT SHORTAGE OF PRIMARY CARE PHYSICIANS IN THE REGION. THERE IS A SHORTAGE OF 46.3 PRIMARY CARE PHYSICIANS IN ANNE ARUNDEL COUNTY, BASED ON CALCULATIONS USING THE GUIDELINES OF THE FEDERAL HEALTH PROFESSIONAL SHORTAGE AREAS AND THE ANNALS OF FAMILY MEDICINE, VOL. 10, NO. 5. DATA ANALYSIS DEMONSTRATES THAT 58% OF THE POPULATION IN ALL ANNE ARUNDEL COUNTY ZIP CODES NEEDS AT LEAST 1 ADDITIONAL PRIMARY CARE PHYSICIAN FTE. THERE IS AN INCREASED UTILIZATION OF PRIMARY CARE SERVICES DUE TO THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT MANDATING HEALTH INSURANCE COVERAGE FOR ALL AND MEDICAID EXPANSION.

THIS SHORTAGE RESULTS IN SERIOUSLY LIMITED ACCESS TO PRIMARY CARE IN PARTS OF OUR COMMUNITY BENEFIT SERVICE AREA. BUILDING PRIMARY CARE ACCESS IS ESSENTIAL TO THE HOSPITAL'S STRATEGIC PLAN, VISION 2020. INCREASED ACCESSIBILITY AND COORDINATING HEALTH CARE INCREASED FOCUS ON 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.
- 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.

AND IMPROVING THE POPULATION HEALTH OF OUR CBSA.

PHYSICIAN RECRUITMENT, PARTICULARLY PRIMARY CARE RECRUITMENT, CONTINUES TO BE A MAJOR INITIATIVE FOR THE ORGANIZATION. WHILE THE UNINSURED AND UNDERSERVED POPULATION CAN ACCESS CARE THROUGH THE COMMUNITY CLINICS OPERATED BY PHYSICIAN ENTERPRISE, LLC, SPECIALTY CARE REMAINS A CHALLENGE. THEREFORE, AAMC FINANCIALLY SUBSIDIZES SPECIALISTS WHO TAKE ON THE CARE OF THE UNDERSERVED/UNINSURED FROM THE CLINICS. THIS INCENTIVE ALLOWS FOR ADDITIONAL CARE FOR THE UNDERSERVED. SINCE HEALTHCARE SYSTEM NAVIGATION IS A CHALLENGE, A CARE MANAGER IN THE CLINICS ASSISTS WITH PLACING THESE PATIENTS IN APPROPRIATE SPECIALTY CARE. AAMC CONTINUES TO MONITOR AND ADDRESS THE PROBLEMS ASSOCIATED WITH CARE FOR THE UNINSURED AND UNDERSERVED.

PART II, COMMUNITY BUILDING ACTIVITIES:

SUPPORT SYSTEMS ENHANCEMENT INCLUDES EMERGENCY MANAGEMENT ACTIVITIES, ALTERNATE CARE SITE NAVAL SUPPORT ACTIVITY, OTHER DRILLS AND REAL TIME ACTIVITIES. THE HOSPITAL HAS A DISASTER PREPAREDNESS COORDINATOR THAT IS

Part VI Supplemental Information

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RESPONSIBLE FOR STAFF TRAINING, COORDINATING DISASTER DRILLS AND KEEPING THE HOSPITAL'S DISASTER PREPAREDNESS INVENTORY UP TO DATE.

COALITION BUILDING INCLUDES HOSPITAL REPRESENTATION TO COMMUNITY COALITIONS, COLLABORATIVE PARTNERSHIPS WITH COMMUNITY GROUPS TO IMPROVE COMMUNITY HEALTH, COMMUNITY MEETING COSTS, VISIONING SESSIONS AND COSTS FOR TASK FORCE SPECIFIC PROJECTS AND INITIATIVES. THE HOSPITALS ONGOING WORK WITH COMMUNITY GROUPS AND PARTICIPATION IN ADVISORY COMMITTEES AND COUNCILS CREATE A CONTINUOUS COMMUNICATIONS PROCESS, BRINGING NEW IDEAS FROM ANNE ARUNDEL COUNTY RESIDENTS AND ORGANIZATIONS INTO THE HOSPITAL'S COMMUNITY BENEFIT PLANNING PROCESS.

MYCHART ELECTRONIC HEALTH RECORD IS A SECURE ON-LINE ACCESS TO PORTIONS OF MEDICAL RECORDS. PATIENTS CAN REQUEST MEDICAL APPOINTMENTS, VIEW THEIR HEALTH SUMMARY FROM THE MYCHART ELECTRONIC HEALTH RECORD, VIEW TEST RESULTS, REQUEST PRESCRIPTION RENEWAL, ACCESS TRUSTED HEALTH INFORMATION RESOURCES AND COMMUNICATE ELECTRONICALLY AND SECURELY WITH THEIR MEDICAL TEAM. CURRENTLY THERE ARE 71,884 ACTIVE USERS.

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AAMC IS COMMITTED TO ADDRESSING THE MOST SIGNIFICANT HEALTH NEED IN THE COUNTY WHICH IS BEHAVIORAL HEALTH. AAMC RUNS AN OUTPATIENT MENTAL HEALTH CLINIC WITH MENTAL HEALTH SERVICES FOR PATIENTS AGE 13 AND OLDER. AAMC HAS PLANS TO OPEN A PARTIAL HOSPITALIZATION PROGRAM FOR BEHAVIORAL HEALTH DURING WINTER 2018 AND THE DESIGN AND CONSTRUCTION PHASE OF THE NEW MENTAL HEALTH HOSPITAL HAS BEGUN WITH AN ANTICIPATED COMPLETION DATE IN SPRING 2019.

PART III, LINE 2:
SEE PART III, LINE 3 FOR EXPLANATION

PART III, LINE 3:
THE HOSPITAL HAS ADOPTED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT #15. THE HOSPITAL'S POLICY IS TO WRITE OFF ALL PATIENT ACCOUNTS THAT HAVE BEEN IDENTIFIED AS UNCOLLECTIBLE. AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS. INSURANCE COVERAGE AND CREDIT

Part VI Supplemental Information

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INFORMATION ARE OBTAINED FROM PATIENTS WHEN AVAILABLE. NO COLLATERAL IS OBTAINED FOR ACCOUNTS RECEIVABLE. BAD DEBT EXPENSE AT COST WAS DETERMINED BY USING A COST TO CHARGE RATIO. THE BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS DETERMINED BY SPECIFIC IDENTIFICATION REVIEWING BAD DEBT RECORDS AND DETERMINING WHO WOULD HAVE BECOME ELIGIBLE FOR CHARITY CARE IF ALL INFORMATION HAD BEEN OBTAINED FROM THE PATIENTS.

PART III, LINE 4:

THE HOSPITAL'S POLICY IS TO WRITE OFF ALL PATIENT ACCOUNTS THAT HAVE BEEN IDENTIFIED AS UNCOLLECTIBLE. AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS. WHEN DETERMINING THE ALLOWANCE, THE POLICY CONSIDERS THE PROBABILITY OF RECOVERABILITY OF ACCOUNTS BASED ON PAST EXPERIENCE, TAKING INTO ACCOUNT CURRENT COLLECTION TRENDS. CREDIT RISKS ARE ASSESSED BASED ON HISTORICAL WRITE-OFFS, NET OF RECOVERIES, AS WELL AS AN ANALYSIS OF THE AGED ACCOUNTS RECEIVABLE BALANCES WITH ALLOWANCES GENERALLY INCREASING AS THE RECEIVABLE AGES. THE ANALYSIS OF

Part VI Supplemental Information

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RECEIVABLES IS PERFORMED MONTHLY, AND THE ALLOWANCES ARE ADJUSTED ACCORDINGLY.

INSURANCE COVERAGE AND CREDIT INFORMATION ARE OBTAINED FROM PATIENTS WHEN AVAILABLE. NO COLLATERAL IS OBTAINED FOR ACCOUNTS RECEIVABLE.

ACCOUNTS RECEIVABLE FROM THIRD-PARTY PAYORS HAVE BEEN ADJUSTED TO REFLECT THE DIFFERENCE BETWEEN CHARGES AND THE ESTIMATED REIMBURSABLE AMOUNTS.

PART III, LINE 8:

COMMUNITY BENEFIT QUESTION IS NOT APPLICABLE IN MARYLAND AS MARYLAND HOSPITALS ARE REIMBURSED UNDER THE HSCRC WAIVER PROGRAM WHEREIN NET REVENUE (REIMBURSEMENT) IS BASED ON A PERCENTAGE OF REGULATED CHARGES.

COSTING METHODOLOGY BASED ON TRIAL BALANCE EXPENSES ADJUSTED TO ALLOWABLE EXPENSE IN ACCORDANCE WITH MEDICARE COST REPORTING RULES AND REGULATIONS.

COST NUMBERS REPORTED ARE CONSISTENT WITH AAMC'S MEDICARE COST REPORT FILING.

Part VI Supplemental Information

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PART III, LINE 9B:

EACH AAMC PATIENT BILL INCLUDES CONTACT INFORMATION FOR FINANCIAL ASSISTANCE AND STATES WHERE TO CALL TO REQUEST A PAYMENT PLAN. SHORT AND LONG TERM INTEREST FREE PAYMENTS PLANS ARE AVAILABLE. THE HOSPITAL TAKES INTO ACCOUNT THE BALANCE OF THE BILL AND THE PATIENT'S FINANCIAL CIRCUMSTANCES IN DETERMINING THE APPROPRIATE AGREEMENT. SHOULD THE PATIENT CONTACT PATIENT FINANCIAL SERVICES CUSTOMER SERVICE UNIT REGARDING INABILITY TO PAY, FINANCIAL ASSISTANCE IS OFFERED, THE AMOUNT OF WHICH IS BASED ON THE FINANCIAL ASSISTANCE SCREENING PROCESS.

IF THERE IS NO INDICATION FROM THE PATIENT OR A REPRESENTATIVE THAT THEY CANNOT PAY AND NO ATTEMPT AT PAYMENT OR REASONABLE PAYMENT ARRANGEMENTS ARE MADE, THE ACCOUNT IS REFERRED TO A COLLECTION AGENCY. THE COLLECTION AGENCY IS EDUCATED ON HOW TO MAKE REFERRALS TO AAMC'S FINANCIAL COUNSELING DEPARTMENT FOR INDIVIDUALS INDICATING THEY HAVE AN INABILITY TO PAY.

THE HOSPITAL COLLECTION POLICY ALLOWS THE HOSPITAL TO TAKE INTO ACCOUNT PATIENT CIRCUMSTANCES SUCH AS THE AMOUNT OF THE BILL AND AMOUNTS OWED TO OTHER PROVIDERS IN DETERMINATION OF ULTIMATE AMOUNT TO BE PAID.

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PART VI, LINE 2:

THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED DURING 2015. RESULTS WERE FINALIZED AND RELEASED IN FEBRUARY 2016. THE CHNA WAS A COLLABORATION AND CONDUCTED UNDER THE LEADERSHIP OF REPRESENTATIVES FROM AAMC, BALTIMORE WASHINGTON MEDICAL CENTER (BPMC), THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH, THE PARTNERSHIP FOR CHILDREN, YOUTH AND FAMILIES, AND THE ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY. THIS GROUP PROVIDES THE LEADERSHIP TO THE LOCAL HEALTH IMPROVEMENT COALITION, HEALTHY ANNE ARUNDEL COALITION (HAAC). HAAC IS A LARGE PARTNERSHIP WITHIN THE COUNTY AND INCLUDES REPRESENTATION FROM PUBLIC SECTOR AGENCIES, HEALTH CARE PROVIDERS AND PAYERS, COMMUNITY-BASED PARTNERS, THE BUSINESS COMMUNITY AND ACADEMIC INSTITUTIONS. THE PURPOSE OF THIS COLLABORATION OF THE LEADERSHIP OF HAAC WAS TO DEFINE THE SCOPE OF THE CHNA PROCESS, WHAT GOALS NEEDED TO BE FULFILLED (EACH ORGANIZATION REQUIRES A NEEDS ASSESSMENT FOR VARIOUS REPORTING REASONS) AND TO DEFINE THE PARTICIPANTS. ANNE ARUNDEL COUNTY WAS DEFINED AS THE SCOPE OF WORK AND ITS RESIDENTS WERE THE PARTICIPANTS. THE PROCESS IS DEFINED AS FOLLOWS.

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THE CHNA WAS CONDUCTED IN ORDER TO GATHER INFORMATION ABOUT THE HEALTH NEEDS AND HEALTH BEHAVIORS OF ANNE ARUNDEL COUNTY RESIDENTS. THE ASSESSMENT EXAMINED A VARIETY OF INDICATORS, INCLUDING SOCIAL DETERMINANTS OF HEALTH (POVERTY, HOUSING, EDUCATION), MORTALITY RATES, HIGH RISK BEHAVIORS (ALCOHOL USE, TOBACCO USE) AND CHRONIC HEALTH CONDITIONS (DIABETES, HEART DISEASE).

THE CHNA WAS COMPRISED OF SEVERAL RESEARCH COMPONENTS, COMBINING QUANTITATIVE HEALTH INFORMATION AND VALUABLE QUALITATIVE FEEDBACK FROM COMMUNITY STAKEHOLDERS. THIS MULTI-FACETED APPROACH ENSURED A PROFILE OF THE COUNTY'S HEALTH THAT TAKES INTO ACCOUNT VARIOUS PERSPECTIVES AND DATA SOURCES. THE FOLLOWING LIST OUTLINES THE THREE RESEARCH COMPONENTS. EACH COMPONENT IS FURTHER DETAILED THROUGHOUT THE DOCUMENT.

- 1. SECONDARY DATA PROFILE
- 2. KEY INFORMANT SURVEYS
- 3. FOCUS GROUPS

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SECONDARY DATA SOURCES WERE COLLECTED FROM A VARIETY OF LOCAL, STATE, AND NATIONAL SOURCES SUCH AS THE U.S. CENSUS BUREAU, THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, VITAL STATISTICS ADMINISTRATION, THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION, AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION. THESE ARE JUST SOME EXAMPLES OF THE REPORTS THAT GENERATED DATA. IT SHOULD BE NOTED THAT IN SOME CASES, LOCAL-LEVEL DATA WAS LIMITED OR DATED. THIS IS AN INHERENT LIMITATION WITH SECONDARY DATA. THE MOST RECENT DATA WAS USED WHEN POSSIBLE. WHEN AVAILABLE, STATE AND NATIONAL COMPARISONS WERE ALSO PROVIDED AS BENCHMARKS FOR THE ANNE ARUNDEL COUNTY STATISTICS. IN SOME CASES, HEALTHY PEOPLE 2020 GOALS AND COUNTY HEALTH RANKINGS NATIONAL BENCHMARKS WERE INCLUDED WITH RELEVANT DATA POINTS. SECONDARY DATA WAS USED TO DEVELOP QUESTIONS FOR THE KEY INFORMANT INTERVIEWS AND FOCUS GROUPS.

KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH 12 LEADERS REPRESENTING A VARIETY OF SECTORS INCLUDING PUBLIC HEALTH AND MEDICAL SERVICES, NON PROFIT AND SOCIAL ORGANIZATIONS, AND GOVERNMENT. RESULTS REFLECT THE PERCEPTIONS OF SOME COMMUNITY LEADERS, BUT MAY NOT NECESSARILY REPRESENT

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ALL COMMUNITY LEADERS WITHIN ANNE ARUNDEL COUNTY.

