Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2013

Prepared for	Union Hospital of Cecil County, Inc. 106 Bow Street Elkton, MD 21921-5596
Prepared by	ParenteBeard LLC 1650 Market Street, Suite 4500 Philadelphia, PA 19103
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2014.

Form 990
Department of the Treasury
Internal Revenue Service

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

benefit trust or private foundation)



The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For the	m 2012 calendar year, or tax year beginning $ m JUL1$, $ m 2012$ and end	ding J	UN 30, 2013	
B	Check if applicable	e: C Name of organization		D Employer identifie	cation number
Change UNION HOSPITAL OF CECIL COUNTY, INC.					
	Name Change			52-0	607945
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number	r
	Termin ated	100 DOW SIKEEI		(410	
	Ameno	City, town, or post office, state, and ZIP code		G Gross receipts \$	162,769,500.
	Applic tion pendir	ELECTOR, MD $21921-3390$		H(a) Is this a group re	
	pendir	F Name and address of principal officer: KENNETH S. LEWIS, MD), JD	for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
		empt status: $X 501(c)(3) 501(c) () 4947(a)(1) \text{ or }$	527		list. (see instructions)
_		e: ► WWW.UHCC.COM		H(c) Group exemption	
_		organization: X Corporation Trust Association Other	L Year o	f formation: 1903 N	State of legal domicile: MD
Pa		Summary	ים זו ים ו		RVICES TO
e	1	Briefly describe the organization's mission or most significant activities: PROVID THE RESIDENTS OF CECIL COUNTY, MD, AND THE		POINDING AD	RVICES IO
Activities & Governance	· ·				
ver		Check this box Implies the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a)			16
ဗီ