THE FOLLOWING KEY INFORMANTS WERE USED TO GATHER THE NECESSARY DATA:

- CEO, UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER (UMBWMC)
- CEO, ANNE ARUNDEL MEDICAL CENTER (AAMC)
- EXECUTIVE DIRECTOR, ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY
- HEALTH OFFICER, ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH
- HEALTH CONSULTANT, ANNE ARUNDEL COUNTY
- DIRECTOR, ANNE ARUNDEL COUNTY CRISIS RESPONSE
- CLINICAL DIRECTOR, ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY
- COMMUNITY HEALTH DIRECTOR, AAMC
- TWO COUNTY LEGISLATIVE LEADERS
- DIRECTOR, ANNE ARUNDEL COUNTY DEPARTMENT OF AGING AND DISABILITIES
- PROGRAM DIRECTOR, DOMESTIC VIOLENCE PROGRAM, YWCA OF ANNAPOLIS AND ANNE ARUNDEL COUNTY
- PERSONNEL FROM BOTH HOSPITALS' ERS, THE EMS SYSTEM, THE ANNE ARUNDEL COUNTY FIRE DEPARTMENT AND COUNTY SCHOOL SYSTEM PSYCHOLOGISTS AND

COUNSELORS

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-LOW-INCOME YOUTH - JOB SEEKERS, HIGH SCHOOL DROP OUTS, MEDICAID RECIPIENTS, SINGLE PARENTS

-NORTH COUNTY - COMMUNITY LEADERS, SUBSTANCE ABUSE PROFESSIONALS, HEALTH PROFESSIONALS, LAW ENFORCEMENT, COUNCIL MEMBER

-SOUTH COUNTY - COMMUNITY MEMBERS, SUBSTANCE ABUSE PROFESSIONALS, LAW ENFORCEMENT, HEALTH PROFESSIONALS

-BEHAVIORAL HEALTH - RESIDENTIAL PROVIDERS, CRISIS RESPONSE, MENTAL HEALTH PROFESSIONALS, BEHAVIORAL HEALTH PROVIDERS, PARENTS

-SENIORS - PROFESSIONALS, CARE COORDINATORS AND SENIOR CITIZENS

-HISPANIC COMMUNITY - CONSUMERS, ATTORNEY, NON-PROFIT LEADER

EIGHT FOCUS GROUPS WERE HELD ON EMERGENCY DEPARTMENT AND EMERGENCY RESPONSE, LOW-INCOME YOUTH, NORTH COUNTY, SOUTH COUNTY, SENIORS, THE HISPANIC COMMUNITY, AND TWO GROUPS FOR BEHAVIORAL HEALTH. INTERVIEWS AND CONVERSATIONS WERE RECORDED, WITH THE PERMISSION OF PARTICIPANTS, AND TRANSCRIBED VERBATIM. THE DATA WAS READ AND REREAD UNTIL DOMINANT THEMES EMERGED WHICH BECAME THE SUBTEXT OF THE REPORT. ALL PARTICIPANTS GAVE PERMISSION FOR THEIR WORDS TO BE USED IN THE FINAL REPORT, ALTHOUGH THEIR

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IDENTITIES WERE PROTECTED. IT IS IMPORTANT TO NOTE THAT THE RESULTS REFLECT THE PERCEPTIONS OF SOME COMMUNITY MEMBERS, BUT MAY NOT NECESSARILY REPRESENT ALL COMMUNITY MEMBERS IN ANNE ARUNDEL COUNTY.

THE CHNA IDENTIFIED MORE THAN 50 COMMUNITY HEALTH NEEDS. THROUGH A STRUCTURED STRATEGIC PRIORITIZATION PLANNING PROCESS, AAMC DETERMINED THE TOP 5 NEEDS TO BE: IMPROVED CARE COORDINATION FOR PATIENTS WITH CHRONIC CONDITIONS, MENTAL HEALTH AND SUBSTANCE USE, INFANT MORTALITY, SENIOR IN HOME CARE AND PALLIATIVE CARE, AND IMPROVED RESOURCE PLANNING FOR NORTH COUNTY AND SOUTH COUNTY. THERE IS CONTINUED COLLABORATION BETWEEN THE CHNA PARTNERS TO IMPROVE HEALTH IN ANNE ARUNDEL COUNTY. AAMC'S PRIORITIZED HEALTH NEEDS ARE VERY SIMILAR TO THE NEEDS THAT BWMC CHOSE. CURRENTLY THE HOSPITALS ARE COLLABORATING ON THE BAY AREA TRANSFORMATION PARTNERSHIP (BATP) WHICH ADDRESSES IMPROVED CARE CONDITIONS, BEHAVIORAL HEALTH, ACCESS TO PALLIATIVE CARE, AND PROVIDING RESOURCES AND SUPPORT TO THE VULNERABLE COMMUNITIES. THERE ARE PLANS FOR FY17-18 FOR BOTH HOSPITALS TO WORK WITH THE HEALTH DEPARTMENT TO DEVELOP A STRONG PRENATAL PROGRAM FOR UNDERSERVED WOMEN IN THE COUNTY. BOTH HOSPITALS CO-CHAIR THE

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LOCAL HEALTH IMPROVEMENT COALITION (LHIC), WITH A FOCUS ON OBESITY,
 BEHAVIOR HEALTH AND ACCESS TO CARE. AAMC PROVIDES STAFF TO ALL
 SUB-COMMITTEES AND SUPPORT AS NEEDED TO PROMOTE THEIR WORK.

THE IDENTIFICATION OF THE OVERALL HEALTH STATUS OF THE COUNTY'S RESIDENTS
 WILL CONTRIBUTE TO COMMUNITY HEALTH IMPROVEMENT PLANNING EFFORTS. AAMC'S
 BOARD OF DIRECTORS ADOPTED THE CHNA DEVELOPED IN PARTNERSHIP WITH HAAC, IN
 ITS ENTIRETY IN SEPTEMBER, 2016.

THE CHNA CAN BE ACCESSED ONLINE VIA
[HTTPS://WWW.AAHEALTH.ORG/HEALTHYANNEARUNDEL/CHNA/](https://www.aahhealth.org/healthyannearundel/chna/)

PART VI, LINE 3:

PUBLIC NOTICE AND INFORMATION REGARDING THE ANNE ARUNDEL MEDICAL CENTER'S
 CHARITY CARE POLICY INCLUDES THE FOLLOWING:

A) ANNUAL NOTICE THAT CHARITY CARE IS PROVIDED AND THE CRITERIA IS
 PROVIDED AND PUBLISHED IN THE LOCAL NEWSPAPER, THE CAPITAL.

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.

B) THE NOTICE PROVIDED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES REGARDING MEDICAL CARE FOR THOSE WHO CANNOT AFFORD TO PAY IS POSTED AT THE POINT OF ADMISSION, THE BUSINESS OFFICE, CASHIER, AND EMERGENCY ROOM.

C) INDIVIDUAL NOTICE IS PROVIDED TO EACH PERSON SEEKING SERVICE AT THE TIME OF ADMISSION OR PRE-ADMISSION TESTING.

D) INFORMATION ON HOW TO OBTAIN FINANCIAL ASSISTANCE IS INCLUDED ON EVERY PATIENT LETTER AND STATEMENT.

E) THE MEDICAL CENTER'S CALL CENTER REPRESENTATIVES AND COLLECTORS INFORM PATIENTS OF FINANCIAL ASSISTANCE AVAILABILITY IF THE PATIENT INDICATES THEY ARE UNABLE TO PAY THEIR BILL.

F) FINANCIAL ASSISTANCE APPLICATION FORMS, IN ENGLISH AND SPANISH, ARE AVAILABLE ON THE MEDICAL CENTER'S WEBSITE.

Part VI Supplemental Information

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G) THE MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY, IN ENGLISH AND SPANISH, IS AVAILABLE ON THE MEDICAL CENTER'S WEBSITE.

H) PAMPHLETS EXPLAINING FINANCIAL ASSISTANCE ARE AVAILABLE AT THE INFORMATION DESK AS WELL AS REGISTRATION STATIONS, INCLUDING THE EMERGENCY ROOM THROUGHOUT THE MEDICAL CENTER.

PART VI, LINE 4:

ANNE ARUNDEL MEDICAL CENTER (AAMC) IS COMMITTED TO SERVING THE COMMUNITY, A VALUE THAT IS STATED CLEARLY THROUGHOUT OUR STRATEGIC INITIATIVES. OUR SURROUNDING COMMUNITY HAS GREAT WEALTH; BUT THERE ARE POCKETS OF POVERTY IN ANNAPOLIS CITY AND PARTS OF THE SURROUNDING COUNTY. AS A RESULT, RACIAL HEALTH DISPARITY IS PRESENT IN OUR COMMUNITY. THIS NARRATIVE IS A DESCRIPTION OF THE DIFFERENT COMMUNITIES WE SERVE.

ALTHOUGH AAMC IS A REGIONAL HOSPITAL SERVING PORTIONS OF ADJACENT COUNTIES, ANNE ARUNDEL COUNTY ("THE COUNTY") IS DEFINED AS THE COMMUNITY

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BENEFIT SERVICE AREA SINCE SIXTY PERCENT OF INPATIENT DISCHARGES COME FROM THE COUNTY. THE COUNTY DEMOGRAPHICS ARE AS FOLLOWS: 72.5% WHITE, 16.6% BLACK, 7.9% HISPANIC, AND 3% OTHER. THE POPULATION HAS GROWN 11.2% SINCE 2000 WITH THE HISPANIC POPULATION GROWING THE FASTEST. SENIORS ARE ALSO A RAPIDLY GROWING POPULATION. THE NUMBER OF ANNE ARUNDEL COUNTY RESIDENTS THAT ARE 65 AND OVER INCREASED 21% SINCE 2010. THE COUNTY IS LOCATED SOUTH OF BALTIMORE AND EAST OF WASHINGTON, D.C. AND HOSTS SOME RACIALLY AND ETHNICALLY DIVERSE COMMUNITIES WITH RESIDENTS LIVING IN RURAL, SUBURBAN, AND URBAN SETTINGS. THERE ARE NUMEROUS FACTORS THAT AFFECT THE HEALTH OF THE RESIDENTS.

THE MEDIAN HOUSEHOLD INCOME IS \$91,167 AND THE MEDIAN FAMILY INCOME IS \$92,175. HOWEVER, THERE IS SIGNIFICANT INCOME DISPARITY WITH OVER 6 PERCENT OF COUNTY RESIDENTS LIVING BELOW THE FEDERAL POVERTY LINE. THERE ARE POCKETS OF NEED LOCATED AT THE MOST NORTHERN AND SOUTHERN ENDS OF THE COUNTY AND IN ANNAPOLIS.

WHILE LIFE EXPECTANCY ROSE TO AN AVERAGE OF 79.8 YEARS, CANCER REMAINS THE

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LEADING CAUSE OF DEATH AND HEART DISEASE IS THE SECOND CAUSE OF DEATH. INFANT MORTALITY AND LOW BIRTH WEIGHT ARE ALSO PRESENT IN THE COUNTY AND IT IS A PARTICULAR DISPARITY FOR BLACK INFANTS AND FAMILIES. WHILE MANY RESIDENTS HAVE ACCESS TO HEALTH INSURANCE AND MEDICAID DUE TO THE EXPANSION OF THE AFFORDABLE CARE ACT, THERE IS A SHORTAGE OF PRIMARY CARE PHYSICIANS AND MENTAL HEALTH PROVIDERS IN THE COUNTY.

AN INADEQUATE PUBLIC TRANSPORTATION SYSTEM IN THE COUNTY IS A BARRIER FOR EMPLOYMENT AND HEALTHCARE. THE COUNTY IS SITUATED ALONG THE WESTERN SHORE OF THE CHESAPEAKE BAY AND CONSISTS OF A SERIES OF PENINSULAS WHICH MAKES A COMPREHENSIVE PUBLIC TRANSPORTATION SYSTEM TOO EXPENSIVE TO MAINTAIN. AS A RESULT, THERE ARE NOT ADEQUATE LOCAL BUS LINES TO SERVICE MANY AREAS OF THE COUNTY. SOUTH COUNTY HAS ONLY THREE BUS STOPS IN THE EDGEWATER AREA WHICH LEAVES A GREAT PORTION OF SOUTHERN ANNE ARUNDEL COUNTY WITHOUT PUBLIC TRANSPORTATION. PUBLIC TRANSPORTATION IS IN NEED OF ADDITIONAL ROUTES. AS A RESULT, ONLY 3.3 PERCENT OF ANNE ARUNDEL COUNTY RESIDENTS UTILIZE PUBLIC TRANSPORTATION TO GET TO WORK. ANNAPOLIS DOES OPERATE A GROWING TRANSIT SYSTEM, BUT IT DOES NOT SERVE AREAS OUTSIDE OF THE CITY.

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THERE ARE A FEW CONNECTIONS WITH THE COUNTY BUS SERVICE TO SITES SUCH AS THE CASINO AT ARUNDEL MILLS AND FORT MEADE. THE LACK OF PUBLIC TRANSPORTATION IS A SIGNIFICANT ISSUE THROUGHOUT THE COUNTY, SINCE RESIDENTS ARE LIMITED IN EMPLOYMENT AND ACCESS TO HEALTHCARE.

HOUSING AND HOMELESSNESS REMAINS A PROBLEM IN THE COUNTY. IN 2013, RESIDENT HOMEOWNERS SPENT 34.3% AND RENTERS SPENT 49.5% OF THEIR INCOME ON HOUSING. IN MARCH 2015, NINE THOUSAND FAMILIES WERE ON A WAITING LIST FOR PUBLIC HOUSING AND 10,000 FAMILIES WERE ON A WAITING LIST FOR SECTION 8 HOUSING. OVER 2,000 INDIVIDUALS RECEIVE CASE MANAGEMENT FOR HOMELESSNESS AND 925 CHILDREN DO NOT HAVE A HOME, BUT AN ACCURATE COUNT OF HOMELESS RESIDENTS DOES NOT EXIST.

PART VI, LINE 5:

THE FOLLOWING ARE SEVERAL EXAMPLES OF HOSPITAL ACTIVITIES AND INITIATIVES:

THE HOSPITAL HAS DOCTOR ON-CALL ROTATIONS IN EVERY SPECIALTY FOR WHICH

THERE MAY BE AN EMERGENCY OR INPATIENT NEED. ON-CALL COVERAGE IS PROVIDED

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TO ALL PATIENTS REGARDLESS OF INSURANCE STATUS. THERE ARE NO GAPS IN AVAILABILITY OF ANY SPECIALTY FOR UNINSURED OR UNDERSERVED PATIENTS. IN ADDITION, THE HOSPITAL HAS HOSPITALIST PROGRAMS IN MEDICINE, PEDIATRICS, GENERAL SURGERY, OBSTETRICS AND AN INTENSIVIST PROGRAM. THESE PHYSICIANS PROVIDE 24-HOUR IN-HOUSE COVERAGE FOR EACH OF THESE AREAS FOR ALL PATIENTS REGARDLESS OF INSURANCE STATUS. THE HOSPITAL ALSO PROVIDES SPECIALTY PROGRAMS FOR THORACIC SURGERY, NEONATAL OPHTHALMOLOGY, GYN ONCOLOGY, PALLIATIVE CARE, NEUROLOGY/STROKE, WOMEN'S PELVIC HEALTH, SURGICAL ONCOLOGY, AND THE BREAST CENTER.

THE HOSPITAL AND MANY OF ITS PHYSICIANS SUPPORT THE ANNE ARUNDEL COUNTY HEALTH DEPARTMENT'S REACH PROGRAM (RESIDENTS ACCESS TO A COALITION OF HEALTH), WHICH OFFERS ACCESS TO AFFORDABLE HEALTH SERVICES FOR LOW-INCOME UNINSURED INDIVIDUALS IN ANNE ARUNDEL COUNTY.

THE HOSPITAL CONTINUES ITS "GREEN INITIATIVE" PROGRAM IN ORDER TO IMPROVE AND PROTECT THE HEALTH OF STAFF AND THE COMMUNITY BY IMPLEMENTING ENVIRONMENTALLY FRIENDLY INITIATIVES. THE HOSPITAL PAVILION SOUTH TOWER

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IS THE FIRST 24/7 HOSPITAL TO BE LEED GOLD CERTIFIED. VARIOUS PROGRAMS UNDER THIS INITIATIVE INCLUDE BATTERY RECYCLING, REUSABLE SHARPS CONTAINERS, REPROCESSING TO REDUCE MEDICAL WASTE, AND USE OF GREEN SEAL CERTIFIED CLEANERS. THE HOSPITAL EMPLOYS A SUSTAINABILITY MANAGER AS PART OF THIS PROGRAM.

THE HOSPITAL ALSO HAS A DISASTER PREPAREDNESS COORDINATOR THAT IS RESPONSIBLE TO PROVIDE STAFF TRAINING, COORDINATE DISASTER DRILLS, AND KEEP THE HOSPITAL'S DISASTER PREPAREDNESS SUPPLY INVENTORY UP TO DATE. HOSPITAL EMPLOYEES HAVE COMPLETED FEMA EMERGENCY PREPARATION COURSES TO BETTER COLLABORATE WITH OTHER COUNTY SERVICE PROVIDERS TO BETTER SERVE THE COMMUNITY. THESE STAFF MEMBERS PARTICIPATED IN A NUMBER OF COLLABORATIVE PLANNING MEETINGS AND DRILLS WITH DESIGNATED COUNTY SERVICES AND FIRST RESPONDERS.

COMMUNITY ACCESS IS ALWAYS AVAILABLE THROUGH THE HOSPITAL'S ASK-A-NURSE PROGRAM CALLED ASKAAMC. THE ASK-A-NURSE PROGRAM PROVIDES THE COMMUNITY AROUND THE CLOCK TELEPHONE ACCESS TO REGISTERED NURSES.

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EACH YEAR, THE HEALTH SYSTEM'S COMMUNITY HEALTH AND WELLNESS DEPARTMENT PARTNERS WITH THE ANNAPOLIS AND ANNE ARUNDEL COUNTY COALITION TO END HOMELESSNESS IN ORGANIZING THE COUNTY'S ANNUAL HOMELESS RESOURCE DAY. THIS YEAR MORE THAN 65 COUNTY SERVICE PROVIDERS ATTENDED AND MORE THAN 384 GUESTS, INCLUDING 331 ADULTS AND 53 CHILDREN, OF THE AREAS HOMELESS WERE ASSISTED IN OBTAINING ACCESS TO NEEDED HEALTH AND HUMAN SERVICES. AAMC NURSES MANAGED A TRIAGE TABLE COMPLETING HEALTH DATABASES, BLOOD PRESSURE SCREENINGS, MEDICATION RECONCILIATION AND EDUCATION, ALONG WITH DENTAL, VISION AND SOCIAL SERVICES REFERRALS.

PART VI, LINE 6:

THE HEALTH SYSTEM'S AAMC COMMUNITY CLINICS, LLC, A GROUP WITHIN PHYSICIAN ENTERPRISE, LLC CURRENTLY HAS (4) LOCATIONS: MORRIS BLUM, FOREST DRIVE, ARUNDEL LODGE, AND STANTON CENTER.

THE MOST SIGNIFICANT EFFORT PUT FORTH IN FY2017 WAS TO CONTINUE TO FOCUS ON THE UNDERSERVED POPULATION. RESOURCES WERE ALLOCATED TO THE CONTINUED

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OPERATIONS OF THE COMMUNITY HEALTH CENTER ON FOREST DRIVE IN ANNAPOLIS AND OF THE MORRIS BLUM COMMUNITY HEALTH CENTER WITHIN THE STATE-DESIGNATED HEALTH ENTERPRISE ZONE (HEZ) IN ANNAPOLIS ON GLENWOOD STREET. INCLUDED IN THE HEZ EFFORT IS THE ANNAPOLIS COMMUNITY HEALTH PARTNERSHIP, WHICH CONSISTS OF ANNE ARUNDEL MEDICAL CENTER, THE HOUSING AUTHORITY OF THE CITY OF ANNAPOLIS, THE CITY OF ANNAPOLIS, THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH AND THE ANNE ARUNDEL COUNTY DEPARTMENT OF AGING AND DISABILITIES.

THE ANNAPOLIS COMMUNITY HEALTH PARTNERSHIP IS FOCUSING ON A CURRENTLY MEDICALLY UNDERSERVED NEIGHBORHOOD WITH HIGH RATES OF EMERGENCY ROOM UTILIZATION, HOSPITAL ADMISSIONS AND READMISSIONS, AND A LARGE VOLUME OF MEDICAL 911 CALLS. THROUGH FUNDING PROVIDED BY THE HEZ DESIGNATION, THE PARTNERSHIP ESTABLISHED A PATIENT-CENTERED MEDICAL HOME AT THE MORRIS H. BLUM SENIOR APARTMENTS BUILDING. THIS MEDICAL OFFICE, NESTLED IN THE COMMUNITY IT IS MEANT TO SERVE, IS EASILY ACCESSIBLE BY FOOT OR PUBLIC TRANSPORTATION. THE PRIMARY CARE MEDICAL HOME PERSONNEL PROVIDE MEDICAL TREATMENT TO PATIENTS AGE SIX YEARS OLD TO ADULTS. THE MORRIS BLUM MEDICAL CLINIC PROVIDES MEDICAL CARE TO THE RESIDENTS OF THE BUILDING AND THE

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SURROUNDING COMMUNITY WHO ARE UNINSURED AND UNDER-SERVED. THE AAMC COMMUNITY CLINICS ACCEPT MOST MAJOR INSURANCE COMPANIES AND HAS A SLIDING FEE SCALE FOR INDIVIDUALS WHO LACK INSURANCE COVERAGE. THE SLIDING SCALE IS BASED ON FEDERAL POVERTY GUIDELINES, GROSS HOUSEHOLD INCOME AND NUMBER OF HOUSEHOLD DEPENDENTS. BY HAVING A REGULAR DOCTOR IN A REGULAR SITE, PATIENT-PHYSICIAN RELATIONSHIPS STRENGTHEN AND CARE IMPROVES.

HEALTH OUTCOMES ARE BEING MONITORED AND DEMONSTRATED BY MEASURING PATIENT SATISFACTION, IMPROVING MANAGEMENT OF CHRONIC DISEASE AND DECREASING PREVENTABLE MEDICAL 911 CALLS, EMERGENCY ROOM VISITS AND HOSPITAL ADMISSIONS. THERE WERE 2,599 PATIENT VISITS AT MORRIS BLUM IN FY2017.

THE FOREST DRIVE CLINIC ALSO PROVIDES PRIMARY CARE SERVICES TO PATIENTS IN ALL STAGES OF LIFE (NEWBORN-GERIATRIC). MEDICAL SERVICES ARE PROVIDED BY QUALIFIED, PROFESSIONAL EMPLOYED STAFF, AND IS CONVENIENTLY LOCATED ON SEVERAL LOCAL BUS ROUTES. THE PRIMARY CARE SITE PROVIDES 24 HOUR CALL COVERAGE FOR PATIENT CALLS AND ALL CLINICS UTILIZE ELECTRONIC MEDICAL RECORDS. IN FY2017 FOREST DRIVE HAD 7,682 PATIENT VISITS.

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DENTAL SERVICES ARE PROVIDED AT THE STANTON CENTER AND ARE PROVIDED SOLELY BY VOLUNTEER STAFF. THE VOLUNTEER STAFF CURRENTLY CONSISTS OF MORE THAN 90 DENTISTS + 3 SUPPORT STAFF (ADMIN-DENTAL ASSISTANTS-INTERPRETERS). THE DENTAL CLINIC IS OPEN 2 HALF DAYS PER WEEK WITH NO WAITING LIST. THE DENTAL CLINIC DOES NOT BILL INSURANCE FOR SERVICES. PATIENTS MUST QUALIFY FOR FREE OR REDUCED COST DENTAL SERVICES BASED ON GROSS HOUSEHOLD INCOME PLUS NUMBER OF HOUSEHOLD DEPENDENTS. THERE WERE 680 PATIENT VISITS AT THE STANTON CENTER IN FY2017.

ALL CLINIC LOCATIONS PROVIDE INTERPRETERS VIA IN PERSON AND/OR TELEPHONIC. THERE ARE (6) BI-LINGUAL STAFF BETWEEN THE 4 CLINICS. IN THE EVENT WE ARE UNABLE TO PROVIDED 1-1 INTERPRETATION, TELEPHONIC INTERPRETATION AND/OR VIDEO INTERPRETATION VIA MARTTI IS PROVIDED 24/7.

PATIENTS AT THE AAMC COMMUNITY CLINICS MUST PRESENT PROOF OF INCOME AND UNDERGO A FINANCIAL ANALYSIS AT THE TIME OF THE INITIAL APPOINTMENT AND ON AN ANNUAL BASIS THEREAFTER. IF THE PATIENT'S INCOME INCREASES OR

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DECREASES A NEW FINANCIAL ANALYSIS IS COMPLETED. PATIENTS WHO MAY QUALIFY FOR INSURANCE ARE REFERRED TO THE AAHS FINANCIAL ASSISTORS TO REVIEW HIS/HER ELIGIBILITY. ALL PATIENTS ARE TREATED WITH DIGNITY, RESPECT, CONFIDENTIALITY WITHOUT JUDGMENT IN A WELCOMING ATTRACTIVE CLINIC.

ADDITIONAL COMMUNITY BENEFIT EXPENSES INCURRED BY AFFILIATED ENTITIES WITHIN THE HEALTH SYSTEM INCLUDE:

RESEARCH EXPENSE - \$2,027,574 INCURRED BY ANNE ARUNDEL HEALTH SYSTEM RESEARCH INSTITUTE, INC.

SUBSIDIZED HEALTH SERVICES - \$379,390 INCURRED BY ANNE ARUNDEL HEALTH CARE SERVICES, INC.

CHARITY CARE AND EDUCATION - \$379,988 INCURRED BY ANNE ARUNDEL GENERAL TREATMENT SERVICES, INC.

WHEN CONSIDERING THE ADDITIONAL EXPENSE OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY AFFILIATED ENTITIES IN COMBINATION WITH THE COST REPORTED AT PART I, LINE 7, TOTAL COMMUNITY BENEFIT EXPENSE AS A PERCENTAGE OF AAMC EXPENSES WOULD INCREASE TO 9.01%.

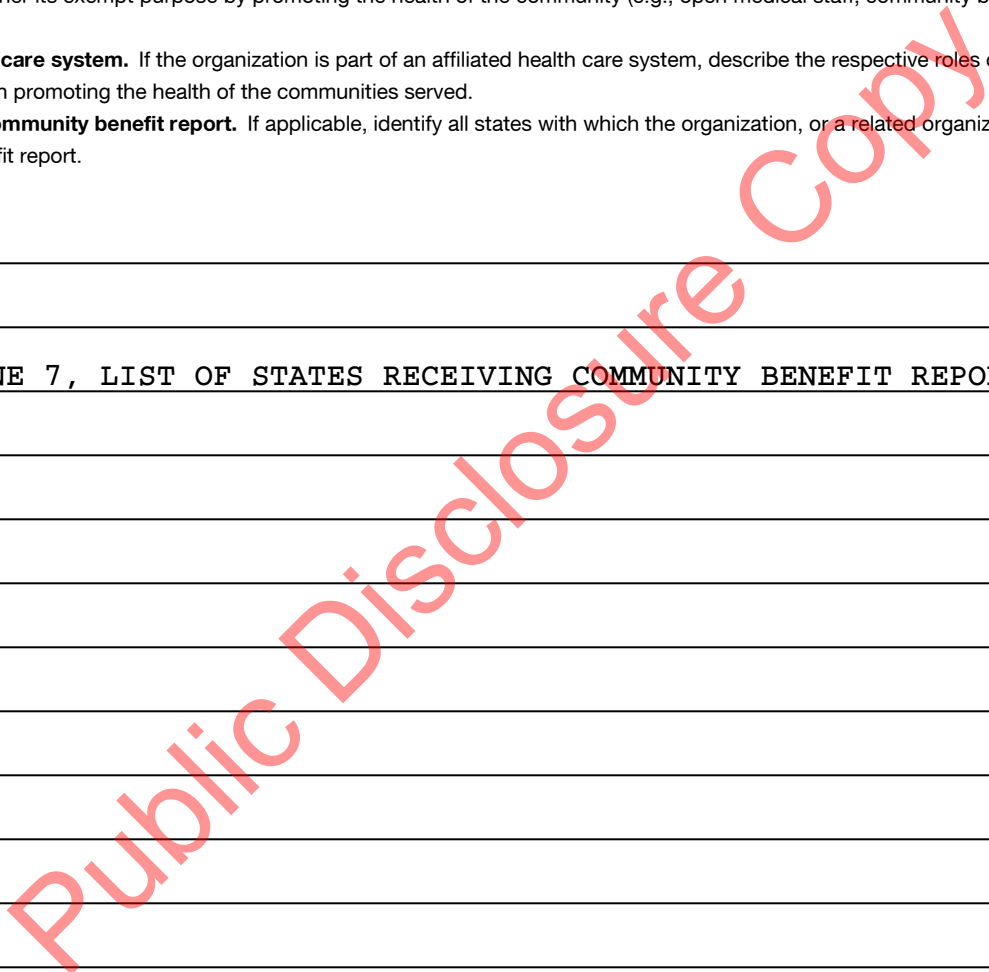
Part VI Supplemental Information

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.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD



**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

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 type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, 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 on 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 checked="" 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? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- 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? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on 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? **6a** Yes No
- b** Any related organization? **6b** Yes No
- 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

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 **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b	<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2016

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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) VICTORIA BAYLESS PRESIDENT AND CEO	(i)	735,214.	325,848.	214,093.	171,045.	18,991.	1,465,191.	126,252.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY CLANCE BOARD MEMBER	(i)	312,391.	0.	11,756.	4,808.	0.	328,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT REILLY CFO	(i)	423,128.	146,185.	26,160.	33,916.	17,228.	646,617.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MAULIK JOSHI CHIEF OPERATING OFFICER	(i)	301,346.	0.	18,527.	5,334.	18,301.	343,508.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHERRY PERKINS CHIEF OPERATING OFFICER-PART YEAR	(i)	97,102.	0.	136,369.	6,521.	194.	240,186.	74,700.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MITCHELL SCHWARTZ, M.D. CHIEF MEDICAL OFFICER	(i)	444,555.	155,443.	123,251.	32,592.	24,638.	780,479.	91,366.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PAULA WIDERLITE CHIEF STRATEGY OFFICER	(i)	322,563.	118,734.	29,849.	22,684.	192.	494,022.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BARBARA BALDWIN VP AND CIO	(i)	295,853.	90,837.	65,641.	5,300.	0.	457,631.	42,314.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BARBARA JACOBS CHIEF NURSING OFFICER	(i)	275,100.	86,400.	20,182.	15,812.	10,587.	408,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JENNIFER HARRINGTON VP SUPPORT & CLINICAL SERVICES	(i)	232,105.	69,548.	21,003.	11,701.	17,856.	352,213.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DAVID LEHR CHIEF INFORMATION OFFICER	(i)	188,175.	24,226.	136.	0.	10,105.	222,642.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ADRIAN PARK SURGERY DIVISION CHAIR	(i)	563,618.	181,506.	21,699.	48,151.	16,241.	831,215.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) GEORGE SAMARAS, MD MEDICINE DIVISION CHAIR	(i)	308,888.	117,258.	6,646.	0.	27,583.	460,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) PATRICIA CZAPP, MD CLINICAL INTEGRATION CHAIR	(i)	312,397.	99,389.	19,278.	22,993.	0.	454,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MARK SANCHEZ MEDICAL DIRECTOR	(i)	411,147.	1,900.	205.	5,300.	1,250.	419,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) HENRY SOBEL, M.D. WOMEN'S DIVISION CHAIR	(i)	297,513.	52,732.	21,531.	5,300.	22,615.	399,691.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 4B:**THE FOLLOWING PARTICIPATED IN THE ORGANIZATION'S 457(F) PLAN:**

VICTORIA BAYLESS	\$165,745
MAULIK JOSHI	\$ 5,334
ROBERT REILLY	\$ 28,616
MITCHELL SCHWARTZ, M.D.	\$ 27,292
SHERRY PERKINS	\$ 3,942
JENNIFER HARRINGTON	\$ 6,760
PATRICIA CZAPP, M.D.	\$ 15,043
ADRIAN PARK, M.D.	\$ 42,851
PAULA WIDERLITE	\$ 17,384
BARBARA JACOBS	\$ 10,512

**DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS RECEIVED PAYMENTS AS
PART OF THEIR PARTICIPATION IN THE ORGANIZATION'S 457(F) PLAN:**

VICTORIA BAYLESS	\$126,252
BARBARA BALDWIN	\$ 42,314
MITCHELL SCHWARTZ	\$ 92,601
SHERRY PERKINS	\$ 74,700

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.**

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number
52-1169362

Part I Bond Issues											
SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
(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 MARYLAND HEALTH AND HIGHER EDUCATION FACILIT	52-0936091	5742173V5	02/19/09	60000000.	FINANCE ACQUISITION/CONST		X		X		X
B MARYLAND HEALTH AND HIGHER EDUCATION FACILIT	52-0936091	5742176G5	02/03/10	83903060.	FINANCE ACQUISITION/CONST		X		X		X
C MARYLAND HEALTH AND HIGHER EDUCATION FACILIT	52-0936091	574218LP6	11/01/12	80370836.	FINANCE ACQUISITION/REFUN		X		X		X
D MARYLAND HEALTH AND HIGHER EDUCATION FACILIT	52-0936091	574218TJ2	11/01/14	134824993.	FINANCE ACQUISITION/ADVAN		X		X		X

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired			10,575,000.		8,710,000.		6,865,000.			
2 Amount of bonds legally defeased										
3 Total proceeds of issue	60,000,000.		83,903,060.		80,370,836.		134,824,993.			
4 Gross proceeds in reserve funds			2,637,605.		3,458,575.		6,446,856.			
5 Capitalized interest from proceeds	3,741,749.		1,870,961.				15,734,149.			
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	1,098,549.		1,448,766.		1,147,195.		749,019.			
8 Credit enhancement from proceeds	332,092.									
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	22,060,522.		6,359,895.							
11 Other spent proceeds	32,767,088.		71,406,346.		75,765,066.		111,894,969.			
12 Other unspent proceeds			179,487.							
13 Year of substantial completion	2011		2011		2012		2014			
	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	

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		.00 %		.00 %		.00 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		.00 %		.00 %		.18 %
6 Total of lines 4 and 5 .....		.00 %		.00 %		.00 %		.18 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b Name of provider	CITIBANK							
c Term of hedge	39.7000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:

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

(F) DESCRIPTION OF PURPOSE:

FINANCE ACQUISITION/CONSTRUCT./RENOVATION/EQUIP.OF NEW & EXISTING FACILITIE

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

(F) DESCRIPTION OF PURPOSE:

FINANCE ACQUISITION/CONSTRUCT. NEW TOWER GARAGE EXPANSION,REFUND 2004B BOND

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

(F) DESCRIPTION OF PURPOSE:

FINANCE ACQUISITION/REFUND 1998 AND 2004A BONDS

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

(F) DESCRIPTION OF PURPOSE: FINANCE ACQUISITION/ADVANCE FUNDING 2009 BONDS

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

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

DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2013

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

DATE THE REBATE COMPUTATION WAS PERFORMED: 01/30/2015

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REHABILITATION, THIS VISION IS ACCOMPLISHED BY EXPANDING HEALTH CARE
OUTSIDE OF THE HOSPITAL WALLS, STRENGTHENING COMMUNITY HEALTH THROUGH
COMPREHENSIVE HEALTH MAINTENANCE AND EDUCATION OUTREACH.

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

MANY OPTIONS AS THEY MAKE INFORMED CHOICES DURING LABOR AND DELIVERY.
OUR GOAL IS FOR EACH MOTHER AND HER FAMILY TO FEEL RESPECTED AND TO
EXPERIENCE THE BIRTHING PROCESS AND POSTPARTUM EXPERIENCE THEY DESIRE.
ANNE ARUNDEL MEDICAL CENTER DELIVERS MORE THAN 5,500 BABIES EACH YEAR,
THE SECOND HIGHEST NUMBER OF DELIVERIES IN THE STATE OF MARYLAND.

ANNE ARUNDEL MEDICAL CENTER'S NEONATAL INTENSIVE CARE UNIT (NICU) IS
DESIGNATED AS A LEVEL IIIB NICU, AND IS ABLE TO CARE FOR THE MOST
CRITICALLY ILL NEWBORNS, ALLOWING BABIES BORN EARLY OR WITH
COMPLICATIONS TO STAY WITH THEIR MOTHERS AT AAMC. HOSPITALS THAT DO NOT
HAVE THIS LEVEL OF NICU CARE OFTEN MUST TRANSFER BABIES TO OTHER HEALTH
CARE FACILITIES, MEANING THAT MOTHERS AND BABIES CANNOT REMAIN
TOGETHER.

THE AAMC NICU, ALSO KNOWN AS "TEDDY'S PLACE", IS A STATE-OF-THE-ART
26-BED UNIT, EQUIPPED WITH LIFE-SAVING TECHNOLOGY AND STAFFED BY FULL-
AND PART-TIME NEONATOLOGISTS, NEONATAL NURSE PRACTITIONERS, AND NURSES
WITH SPECIALIZED NICU TRAINING. ON AVERAGE, 15 BABIES A DAY ARE CARED
FOR IN OUR NICU, AND APPROXIMATELY 10 PERCENT OF ALL BABIES DELIVERED
AT AAMC WILL SPEND SOME TIME IN THE NICU.

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

AT AAMC, THE CENTER FOR MATERNAL-FETAL MEDICINE OFFERS WOMEN THE HIGHEST LEVEL OF OBSTETRIC CARE, WITH THREE HIGHLY TRAINED PHYSICIANS ABLE TO PERFORM AND OVERSEE A WIDE RANGE OF COMPLICATIONS. THE AAMC CENTER FOR MATERNAL-FETAL MEDICINE OFFERS CARE TO WOMEN WHO COME FROM AS FAR AWAY AS MARYLAND'S CHARLES AND ST. MARY'S COUNTIES, AS WELL AS DELAWARE. TYPICAL PATIENTS INCLUDE WOMEN WHO ARE CARRYING TWINS OR TRIPLETS, WOMEN REQUIRING DIABETES EDUCATION OR SPECIALIZED TESTING, SUCH AS AMNIOCENTESIS, OR WOMEN WHO WILL BE 35 OR OLDER AT THE TIME OF DELIVERY.

THE AAMC WOMEN'S CENTER FOR PELVIC HEALTH PROVIDES COMPREHENSIVE AND INNOVATIVE PELVIC HEALTH CARE FOR WOMEN OF ALL AGES SUFFERING FROM PROBLEMS AND DISORDERS OF THE PELVIC REGION. OUR EXPERIENCED SPECIALISTS EMPLOY A COMPASSIONATE AND PROFESSIONAL APPROACH TO DIAGNOSE AND TREAT ALL COMPONENTS OF PELVIC PROBLEMS, WITH THE GOAL OF ENSURING WELLNESS AND MAINTAINING DIGNITY. THE AAMC WOMEN'S CENTER FOR PELVIC HEALTH ADDRESSES ISSUES INCLUDING: URINARY INCONTINENCE, PELVIC SUPPORT PROBLEMS, FECAL INCONTINENCE, CHILDBIRTH AND PREGNANCY RELATED PELVIC FLOOR DISORDERS, INCONTINENCE CLEARLY LINKED TO PROLAPSE OR PELVIC FLOOR DYSFUNCTION, AND PELVIC ORGAN PROLAPSE (CYSTOCELE, RECTOCELE, UTERINE, VAGINAL VAULT, PERINEAL). IN 2017, AAMC'S WOMEN'S CENTER FOR PELVIC HEALTH WAS AWARDED THE SAFETY CERTIFICATION IN OUTPATIENT PRACTICE EXCELLENCE (SCOPE) FOR WOMEN'S HEALTH. IT IS ONE OF ONLY TWO WOMEN'S HEALTH PRACTICES IN THE STATE AND AMONG ONLY 95 IN THE COUNTRY TO RECEIVE THIS DESIGNATION.

STROKE

AAMC HAS EARNED CERTIFICATION AS A PRIMARY STROKE CENTER FROM THE JOINT

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

COMMISSION, AND WAS THE FIRST HOSPITAL IN THE REGION (AND ONE OF THE FIRST EIGHT IN THE STATE) TO HAVE EARNED THIS HIGHLY SPECIALIZED DESIGNATION. BECAUSE SUCCESSFUL TREATMENT OF STROKE PATIENTS IS SO TIME-CRITICAL, THE PRESENCE OF A CERTIFIED STROKE CENTER IN ANNE ARUNDEL COUNTY IS SIGNIFICANT FOR THE RESIDENTS OF THE REGION BECAUSE THEY NO LONGER HAVE TO WASTE PRECIOUS TIME AND TRAVEL 30 OR MORE MILES TO GET LIFE-SAVING TREATMENT.

THE JOINT COMMISSION CERTIFICATION MEANS AAMC HAS DEMONSTRATED THAT ITS STROKE PROGRAM FOLLOWS NATIONAL STANDARDS AND GUIDELINES THAT CAN SIGNIFICANTLY IMPROVE OUTCOMES FOR STROKE PATIENTS. IN MARYLAND, SOMEONE IS HOSPITALIZED FOR A STROKE EVERY 30 MINUTES AND SOMEONE DIES EVERY THREE HOURS, ACCORDING TO THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS (MIEMSS). STROKE IS THE 3RD LEADING CAUSE OF DEATH IN MARYLAND.

IN 2016 AAMC RECEIVED THE STROKE GOLD PLUS ACHIEVEMENT AWARD FROM THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION, THE HIGHEST AWARD GIVEN TO STROKE PROGRAMS NATIONALLY.

AAMC OFFERS TREATMENT WITH TPA - TISSUE PLASMINOGEN ACTIVATOR, A CLOT-BUSTING MEDICATION APPROVED FOR USE IN CERTAIN PATIENTS HAVING A STROKE. TPA MUST BE GIVEN WITHIN A FEW HOURS AFTER SYMPTOMS BEGIN. THE PROCEDURE IS DONE THROUGH AN INTRAVENOUS (IV) LINE BY SPECIALLY TRAINED HOSPITAL PERSONNEL.

AAMC TREATED 512 STROKE PATIENTS DURING FISCAL YEAR 2017.

Name of the organization ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
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HEART AND VASCULAR INSTITUTE

THE AAMC HEART AND VASCULAR INSTITUTE IS A COMPREHENSIVE PROGRAM OFFERING EXCEPTIONAL EMERGENCY, INTERVENTIONAL AND SURGICAL CARE TO OUR COMMUNITY. THE HEART AND VASCULAR INSTITUTE FEATURES A DEDICATED HEART AND VASCULAR UNIT, VASCULAR SCREENING, SURGERY AND TREATMENT, CARDIAC-CATHERIZATION, INTERVENTIONAL MEDICINE, EMERGENCY ANGIOPLASTY, CARDIOPULMONARY REHABILITATION AND INTERVENTIONAL RADIOLOGY. A REGIONAL RESOURCE TO OUR COMMUNITY, THE AAMC HEART AND VASCULAR INSTITUTE IS NATIONALLY RECOGNIZED AS A STANDARD FOR CARE AND TREATMENT OF HEART ATTACK PATIENTS AND RECIPIENT OF THE 2011 GOLD PERFORMANCE ACHIEVEMENT AWARD FROM THE AMERICAN COLLEGE OF CARDIOLOGY. AAMC IS ALSO A PARTICIPANT IN THE C-PORT E PROGRAM, OFFERING ELECTIVE ANGIOPLASTY SERVICES TO OUR COMMUNITY.

IN 2015 AAMC ALSO RECEIVED A PERFORMANCE ACHIEVEMENT AWARD FROM THE AMERICAN COLLEGE OF CARDIOLOGY WHICH RECOGNIZED AAMC FOR CONSISTENTLY FOLLOWING HEART ATTACK TREATMENT GUIDELINES AND IMPROVING OUTCOMES FOR HIGH-RISK PATIENTS. ONLY 319 HOSPITALS NATIONWIDE RECEIVE THIS HONOR.

SURGICAL SERVICES

AAMC SURGEONS PERFORM A VARIETY OF INPATIENT AND OUTPATIENT SURGICAL PROCEDURES FROM THE ROUTINE TO THE TECHNOLOGICALLY ADVANCED, SUCH AS ROBOTICS. IN ADDITION TO GENERAL SURGERIES, THEY SPECIALIZE IN BREAST, COLON AND RECTAL, ORTHOPEDIC, PEDIATRIC, RETINAL, THORACIC, VASCULAR, UROLOGY, GYNECOLOGY, UROGYNECOLOGY, OPHTHALMOLOGY, AND EAR, NOSE AND THROAT SURGERY, AS WELL AS NEUROSURGERY AND PLASTIC RECONSTRUCTIVE SURGERY. BOARD-CERTIFIED ANESTHESIOLOGISTS PLAN AND SUPERVISE ANESTHESIA CARE FOR ALL PATIENTS. IN ADDITION, 24-HOUR PHYSICIAN CARE

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

THROUGH THE HOSPITALIST AND INTENSIVIST PROGRAMS MEANS A DOCTOR IS ALWAYS NEARBY TO MAKE SURE RECOVERY FOR INPATIENTS IS PROGRESSING SMOOTHLY.

AAMC'S BARIATRIC SURGERY PROGRAM OPENED IN 2012 AND AAMC IS NOW A LEVEL 1 FACILITY, NATIONALLY ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS FOR PROVIDING A HIGH QUALITY OF CARE AND EXCELLENT OUTCOMES.

IN 2017, AAMC'S WEIGHT LOSS AND METABOLIC SURGERY PROGRAM BECAME ACCREDITED AS A COMPREHENSIVE CENTER BY THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM, SIGNIFYING THE PROGRAM MEETS THE HIGHEST STANDARDS FOR PATIENT SAFETY AND QUALITY CARE. SINCE INCEPTION OVER 2,011 WEIGHT LOSS SURGERIES HAVE BEEN PERFORMED.

AT THE AAMC JOINT CENTER, OUR SURGEONS HOLD SUPERIOR CREDENTIALS AND MANY OF OUR SURGEONS SPECIALIZE IN KNEE AND HIP REPLACEMENT. OUR VOLUME OF SURGERY ALSO CONTRIBUTES TO OUR MEDICAL EXPERTISE. AAMC PERFORMS MORE THAN 2,300 JOINT REPLACEMENTS PER YEAR, WHICH MAKES US CONSISTENTLY ONE OF THE HIGHEST VOLUME JOINT REPLACEMENT CENTERS IN THE STATE. OVER THE PAST FIVE YEARS, AAMC PERFORMED MORE JOINT REPLACEMENTS THAN ANY OTHER HOSPITAL IN THE STATE.

JOINT CAMP

ANOTHER UNIQUE PART OF THE AAMC JOINT CENTER IS OUR "JOINT CAMP". AN IMPORTANT PART OF THE PROGRAM, THE JOINT CAMP GETS ITS NAME IN PART FROM THE SENSE OF SHARED EXPERIENCES, CAMARADERIE AND COMPANIONSHIP MANY PATIENTS FEEL TOWARD ONE ANOTHER. THE PHILOSOPHY OF JOINT CAMP IS

Name of the organization ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
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THAT YOU AND YOUR FAMILY ARE NOT BYSTANDERS, BUT RATHER ACTIVE PARTICIPANTS WITH A COMMON GOAL. A TRAINED COORDINATOR HELPS GUIDE AND ASSIST YOU EVERY STEP OF THE WAY.

OUTPATIENT

THE AAMC GEATON AND JOANN DECESARIS CANCER INSTITUTE AT ANNE ARUNDEL MEDICAL CENTER ENCOMPASSES A LARGE ARRAY OF SERVICES RANGING FROM PREVENTION, SCREENING, DIAGNOSIS AND TREATMENT THROUGH SURVIVORSHIP. MANY DIFFERENT TYPES OF CANCER SPECIALISTS CONTRIBUTE TO THE CARE OF PATIENTS IN OUR PROGRAMS. IT IS OUR GOAL TO PROVIDE THE BEST EXPERIENCE POSSIBLE, NO MATTER WHERE OR HOW A PERSON ENCOUNTERS OUR CANCER CENTER SERVICES.

(CONTINUED ON PAGE 96)

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE STOCKHOLDER OF THE ORGANIZATION IS THE ANNE ARUNDEL HEALTH SYSTEM, INC. ("AAHS"), A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED HEALTH SYSTEM.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE STOCKHOLDER OF THE ORGANIZATION IS THE ANNE ARUNDEL HEALTH SYSTEM, INC. ("AAHS"), A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED HEALTH SYSTEM. AAHS HAS THE EXPRESS POWER AND RESPONSIBILITY TO ELECT AND REMOVE THE BOARD OF DIRECTORS AND OFFICERS OF THE CORPORATION.

Name of the organization ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
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FORM 990, PART VI, SECTION A, LINE 7B:

THE SOLE STOCKHOLDER OF THE ORGANIZATION IS THE ANNE ARUNDEL HEALTH SYSTEM, INC. ("AAHS"), A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED HEALTH SYSTEM. AAHS HAS THE EXPRESS POWER AND RESPONSIBILITY TO APPROVE DECISIONS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD HAS ASSIGNED RESPONSIBILITY FOR THE DETAILED REVIEW OF THE FORM 990 TO THE AUDIT AND COMPLIANCE COMMITTEE OF ANNE ARUNDEL HEALTH SYSTEM, INC. (PARENT). THE AUDIT AND COMPLIANCE COMMITTEE REVIEWS THE FORM 990 AND PROVIDES SUMMARY INFORMATION TO THE FULL BOARD. THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD FOR REVIEW PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES THAT SENIOR EXECUTIVE LEADERS AND EACH MEMBER OF THE BOARD REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND RETURN AN ACKNOWLEDGEMENT OF RECEIPT AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. SUBSEQUENT TO THE COMPLETION OF THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, IF A COVERED INDIVIDUAL BECOMES AWARE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE COVERED INDIVIDUAL SHALL PROMPTLY DISCLOSE IT TO THE PRESIDENT OF AAHS. IF AAHS HAS REASONABLE CAUSE TO BELIEVE THAT A COVERED INDIVIDUAL HAS FAILED TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM THE COVERED INDIVIDUAL OF THE BASIS FOR SUCH BELIEF AND PROVIDE THE COVERED INDIVIDUAL AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

AFTER DISCLOSURE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST BY A MEMBER OF THE BOARD OF TRUSTEES OR AN OFFICER OR SENIOR EXECUTIVE, THE EXECUTIVE COMMITTEE OF THE AAHS BOARD SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

Name of the organization ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
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IF THE INTERESTED PERSON IS A MEMBER OF THE EXECUTIVE COMMITTEE, AFTER ANY DISCUSSION WITH THE INTERESTED MEMBER SUCH MEMBER SHALL LEAVE THE EXECUTIVE COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE EXECUTIVE COMMITTEE MAY REQUEST THAT LEGAL COUNSEL OR OTHER ADVISORS ASSIST AND ADVISE THE COMMITTEE IN CONNECTION WITH THE INVESTIGATION AND DETERMINATION OF ANY CONFLICT OF INTEREST ISSUE.

IF A CONFLICT OR POTENTIAL CONFLICT IS DEEMED TO EXIST, THE MEMBER MUST REMOVE HIMSELF OR HERSELF FROM THE ROOM DURING ANY DISCUSSION OF THE MATTER, REFRAIN FROM PARTICIPATING IN DISCUSSION AND VOTING UPON OR OTHER DECISION MAKING IN REGARD TO THE MATTER, AVOID USING HIS OR HER PERSONAL INFLUENCE, AVOID MAKING AN ADMINISTRATIVE DECISION ON THE MATTER, AND, IN THE CASE OF A DIRECTOR, MUST NOT BE COUNTED IN DETERMINING THE QUORUM FOR ACTION ON THE MATTER, EVEN WHERE PERMITTED BY THE BY-LAWS.

IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE ORGANIZATION AND SHALL MAKE ITS DECISIONS AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION. IF THE EXECUTIVE COMMITTEE DETERMINES THAT THE TRANSACTION IS IN THE BEST INTEREST OF AAHS, THE COMMITTEE MAY IMPOSE SUCH CONDITIONS OR REQUIREMENTS ON THE COVERED INDIVIDUAL INCLUDING, BUT NOT LIMITED TO REQUIRING THAT THE COVERED INDIVIDUAL RECUSE HER/HIMSELF FROM DELIBERATIONS AND DECISIONS RELATING TO THOSE MATTERS WHERE THE INDIVIDUAL HAS A PERSONAL INTEREST WHICH COULD CONFLICT, OR APPEAR TO CONFLICT, WITH HER/HIS DUTY OF LOYALTY TO THE BEST INTERESTS OF THE ORGANIZATION AND AAHS.

Name of the organization ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
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FORM 990, PART VI, SECTION B, LINE 15:

ANNE ARUNDEL MEDICAL CENTER'S EXECUTIVE COMPENSATION COMMITTEE DETERMINES THE PRESIDENT AND CHIEF EXECUTIVE OFFICER'S COMPENSATION FOLLOWING THE IRC SECTION 4958 REBUTTABLE PRESUMPTION TEST. ALL OTHER COMPENSATION IS DETERMINED THROUGH CONSULTATION WITH AN INDEPENDENT OUTSIDE COMPENSATION CONSULTING FIRM.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE RETAINED IN THE FINANCE OFFICE AND ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990 IS AVAILABLE BY REQUEST TO THE FINANCIAL SERVICES OFFICE OR CAN BE OBTAINED ONLINE AT WWW.GUIDESTAR.ORG.

FORM 990, PART IX, LINE 11G, OTHER FEES:

SERVICE CONTRACTS:

PROGRAM SERVICE EXPENSES	4,262,322.
MANAGEMENT AND GENERAL EXPENSES	3,477,231.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,739,553.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	4,351,066.
MANAGEMENT AND GENERAL EXPENSES	218,091.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,569,157.

Name of the organization ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
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MANAGEMENT & CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	8,616,389.
MANAGEMENT AND GENERAL EXPENSES	10,873,825.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,490,214.

MEDICAL WASTE MANAGEMENT:

PROGRAM SERVICE EXPENSES	449,421.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	449,421.

LINE OF CREDIT FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	301,472.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	301,472.

MISCELLANEOUS DIRECT EXPENSES:

PROGRAM SERVICE EXPENSES	2,670,978.
MANAGEMENT AND GENERAL EXPENSES	4,731,957.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,402,935.

RECRUITING:

PROGRAM SERVICE EXPENSES	13,368.
MANAGEMENT AND GENERAL EXPENSES	513,578.
FUNDRAISING EXPENSES	0.

Name of the organization ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
---	--

TOTAL EXPENSES 526,946.

PROFESSIONAL HOSPITAL SERVICES - PHYSICIAN ENTERPRISES:

PROGRAM SERVICE EXPENSES 22,701,129.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 22,701,129.

PROFESSIONAL HOSPITAL SERVICES - ANNE ARUNDEL HEALTH SYSTEM RESEARCH INST:

PROGRAM SERVICE EXPENSES 44,700.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 44,700.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 63,225,527.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN AAMC FOUNDATION, INC. 2,686,000.

INCOME FROM JOINT VENTURE 6,231,000.

INTERCOMPANY TRANSFERS -1,443,988.

PENSION FUND STATUS 8,257,770.

RECLASS CASH BALANCE FROM PARENT 3,348,695.

TRANSFER FROM AAMC FOUNDATION, INC. TO AAMC, INC. 1,008,359.

UNREALIZED LOSS FOR CONTRACTS UNDER SFAS 133 20,327,638.

INCOME NOT PREVIOUSLY INCLUDED IN NET ASSETS 399,745.

TOTAL TO FORM 990, PART XI, LINE 9 40,815,219.

FORM 990, PAGE 12, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Name of the organization ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
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FORM 990, PAGE 2, PART III, LINE 4A - CONTINUED:

THE DECESARIS CANCER INSTITUTE WAS AWARDED THE COMMISSION ON CANCER (COC) OUTSTANDING ACHIEVEMENT AWARD FOR 2008 FOLLOWING AN INTENSIVE ON-SITE SURVEY COMPLETED IN NOVEMBER 2008. IN 2011, THE COC GRANTED A THREE-YEAR ACCREDITATION WITH COMMENDATION TO THE DECESARIS CANCER INSTITUTE, RECOGNIZING ITS CANCER COMMITTEE LEADERSHIP, CANCER DATA MANAGEMENT, CLINICAL SERVICES, RESEARCH, COMMUNITY OUTREACH, AND QUALITY IMPROVEMENT. THE DECESARIS CANCER INSTITUTE RECEIVED A 2014 AACC INNOVATOR AWARD FROM THE ASSOCIATION OF COMMUNITY CANCER CENTERS FOR ITS INNOVATIVE SYMPTOM MANAGEMENT CLINIC. ONLY SIX CANCER PROGRAMS NATIONWIDE RECEIVED THIS HONOR.

IT IS ONE OF ONLY FOUR CANCER PROGRAMS IN MARYLAND (AND ONE OF ONLY 95 PROGRAMS NATIONWIDE) TO RECEIVE THE PRESTIGIOUS AWARD FROM THE COC, AN ORGANIZATION ESTABLISHED BY THE AMERICAN COLLEGE OF SURGEONS. THE AWARD WAS ESTABLISHED IN 1994 TO RECOGNIZE CANCER PROGRAMS DEMONSTRATING EXCELLENCE IN PROVIDING QUALITY CARE TO CANCER PATIENTS. A FACILITY RECEIVES THE AWARD ONLY IF DEMONSTRATING A "COMMENDATION" LEVEL OF COMPLIANCE WITH SEVEN COC-ESTABLISHED STANDARDS OF CARE. AAMC DEMONSTRATED COMMENDATION-LEVEL COMPLIANCE IN SIX AREAS; CANCER COMMITTEE LEADERSHIP, CANCER DATA MANAGEMENT, CLINICAL SERVICES, RESEARCH, COMMUNITY OUTREACH, AND QUALITY IMPROVEMENT.

IN 2014 AAMC'S GEATON & JOANN DECESARIS CANCER INSTITUTE RECEIVED AACC INNOVATOR AWARD, ONLY 1 OF 6 HOSPITALS NATIONWIDE TO RECEIVE SUCH ACCOLADES. THIS WAS AWARDED FOR AAMC'S INNOVATIVE SYSTEM MANAGEMENT

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

CLINIC.

THE REBECCA FORTNEY BREAST CENTER IS NATIONALLY RECOGNIZED FOR ITS OUTSTANDING CARE, RESEARCH AND COMPREHENSIVE PROGRAMS. IT OFFERS KIND, SENSITIVE, AND TAILORED BREAST DISEASE TREATMENT AND CARE FOR WOMEN. WITH OUR HIGHLY EXPERIENCED BREAST SPECIALISTS AND SPECIALTY TRAINED STAFF PLUS STATE-OF-THE-ART FACILITIES, WE ARE A BREAST CENTER DEDICATED TO GIVING YOU NEW HOPE AND GOOD HEALTH. IN 2017, THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) REGRANTED ANOTHER THREE YEAR ACCREDITATION DESIGNATION TO THE BREAST CANCER CENTER.

IN THE SUMMER OF 2009, AAMC MADE A COMMITMENT TO FURTHER SERVE BREAST PATIENTS IN THE REGION BY OPENING A NEW, EXPANDED BREAST CENTER UNDER THE UMBRELLA OF THE DECESARIS CANCER INSTITUTE, AND ADDING A THIRD FELLOWSHIP-TRAINED BREAST SURGEON TO THE CARE TEAM.

THE CANCER INSTITUTE OFFERS A WIDE RANGE OF SUPPORT GROUPS TO PATIENTS AS A SOURCE OF COMFORT, ENCOURAGEMENT AND INFORMATION, AND AS A WAY TO CONNECT WITH OTHERS WHO KNOW WHAT THE PATIENTS ARE GOING THROUGH AS A PATIENT, FAMILY MEMBER OR CAREGIVER. SOME OF OUR SUPPORT GROUPS INCLUDE: GENERAL CANCER SUPPORT GROUP; MONTHLY LUNG CANCER SUPPORT GROUP; MOVING FORWARD, A MONTHLY MEETING FOR WOMEN DIAGNOSED WITH BREAST CANCER WITHIN THE LAST TWO YEARS; SISTER TO SISTER, PROVIDING SPECIALIZED SUPPORT FOR AFRICAN-AMERICAN WOMEN; AND SURVIVORS OFFERING SUPPORT, WHERE BREAST CANCER SURVIVORS ARE TRAINED TO PROVIDE ONE ON ONE MENTORING TO NEWLY DIAGNOSED PATIENTS THROUGH THEIR FIRST YEAR OF TREATMENT.

Name of the organization ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
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EMERGENCY SERVICES

THE AAMC EMERGENCY ROOM IS ONE OF THE BUSIEST IN THE AREA, SERVING MORE THAN 97,157 PATIENTS EACH YEAR. AAMC'S EMERGENCY DEPARTMENT EMPLOYS TRAINED PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONERS WHO ARE ON DUTY 24 HOURS A DAY, SEVEN DAYS A WEEK, AND SPECIALISTS ARE ON CALL FOR CONSULTATION.

AAMC'S EMERGENCY DEPARTMENT INCLUDES:

- EMERGENCY TRAINED NURSES AND MEDICAL TECHNICIANS WHO PROVIDE CARE AND MONITOR PATIENT CONDITIONS THROUGHOUT THE EPISODE OF CARE. ALL PATIENTS ARE TRIAGED AND ASSIGNED A PRIORITY BASED ON THE ASSESSED MEDICAL NEED. THOSE PATIENTS WITH MORE SERIOUS CONDITIONS ARE GENERALLY TREATED IN THE MAIN ED AREA WHILE PATIENTS WITH LESS SEVERE OR MINOR CONDITIONS ARE TREATED IN THE RAPID CLINICAL EVALUATION AND INTERMEDIATE CARE AREAS. THE DEPARTMENT HAS THIRTY-THREE MAIN SIDE BEDS AND TEN INTERMEDIATE CARE BEDS. ADDITIONALLY, THERE IS A TEN BED AREA FOR HOLDING ADULT PATIENTS AND AN 8 BED AREA FOR HOLDING PEDIATRIC PATIENTS WAITING FOR ADMISSION. A PRIVATE SIX BED AREA IS AVAILABLE FOR PATIENTS WITH MENTAL HEALTH PROBLEMS.

- SUTURING AND SPLINTING AND CASTING SERVICES AVAILABLE FOR MINOR TRAUMA. HIGH-LEVEL TRAUMA PATIENTS ARE STABILIZED AND TRANSFERRED TO NEARBY TRAUMA CENTERS. THE HOSPITAL IS CHEST PAIN CERTIFIED AND HAS A VERY ROBUST CARDIAC PROGRAM INCLUDING RAPID STABILIZATION AND TRANSFER TO THE CATH LAB WHEN INDICATED. ALSO STROKE CERTIFIED AND EQUIPPED TO MANAGE PATIENTS ARRIVING WITH ACUTE STROKE SYMPTOMS.

- X-RAY SERVICES AVAILABLE WITHIN THE ED TO EXPEDITE DIAGNOSIS AND TREATMENT INCLUDE TWO RADIOLOGY ROOMS AND A STATE OF THE ART CT

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

SCANNER. NEW TECHNOLOGY ALLOWS X-RAYS BE TRANSMITTED ELECTRONICALLY ENABLING THE ED DOCTORS, SPECIALISTS, AND PRIMARY CARE PHYSICIANS TO VIEW X-RAYS AND OTHER DIAGNOSTIC TESTS ON A COMPUTER WITHIN MINUTES OF BEING TAKEN.

- HOSPITALISTS AND INTENSIVISTS (DOCTORS SPECIALLY TRAINED IN CRITICAL CARE AND INPATIENT CARE) ADMIT PATIENTS TO THE ACUTE CARE PAVILION ONCE THE DETERMINATION IS MADE THAT FURTHER MEDICAL AND NURSING ARE NEEDED.

- MENTAL HEALTH ASSESSMENT AND PLACEMENT SERVICES ARE PROVIDED BY LICENSED MENTAL HEALTH CLINICIANS.

- DOMESTIC VIOLENCE ASSESSMENT AND SUPPORT SERVICES ARE PROVIDED BY TRAINED COUNSELORS.

PATIENT ADVOCATES AND VOLUNTEERS ARE AVAILABLE TO ASSIST FAMILIES WITH PERSONAL NEEDS AND COMFORT CARE.

COMMUNITY HEALTH EDUCATION AND SUPPORT

COMMUNITY HEALTH EDUCATION SERVICES ENCOURAGE HEALTHY LIFESTYLES AND DISEASE PREVENTION. IN MOST CASES, AAMC PROVIDED THESE SERVICES AT MINIMAL OR NO COST. THE FOLLOWING SERVICES WERE OFFERED IN FY17:

INDIVIDUAL NUTRITION COUNSELING WITH REGISTERED DIETITIANS WAS PROVIDED AT A NOMINAL COST. IN FY16, AAMC DIETICIANS SPENT MORE THAN 950 HOURS PROVIDING EDUCATIONAL SEMINARS AND/OR TALKS TO THE COMMUNITY VIA HEALTH FAIRS AND/OR SPECIAL REQUESTS BY SENIOR/CORPORATE ORGANIZATIONS

AAMC PHYSICIANS, PHARMACISTS, REGISTERED NURSES, DIETITIANS AND OTHER PROFESSIONALS VOLUNTEER THEIR TIME AND EXPERTISE TO PROVIDE UP-TO-DATE INFORMATION ON DISEASE PREVENTION AND OTHER HEALTH-RELATED ISSUES

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

THROUGH FREE SEMINARS AND PROGRAMS. THESE PROGRAMS, DESIGNED TO MEET THE HEALTH NEEDS OF THE COMMUNITY AND COORDINATED BY THE DEPARTMENTS OF PUBLIC RELATIONS AND COMMUNITY HEALTH AND WELLNESS, ARE OFFERED TO LOCAL CLUBS, SCHOOLS, CORPORATIONS, CIVIC ORGANIZATIONS AND THE GENERAL PUBLIC. CLASS TOPICS ARE BASED ON COMMUNITY HEALTH ASSESSMENTS, RESULTS OF CUSTOMER INTEREST SURVEYS, FOCUS GROUPS, AND FEEDBACK PROVIDED ON PROGRAM EVALUATIONS. TOPICS INCLUDE PROSTATE CANCER, CARDIAC RISK, VASCULAR DISEASE, BACK CARE, BREAST CANCER, ARTHRITIS, PAIN MANAGEMENT, REFLUX DISEASE, DIABETES AND MENOPAUSE. MORE THAN 32,000 PEOPLE PARTICIPATE IN AAMC CLASSES AND SPECIAL EDUCATION EVENTS EACH YEAR. MOST CLASSES WERE OFFERED AT A BREAK-EVEN COST OR A LOSS TO THE MEDICAL CENTER.

IN FEBRUARY 2013 AAMC OPENED THE JAMES AND SYLVIA EARL SIMULATION TO ADVANCE INNOVATION AND LEARNING CENTER (SAIL). THIS FACILITY IS DEDICATED TO THE ADVANCEMENT AND PRACTICE OF MEDICINE THROUGH RESEARCH, TRAINING AND INNOVATION DESIGNED TO IMPROVE SURGICAL AND MEDICAL PROCEDURES AND OUTCOMES FOR PATIENTS. THIS TYPE OF TRAINING IS TYPICALLY ONLY AVAILABLE IN MAJOR ACADEMIC MEDICAL CENTERS AND INCLUDES SOPHISTICATED LIFE LIKE TECHNOLOGY FEATURING HIGH FIDELITY MANNEQUINS THAT SIMULATE REAL LIFE MEDICAL SITUATIONS. PARTICIPANTS INCLUDED SURGEONS, RESIDENTS, MED STUDENTS, NURSES, EMERGENCY MEDICAL TECHNICIANS, MILITARY PERSONNEL AND ALLIED HEALTH PROFESSIONALS.

ALSO IN FEBRUARY 2013 AAMC OPENED THE HACKERMAN-PATZ HOSPITALITY HOUSE. THIS HOMELIKE LODGING FACILITY IS DESIGNED TO MEET THE NEEDS OF PATIENTS AND THEIR FAMILIES SO THEY MAY STAY CLOSE TO THE HOSPITAL WHERE LOVED ONES RECEIVE TREATMENT. THE FACILITY HOUSES 20 PRIVATE

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

GUEST ROOMS AS WELL AS A GREAT ROOM, FULLY FURNISHED KITCHEN AND
PLAYROOM.

FORM 990, PAGE 3, PART IV, LINE 10

FUNDS ARE HELD IN AN ENDOWMENT AND ARE REPORTED ON THE FORM 990 FOR THE
ANNE ARUNDEL MEDICAL CENTER FOUNDATION. THE FOUNDATION PROVIDES THESE
FUNDS TO THE AFFILIATED ANNE ARUNDEL ENTITIES, INCLUDING ANNE ARUNDEL
MEDICAL CENTER, IN ORDER TO FURTHER THE EXEMPT PURPOSE OF THE HEALTH
SYSTEM.

Public Disclosure Copy

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

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

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
ANNE ARUNDEL GENERAL TREATMENT SERVICES, INC. - 52-1722088, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401	ALCOHOL & DRUG ABUSE TREATMENT SERVICES	MARYLAND	501(C)(3)	3	ANNE ARUNDEL MEDICAL CENTER, INC.	X	
ANNE ARUNDEL HEALTH CARE SERVICES, INC. - 52-1467734, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401	OUTPATIENT DIAGNOSTICS AND IMAGING SERVICES	MARYLAND	501(C)(3)	3	ANNE ARUNDEL MEDICAL CENTER, INC.	X	
ANNE ARUNDEL HEALTH SYSTEMS, INC. - 52-1622253, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401	SUPPORT HEALTH CARE RELATED ENTITIES	MARYLAND	501(C)(3)	10	N/A		X
ANNE ARUNDEL MEDICAL CENTER FOUNDATION, INC. - 52-1331298, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401	SUPPORTING ORGANIZATION OF AAHS, INC AND SUBSIDIARIES	MARYLAND	501(C)(3)	12B	ANNE ARUNDEL HEALTH SYSTEM, INC.		X

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

Schedule R (Form 990) 2016

SEE PART VII FOR CONTINUATIONS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
ANNE ARUNDEL REAL ESTATE HOLDING COMPANY, INC. - 52-1622251, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401	REAL ESTATE HOLDING COMPANY	MARYLAND	501(C)(2)		ANNE ARUNDEL HEALTH SYSTEM, INC.		X
ANNE ARUNDEL HEALTH SYSTEM RESEARCH INSTITUTE, INC. - 26-3038406, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401	MEDICAL RESEARCH	MARYLAND	501(C)(3)	4	ANNE ARUNDEL HEALTH SYSTEM, INC.		X
PHYSICIAN ENTERPRISE, LLC - 27-0263214 2001 MEDICAL PARKWAY ANNAPOLIS, MD 21401	EMPLOYS PHYSICIANS	MARYLAND	501(C)(3)	3	ANNE ARUNDEL HEALTH SYSTEM, INC.		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	
MEDICAL OFFICE, LLC - 20-2290229, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401	MEDICAL REAL ESTATE LEASING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ANNAPOLIS EXCHANGE, LOT IV, LLC - 52-2020156, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401	COMMERCIAL REAL ESTATE LEASING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ANNAPOLIS EXCHANGE, LOT V, LLC - 52-2020157, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401	MEDICAL REAL ESTATE LEASING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
KENT ISLAND MEDICAL ARTS, LLC - 26-0623450, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401	MEDICAL REAL ESTATE LEASING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		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
ANNE ARUNDEL HEALTH CARE ENTERPRISES, INC. - 52-1646304, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
PAVILION PARK, INC. - 52-1890034 2001 MEDICAL PARKWAY ANNAPOLIS, MD 21401	REAL ESTATE LEASING	MD	N/A	C CORP	N/A	N/A	N/A		X
COTTAGE INSURANCE COMPANY, LTD. - 98-0461499 P.O. BOX 10233 GRAND CAYMAN, CAYMAN ISLANDS CJ KY1-110	CAPTIVE INSURER - PROFESSIONAL LIABILITY INSURANCE	CAYMAN ISLANDS	ANNE ARUNDEL MEDICAL CENTER, INC	C CORP	-1,017,048.	51,399,736.	100%	X	

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.

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?

	Yes	No
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) ANNE ARUNDEL GENERAL TREATMENT SERVICES, INC.	Q	74,980.	FMV
(2) ANNE ARUNDEL HEALTH CARE ENTERPRISES, INC.	Q	350,983.	FMV
(3) ANNE ARUNDEL HEALTH CARE SERVICES, INC.	Q	56,514.	FMV
(4) ANNE ARUNDEL HEALTH SYSTEM RESEARCH INSTITUTE, INC.	J	104,531.	FMV
(5) ANNE ARUNDEL HEALTHCARE ENTERPRISES, INC.	Q	222,252.	FMV
(6) ANNE ARUNDEL MEDICAL CENTER FOUNDATION, INC.	C	2,516,708.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

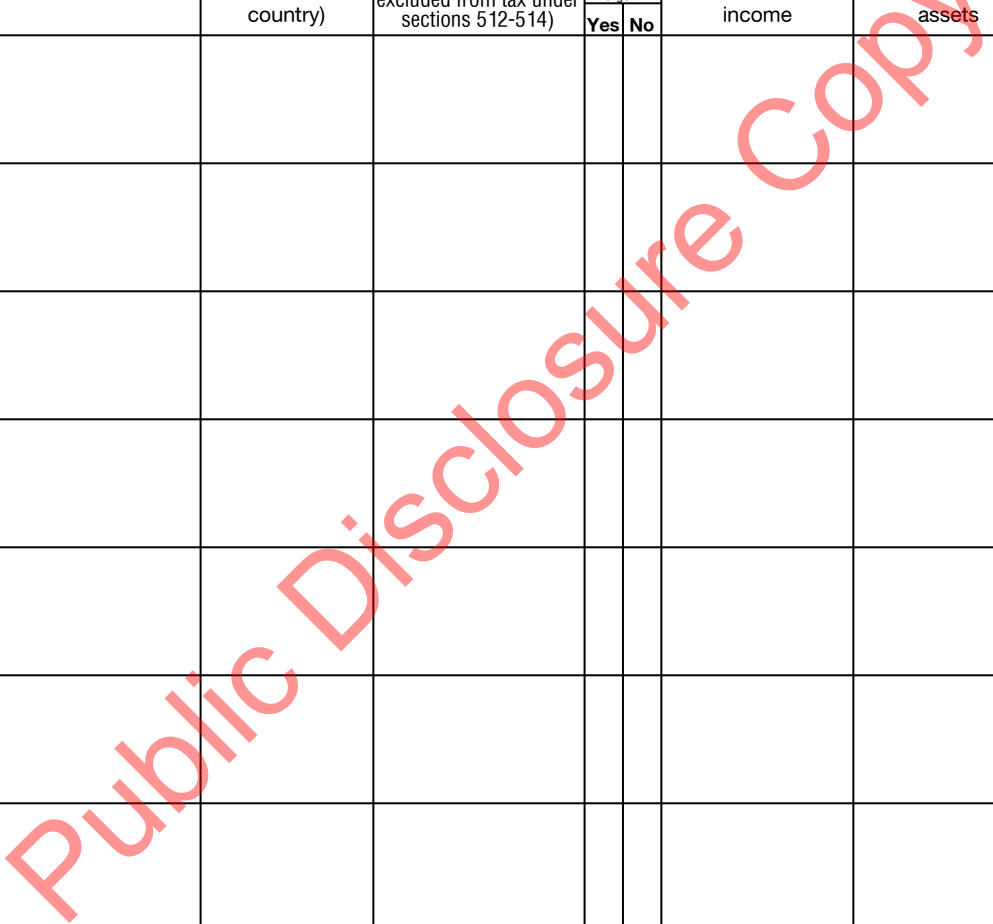
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)ANNAPOLIS EXCHANGE LOT IV	K	75,581.	FMV
ANNE ARUNDEL REAL ESTATE HOLDING COMPANY, (8)INC. (BLUE BUILDING)	J	859,500.	FMV
(9)COTTAGE INSURANCE COMPANY, LTD.	R	2,660,000.	FMV
(10)KENT ISLAND MEDICAL ARTS, LLC	K	48,560.	FMV
(11)MEDICAL OFFICE, LLC	K	659,665.	FMV
(12)MEDICAL OFFICE, LLC	A	172,368.	FMV
(13)MEDICAL OFFICE, LLC	A	75,908.	FMV
(14)PHYSICIAN ENTERPRISE	B	22,701,129.	FMV
ANNE ARUNDEL REAL ESTATE HOLDING COMPANY, (15)INC. (BLUE BUILDING)	K	3,915,061.	FMV
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Public Disclosure Copy

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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	



632164 09-06-16

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

ANNE ARUNDEL GENERAL TREATMENT SERVICES, INC.

DIRECT CONTROLLING ENTITY: ANNE ARUNDEL MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

ANNE ARUNDEL HEALTH CARE SERVICES, INC.

DIRECT CONTROLLING ENTITY: ANNE ARUNDEL MEDICAL CENTER, INC.

Public Disclosure Copy

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2016)

Public Disclosure COPY

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ANNE ARUNDEL MEDICAL CENTER, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 2001 MEDICAL PARKWAY City or town, state or province, country, and ZIP or foreign postal code ANNAPOLIS, MD 21401	D Employer identification number (Employees' trust, see instructions.) 52-1169362 E Unrelated business activity codes (See instructions.) 900099 541900
---	---------------------	---	--

C Book value of all assets at end of year 914,393,189.	F Group exemption number (See instructions.) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	
---	---	--

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶ **SEE STATEMENT 4**

J The books are in care of ▶ **SANDRA HUFFER** Telephone number ▶ **(443) 481-6554**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 573,235.			
b	Less returns and allowances c Balance ▶	1c		
		573,235.		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		573,235.
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	32,868.	32,868.
6	Rent income (Schedule C)	6	STMT 2	
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	606,103.	606,103.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	573,235.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	1,208.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	1,000.
29	Total deductions. Add lines 14 through 28	29	575,443.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	30,660.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	30,660.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	29,660.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <u>29,660.</u> (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34 SEE STATEMENT 5	35c	4,449.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	1,483.
39 Tax on Non-Compliant Facility Income. See instructions		39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	5,932.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit. Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	5,932.
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	5,932.
45a	Payments: A 2015 overpayment credited to 2016	45a	
b	2016 estimated tax payments	45b	
c	Tax deposited with Form 8868	45c	3,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46	Total payments. Add lines 45a through 45g	46	3,000.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	183.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	3,115.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here CAYMAN ISLANDS	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ CFO _____ Title _____

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LORI S. BURGHAUSER	LORI S. BURGHAUSER	05/03/18		P00370694
	Firm's name SC&H TAX & ADVISORY SERVICES, LLC	Firm's EIN 20-5991824		Firm's address 910 RIDGEBROOK ROAD SPARKS, MD 21152	
	Phone no. (410) 403-1500				

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A) 0.		Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8				0.

Form 990-T (2016)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

**SCHEDULE O
(Form 1120)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Information about Schedule O (Form 1120) and its instructions is available at www.irs.gov/form1120.

OMB No. 1545-0123

Name ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number 52-1169362
--	---

Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b From _____, until _____.

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending **JUNE 30, 2016**, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a Elected by the component members of the group.
- b Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending _____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c The corporation has a short tax year that does not include December 31.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2012)

613335 04-01-16 JWA

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))
1	ANNE ARUNDEL MEDICAL CENTER, INC.	52-1169362 17-06	29,660.	0.	0.		29,660.
2	PAVILION PARK, INC.	52-1890034 17-06	3,840.	25,000.	2,196,790.		2,225,630.
3	ANNE ARUNDEL REAL ESTATE HOLDING CO., INC.	52-1622251 17-06	16,500.	0.	0.		16,500.
4	ANNE ARUNDEL HEALTH CARE ENTERPRISES, INC.	52-1646304 17-06	0.	0.	0.		0.
5	PHYSICIAN ENTERPRISE, LLC	27-0263214 17-06	0.	0.	0.		0.
6							
7							
8							
9							
10							
11							
12							
Total			50,000.	25,000.	2,196,790.		2,271,790.

Schedule O (Form 1120) (Rev. 12-2012)

Public Disclosure Copy

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1 ANNE ARUNDEL MEDICAL CENTER, INC.	4,449.	0.	0.		0.		4,449.
2 PAVILION PARK, INC.	576.	6,250.	746,909.		11,750.		765,485.
3 ANNE ARUNDEL REAL ESTATE HOLDING CO., INC.	2,475.	0.	0.		0.		2,475.
4 ANNE ARUNDEL HEALTH CARE ENTERPRISES, INC.	0.	0.	0.		0.		
5 PHYSICIAN ENTERPRISE, LLC	0.	0.	0.		0.		
6							
7							
8							
9							
10							
11							
12							
Total	7,500.	6,250.	746,909.		11,750.		772,409.

Schedule O (Form 1120) (Rev. 12-2012)

Public Disclosure Copy

Part IV Other Apportionments (See instructions)

(a) Group member's name	Other Apportionments				
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 ANNE ARUNDEL MEDICAL CENTER, INC.	0.	0.			
2 PAVILION PARK, INC.	0.	0.			
3 ANNE ARUNDEL REAL ESTATE HOLDING CO., INC.	0.	0.			
4 ANNE ARUNDEL HEALTH CARE ENTERPRISES, INC.	0.	0.			
5 PHYSICIAN ENTERPRISE, LLC	0.	0.			
6					
7					
8					
9					
10					
11					
12					
Total					

Schedule O (Form 1120) (Rev. 12-2012)

Public Disclosure Copy

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2016

Name ANNE ARUNDEL MEDICAL CENTER, INC.		Employer identification number 52-1169362
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	1 29,660.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	2a
b	Amortization of certified pollution control facilities	2b
c	Amortization of mining exploration and development costs	2c
d	Amortization of circulation expenditures (personal holding companies only)	2d
e	Adjusted gain or loss	2e
f	Long-term contracts	2f
g	Merchant marine capital construction funds	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h
i	Tax shelter farm activities (personal service corporations only)	2i
j	Passive activities (closely held corporations and personal service corporations only)	2j
k	Loss limitations	2k
l	Depletion	2l
m	Tax-exempt interest income from specified private activity bonds	2m
n	Intangible drilling costs	2n
o	Other adjustments and preferences	2o
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3 29,660.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	4a 29,660.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b 0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d
e	ACE adjustment. <ul style="list-style-type: none"> If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	4e 0.
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT	5 29,660.
6	Alternative tax net operating loss deduction. See instructions	6
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7 29,660.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a 0.
b	Multiply line 8a by 25% (0.25)	8b 0.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c 0.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9 29,660.
10	Multiply line 9 by 20% (0.20)	10 5,932.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11
12	Tentative minimum tax. Subtract line 11 from line 10	12 5,932.
13	Regular tax liability before applying all credits except the foreign tax credit	13 4,449.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14 1,483.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2016)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	29,660.
2	ACE depreciation adjustment:			
a	AMT depreciation	2a		
b	ACE depreciation:			
(1)	Post-1993 property	2b(1)		
(2)	Post-1989, pre-1994 property	2b(2)		
(3)	Pre-1990 MACRS property	2b(3)		
(4)	Pre-1990 original ACRS property	2b(4)		
(5)	Property described in sections 168(f)(1) through (4)	2b(5)		
(6)	Other property	2b(6)		
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income	3a		
b	Death benefits from life insurance contracts	3b		
c	All other distributions from life insurance contracts (including surrenders)	3c		
d	Inside buildup of undistributed income in life insurance contracts	3d		
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P:			
a	Certain dividends received	4a		
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043)	4b		
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5	Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs	5a		
b	Circulation expenditures	5b		
c	Organizational expenditures	5c		
d	LIFO inventory adjustments	5d		
e	Installment sales	5e		
f	Total other E&P adjustments. Combine lines 5a through 5e		5f	
6	Disallowance of loss on exchange of debt pools		6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8	Depletion		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	29,660.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

INCOME PASSTHROUGH FROM ALTERNATIVE INVESTMENT

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 2

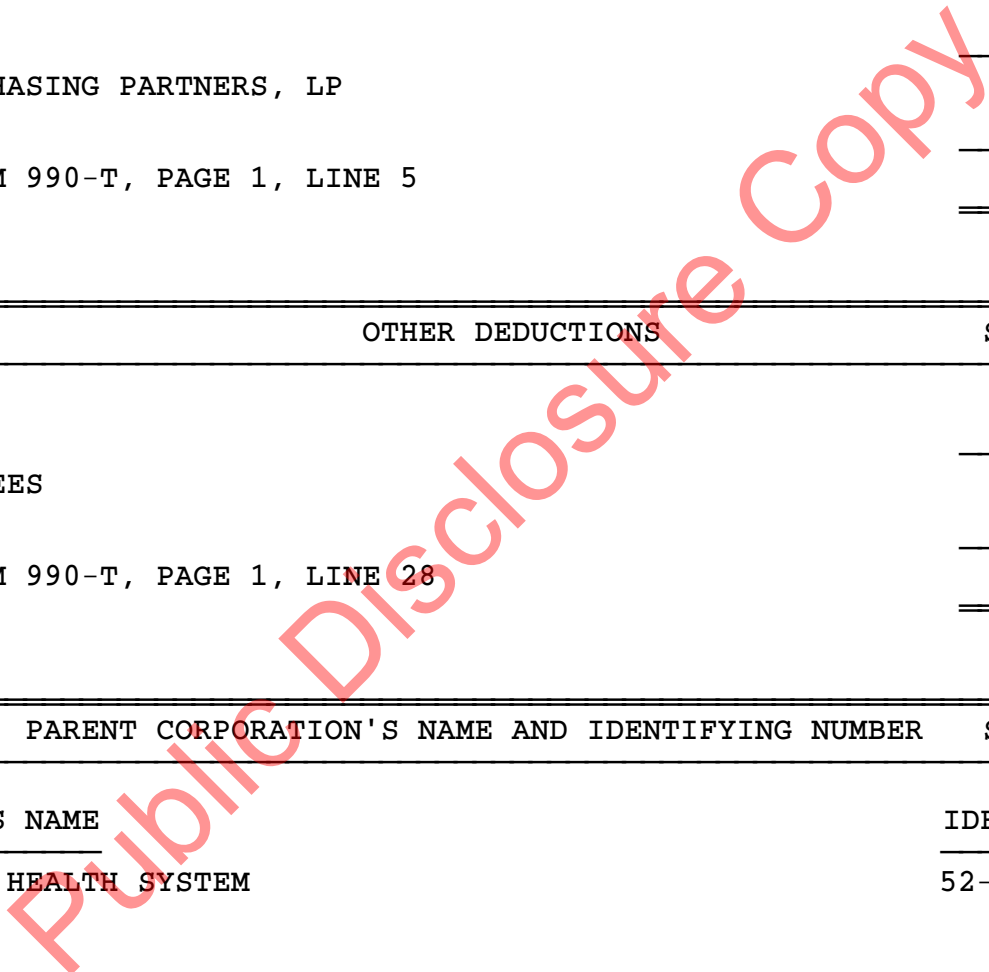
DESCRIPTION	AMOUNT
PREMIER PURCHASING PARTNERS, LP	32,868.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	32,868.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
ACCOUNTING FEES	1,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,000.

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 4

CORPORATION'S NAME	IDENTIFYING NO
ANNE ARUNDEL HEALTH SYSTEM	52-1622253



FORM 990-T

TAX COMPUTATION

STATEMENT 5

1.	TAXABLE INCOME	29,660	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	29,660	
3.	LINE 1 LESS LINE 2	0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	0	
5.	LINE 3 LESS LINE 4	0	
6.	INCOME SUBJECT TO 34% TAX RATE	0	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	4,449	
9.	25 PERCENT OF LINE 4	0	
10.	34 PERCENT OF LINE 6	0	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX.	0	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C		4,449

Public Disclosure Copy

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) ANNE ARUNDEL MEDICAL CENTER, INC.					Identifying Number **-*****
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/15/16	1,483.	1,483.	61	.000109290	10.
12/15/16	1,483.	2,966.	16	.000109290	5.
12/31/16	0.	2,966.	74	.000109589	24.
03/15/17	1,483.	4,449.	92	.000109589	45.
06/15/17	1,483.	5,932.	153	.000109589	99.

Penalty Due (Sum of Column F).

* Date of estimated tax payment, withholding credit date or installment due date.

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

2016

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Name **ANNE ARUNDEL MEDICAL CENTER, INC.** Employer identification number **52-1169362**

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)		1	5,932.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1			
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method			
2c	Credit for federal tax paid on fuels (see instructions)			
2d	Total. Add lines 2a through 2c			
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty		3	5,932.
4	Enter the tax shown on the corporation's 2015 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	5,932.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	10/15/16	12/15/16	03/15/17	06/15/17
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.	1,483.	1,483.	1,483.	1,483.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions				
<i>Complete lines 12 through 18 of one column before going to the next column.</i>				
12 Enter amount, if any, from line 18 of the preceding column				
13 Add lines 11 and 12				
14 Add amounts on lines 16 and 17 of the preceding column		1,483.	2,966.	4,449.
15 Subtract line 14 from line 13. If zero or less, enter -0-	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		1,483.	2,966.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	1,483.	1,483.	1,483.	1,483.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2016 and before 7/1/2016	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{366}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2016 and before 10/1/2016	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{366}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2016 and before 1/1/2017	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{366}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2016 and before 4/1/2017	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2017 and before 7/1/2017	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2017 and before 10/1/2017	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2017 and before 1/1/2018	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2017 and before 3/16/2018	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	38 \$			183.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)					Identifying Number
ANNE ARUNDEL MEDICAL CENTER, INC.					**-*****
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/15/16	1,483.	1,483.	61	.000109290	10.
12/15/16	1,483.	2,966.	16	.000109290	5.
12/31/16	0.	2,966.	74	.000109589	24.
03/15/17	1,483.	4,449.	92	.000109589	45.
06/15/17	1,483.	5,932.	153	.000109589	99.
Penalty Due (Sum of Column F).					183.

* Date of estimated tax payment, withholding credit date or installment due date.

Form **5471**

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

OMB No. 1545-0704

(Rev. December 2015)
Department of the Treasury
Internal Revenue Service

► For more information about Form 5471, see www.irs.gov/form5471
Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JUL 1, 2016**, and ending **JUN 30, 2017**

Attachment
Sequence No. **121**

Name of person filing this return ANNE ARUNDEL MEDICAL CENTER, INC. <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> 2001 MEDICAL PARKWAY City or town, state, and ZIP code ANNAPOLIS, MD 21401	A Identifying number 52-1169362 B Category of filer (See instructions. Check applicable box(es): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.00 %
Filer's tax year beginning JUL 1, 2016 , and ending JUN 30, 2017	

D Check if any excepted specified foreign financial assets are reported on this form (see instructions)

E Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation COTTAGE INSURANCE COMPANY, LTD P.O. BOX 10233 GRAND CAYMAN KY1-1002 CAYMAN ISLANDS				b(1) Employer identification number, if any ** - * * * * *
b(2) Reference ID number (see instructions)				
c Country under whose laws incorporated CAYMAN ISLANDS				
d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency
06/06/05	CAYMAN ISLANDS	524150	SELF INSURANCE	UNITED STATES, DOLLAR

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">(i) Taxable income or (loss)</td> <td style="width:50%; vertical-align: top;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				
c Name and address of foreign corporation's statutory or resident agent in country of incorporation ARTEX RISK SOLUTIONS (CAYMAN) LTD P.O. BOX 10233 GRAND CAYMAN KY1-1002 CAYMAN ISLANDS	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different				

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	120,000	120,000

LHA For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2015)

Schedule B U.S. Shareholders of Foreign Corporation

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
ANNE ARUNDEL MEDICAL CTR 2001 MEDICAL PARKWAY ANNAPOLIS MD 21401 **_*****	COMMON	120,000	120,000	100.00%

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a	2,660,000.
	b Returns and allowances	1b	
	c Subtract line 1b from line 1a	1c	2,660,000.
	2 Cost of goods sold	2	
	3 Gross profit (subtract line 2 from line 1c)	3	2,660,000.
	4 Dividends	4	
	5 Interest	5	632,998.
	6a Gross rents	6a	
	b Gross royalties and license fees	6b	
7 Net gain or (loss) on sale of capital assets	7	1,177,536.	
8 Other income (attach statement)	8		
9 Total income (add lines 3 through 8)	9	4,470,534.	
Deductions	10 Compensation not deducted elsewhere	10	
	11a Rents	11a	
	b Royalties and license fees	11b	
	12 Interest	12	
	13 Depreciation not deducted elsewhere	13	
	14 Depletion	14	
	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15	
	16 Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes) SEE STATEMENT 6	16	5,487,582.
17 Total deductions (add lines 10 through 16)	17	5,487,582.	
Net Income	18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	18	-1,017,048.
	19 Extraordinary items and prior period adjustments	19	
	20 Provision for income, war profits, and excess profits taxes	20	
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21	-1,017,048.

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	2,056,703.	3,581,825.
2a	Trade notes and accounts receivable		
b	Less allowance for bad debts	()	()
3	Inventories		
4	Other current assets (attach statement) SEE STATEMENT 7	7,575,537.	26,172,246.
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement) SEE STATEMENT 8	22,685,840.	21,645,665.
8a	Buildings and other depreciable assets		
b	Less accumulated depreciation	()	()
9a	Depletable assets		
b	Less accumulated depletion	()	()
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c	()	()
12	Other assets (attach statement)		
13	Total assets	32,318,080.	51,399,736.
Liabilities and Shareholders' Equity			
14	Accounts payable	87,615.	272,258.
15	Other current liabilities (attach statement)		
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement) SEE STATEMENT 9	22,224,279.	42,138,340.
18	Capital stock:		
a	Preferred stock		
b	Common stock	120,000.	120,000.
19	Paid-in or capital surplus (attach reconciliation) SEE STATEMENT 10	2,463,021.	2,463,021.
20	Retained earnings	7,423,165.	6,406,117.
21	Less cost of treasury stock	()	()
22	Total liabilities and shareholders' equity	32,318,080.	51,399,736.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During the tax year, did the foreign corporation own an interest in any trust?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Schedule H Current Earnings and Profits

Important: Enter the amounts on lines 1 through 5c in functional currency.

1 Current year net income or (loss) per foreign books of account	1	-1,017,048.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
a Capital gains or losses	Net Additions	Net Subtractions
b Depreciation and amortization		963,507.
c Depletion		
d Investment or incentive allowance		
e Charges to statutory reserves		
f Inventory adjustments		
g Taxes		
h Other (attach statement) STATEMENT 11	3,533,398.	2,660,000.
3 Total net additions	3,533,398.	
4 Total net subtractions		3,623,507.
5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a	-1,107,157.
b DASTM gain or (loss) for foreign corporations that use DASTM	5b	
c Combine lines 5a and 5b	5c	-1,107,157.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations)	5d	-1,107,157.
Enter exchange rate used for line 5d ▶ 1.000000		

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶ ANNE ARUNDEL MEDICAL CENTER, INC. Identifying number ▶ 52-1169362

1 Subpart F income (line 38b, Worksheet A in the instructions)	1	0.
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5 Factoring income	5	
6 Total of lines 1 through 5. Enter here and on your income tax return	6	0.
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8 Exchange gain or (loss) on a distribution of previously taxed income	8	

• Was any income of the foreign corporation blocked?	Yes	No
• Did any such income become unblocked during the tax year (see section 964(b))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Did any such income become unblocked during the tax year (see section 964(b))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to either question is "Yes," attach an explanation.

FORM 5471

OTHER DEDUCTIONS

STATEMENT 6

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
UNDERWRITING EXPENSES			5,059,010.
ADMINISTRATIVE EXPENSES			428,572.
TOTAL TO 5471, SCHEDULE C, LINE 16			5,487,582.

FORM 5471

OTHER CURRENT ASSETS

STATEMENT 7

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
INTEREST RECEIVABLE	25,255.	22,179.
OUTSTANDING CLAIMS RESERVES RECOVERABLE	7,523,000.	26,090,000.
PREPAID EXPENSES	5,793.	5,793.
ESCROW ACCOUNT	4,309.	37,094.
OTHER RECIEVABLES	17,180.	17,180.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4	7,575,537.	26,172,246.

FORM 5471

OTHER INVESTMENTS

STATEMENT 8

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
EQUITY MUTUAL FUNDS	4,778,847.	6,064,830.
FIXED INCOME MUTUAL FUNDS	12,309,890.	9,347,122.
EXCHANGE TRADED FUNDS	4,117,887.	4,661,903.
MULTI-STRATEGY FUND	1,479,216.	1,571,810.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 7	22,685,840.	21,645,665.

FORM 5471

OTHER LIABILITIES

STATEMENT 9

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PROVISION FOR ADVERSE CLAIMS DEVELOPMENT	19,586,999.	34,162,652.
PROVISION FOR REPORTED CLAIMS	1,637,280.	7,975,688.
DIVIDENDS PAYABLE	1,000,000.	0.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17	<u>22,224,279.</u>	<u>42,138,340.</u>

FORM 5471

RECONCILIATION OF PAID-IN OR CAPITAL SURPLUS

STATEMENT 10

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
ADDITIONAL PAID-IN CAPITAL BALANCE AS OF J	2,463,021.	2,463,021.

FORM 5471

OTHER NET ADJUSTMENTS

STATEMENT 11

DESCRIPTION	NET ADDITIONS	NET SUBTRACTIONS
RELATED PARTY PREMIUMS		2,660,000.
RELATED PARTY CLAIMS PAID	3,533,398.	
TOTAL TO 5471, PAGE 4, SCHEDULE H, LINE 2H	<u>3,533,398.</u>	<u>2,660,000.</u>

**SCHEDULE J
(Form 5471)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

► Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Identifying number

ANNE ARUNDEL MEDICAL CENTER, INC.

52-1169362

Name of foreign corporation

EIN (if any)

Reference ID number

COTTAGE INSURANCE COMPANY, LTD

98-0461499

Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1 Balance at beginning of year	-1,727,851.					-1,727,851.
2a Current year E&P						
b Current year deficit in E&P	1,107,157.					
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	-2,835,008.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	-2,835,008.					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	-2,835,008.					-2,835,008.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE M
(Form 5471)**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0704

▶ Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.

▶ Attach to Form 5471.

Name of person filing Form 5471 ANNE ARUNDEL MEDICAL CENTER, INC.	Identifying number 52-1169362
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Name of foreign corporation COTTAGE INSURANCE COMPANY, LTD	EIN (if any) 98-0461499	Reference ID number
--	-----------------------------------	---------------------

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **UNITED STATES, DOLLAR**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income)					
10 Interest received					
11 Premiums received for insurance or reinsurance	1,043,193.				
12 Add lines 1 through 11	1,043,193.				
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade					
15 Purchases of property rights (patents, trademarks, etc.)					
16 Platform contribution transaction payments paid					
17 Cost sharing transaction payments paid					
18 Compensation paid for technical, managerial, engineering, construction, or like services					
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
26 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

Worksheet A - Foreign Base Company Income and Insurance Income and Summary of U.S. Shareholder's Pro Rata Share of Subpart F Income of a CFC

Enter the amounts on lines 1a through 38a in functional currency.

1 Gross foreign personal holding company income:			
a	Dividends, interest, royalties, rents, and annuities (section 954(c)(1)(A) (excluding amounts described in sections 954(c)(2), (3), and (6)))	1a	
b	Excess of gains over losses from certain property transactions (section 954(c)(1)(B))	1b	
c	Excess of gains over losses from commodity transactions (section 954(c)(1)(C))	1c	
d	Excess of foreign currency gains over foreign currency losses (section 954(c)(1)(D))	1d	
e	Income equivalent to interest (section 954(c)(1)(E))	1e	
f	Net income from a notional principal contract (section 954(c)(1)(F))	1f	
g	Payments in lieu of dividends (section 954(c)(1)(G))	1g	
h	Certain amounts received for services under personal service contracts (see section 954(c)(1)(H))	1h	
i	Certain amounts from sales of partnership interests to which the look-through rule of section 954(c)(4) applies	1i	
2	Gross foreign personal holding company income. Add lines 1a through 1i	2	
3	Gross foreign base company sales income (see section 954(d))	3	
4	Gross foreign base company services income (see section 954(e))	4	
5	Gross foreign base company oil-related income (see section 954(g)) after application of section 954(b)(6)	5	
6	Gross foreign base company income. Add lines 2 through 5	6	
7	Gross insurance income (see sections 953 and 954(b)(3)(C) and the instructions for lines 20 and 21)	7	
8	Gross foreign base company income and gross insurance income. Add lines 6 and 7	8	
9	Enter 5% of total gross income (as computed for income tax purposes)	9	
10	Enter 70% of total gross income (as computed for income tax purposes)	10	
11	If line 8 is less than line 9 and less than \$1 million, enter -0- on this line and skip lines 12 through 21	11	
12	If line 8 is more than line 10, enter total gross income (as computed for income tax purposes)	12	0.
13	Total adjusted gross foreign base company income and insurance income (enter the greater of line 8 or line 12)	13	
14 Adjusted net foreign personal holding company income:			
a	Enter amount from line 2	14a	
b	Expenses directly related to amount on line 2	14b	
c	Subtract line 14b from line 14a	14c	
d	Related person interest expense (see section 954(b)(5))	14d	
e	Other expenses allocated and apportioned to the amount on line 2 under section 954(b)(5)	14e	
f	Net foreign personal holding company income. Subtract the sum of lines 14d and 14e from line 14c	14f	
g	Net foreign personal holding company income excluded under high-tax exception	14g	
h	Subtract line 14g from line 14f	14h	
15 Adjusted net foreign base company sales income:			
a	Enter amount from line 3	15a	
b	Expenses allocated and apportioned to the amount on line 3 under section 954(b)(5)	15b	
c	Net foreign base company sales income. Subtract line 15b from line 15a	15c	
d	Net foreign base company sales income excluded under high-tax exception	15d	
e	Subtract line 15d from line 15c	15e	
16 Adjusted net foreign base company services income:			
a	Enter amount from line 4	16a	
b	Expenses allocated and apportioned to line 4 under section 954(b)(5)	16b	
c	Net foreign base company services income. Subtract line 16b from line 16a	16c	
d	Net foreign base company services income excluded under high-tax exception	16d	
e	Subtract line 16d from line 16c	16e	

Worksheet A (continued)

17 Adjusted net foreign base company oil-related income:		
a Enter amount from line 5	17a	
b Expenses allocated and apportioned to line 5 under section 954(b)(5)	17b	
c Subtract line 17b from line 17a		17c
18 Adjusted net full inclusion foreign base company income:		
a Enter the excess, if any, of line 12 over line 8	18a	
b Expenses allocated and apportioned under section 954(b)(5)	18b	
c Net full inclusion foreign base company income. Subtract line 18b from line 18a	18c	
d Net full inclusion foreign base company income excluded under high-tax exception	18d	
e Subtract line 18d from line 18c		18e
19 Adjusted net foreign base company income. Add lines 14h, 15e, 16e, 17c, and 18e		19
20 Adjusted net insurance income (other than related person insurance income):		
a Enter amount from line 7 (other than related person insurance income)	20a	
b Expenses allocated and apportioned to the amount from line 7 under section 953	20b	
c Net insurance income. Subtract line 20b from line 20a	20c	
d Net insurance income excluded under high-tax exception	20d	
e Subtract line 20d from line 20c		20e
21 Adjusted net related person insurance income:		
a Enter amount from line 7 that is related person insurance income	21a	
b Expenses allocated and apportioned to related person insurance income under section 953	21b	
c Net related person insurance income. Subtract line 21b from line 21a	21c	
d Net related person insurance income excluded under high-tax exception	21d	
e Subtract line 21d from line 21c		21e
22 International boycott income (section 952(a)(3))		22
23 Illegal bribes, kickbacks, and other payments (section 952(a)(4))		23
24 Income described in section 952(a)(5) (see instructions)		24
25 Subpart F income before application of sections 952(b) and (c) and section 959(b). Add lines 19, 20e, 21e, and 22 through 24		25
26 Enter portion of line 25 that is U.S. source income effectively connected with a U.S. trade or business (section 952(b))		26
27 Exclusions under section 959(b)		27
28 Total subpart F income. Subtract the sum of lines 26 and 27 from line 25		28
29 Current E&P		29
30 Enter the smaller of line 28 or line 29		30
31 Shareholder's pro rata share of line 30		31
32 Shareholder's pro rata share of export trade income		32
33 Subtract line 32 from line 31		33
34 Divide the number of days in the tax year that the corporation was a CFC by the number of days in the tax year and multiply the result by line 33		34
35 Dividends paid to any other person with respect to your stock during the tax year		35
36 Divide the number of days in the tax year you did not own such stock by the number of days in the tax year and multiply the result by line 33		36
37 Enter the smaller of line 35 or line 36		37
38a Shareholder's pro rata share of subpart F income. Subtract line 37 from line 34		38a
b Translate the amount on line 38a from functional currency to U.S. dollars at the average exchange rate. See section 989(b). Enter the result here and on line 1, Schedule I		38b

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ **Information about Form 926 and its separate instructions is at www.irs.gov/form926.**
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

Part I U.S. Transferor Information (see instructions)

Name of transferor ANNE ARUNDEL MEDICAL CENTER, INC.	Identifying number (see instructions) ** _ * * * * *
--	---

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation ANNE ARUNDEL HEALTH SYSTEM, INC.	EIN of parent corporation 52-1622253
---	--

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership N/A	EIN of partnership
-----------------------------------	--------------------

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) COTTAGE INSURANCE COMPANY, LTD.	4a Identifying number, if any ** _ * * * * *
--	---

5 Address (including country) P.O. BOX 10233 GRAND CAYMAN KY1-1002 CAYMAN ISLANDS	4b Reference ID number
---	------------------------

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/06/2016		2,660,000.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Public Disclosure Copy

Supplemental Information Required To Be Reported (see instructions):

SEE STATEMENT 12

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 100.0000 % (b) After 100.0000 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

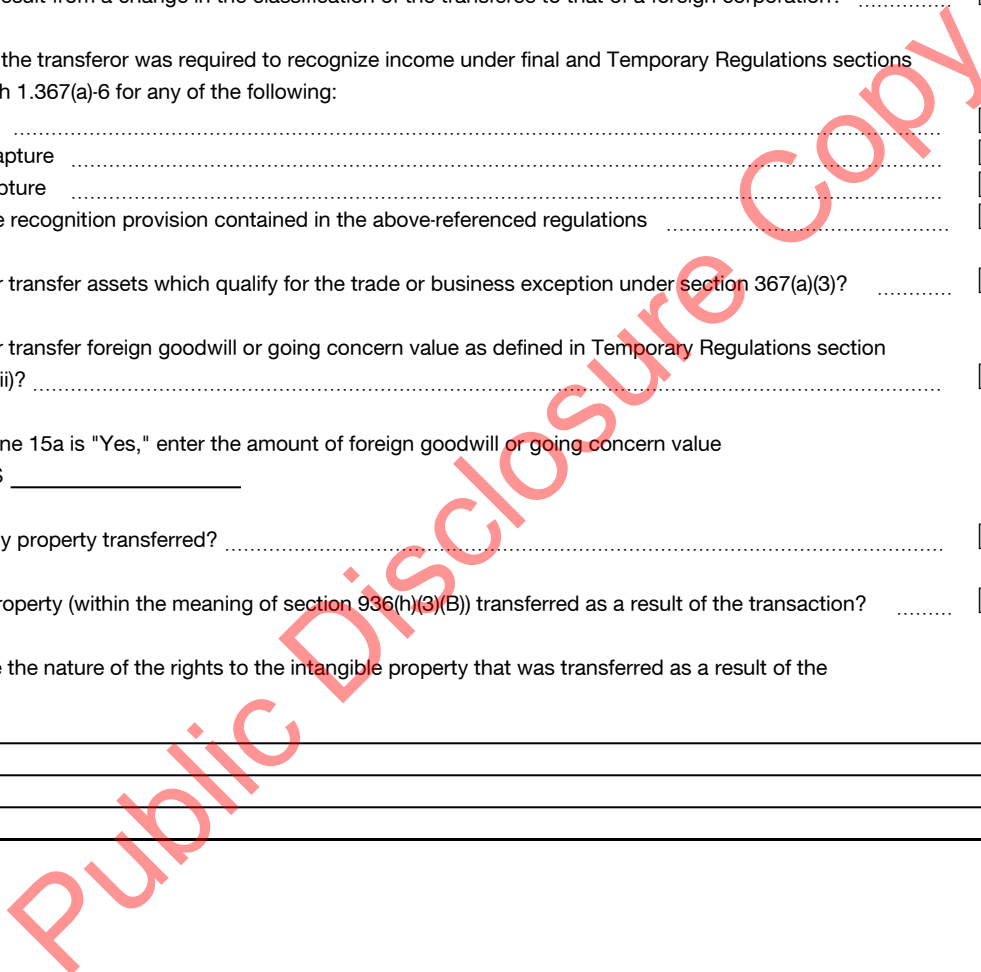
b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.



STATEMENT PURSUANT TO SECTION 1.351-3(A) BY ANNE ARUNDEL MEDICAL CENTER, INC., 52-1169362, A SIGNIFICANT TRANSFEROR:

ANNE ARUNDEL MEDICAL CENTER, INC., ON JULY 6, 2016, TRANSFERRED CASH WITH AN AGGREGATE FAIR MARKET VALUE AND A BASIS OF \$2,660,000 TO COTTAGE INSURANCE COMPANY, LTD. NO PRIVATE LETTER RULINGS WERE ISSUED BY THE INTERNAL REVENUE SERVICE IN CONNECTION WITH THE SECTION 351 EXCHANGE.

Public Disclosure Copy

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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	
Type or print	Name of exempt organization or other filer, see instructions. ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number (EIN) or 52-1169362
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2001 MEDICAL PARKWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANNAPOLIS, MD 21401	

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

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

SANDRA HUFFER

• The books are in the care of ▶ **2001 MEDICAL PARKWAY - ANNAPOLIS, MD 21401**
Telephone No. ▶ **(443) 481-6554** 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 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

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 Forms 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 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.	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.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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	
Type or print	Name of exempt organization or other filer, see instructions. ANNE ARUNDEL MEDICAL CENTER, INC.	Employer identification number (EIN) or 52-1169362
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2001 MEDICAL PARKWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANNAPOLIS, MD 21401	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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
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- 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.

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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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	3,000.
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.	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	\$	3,000.

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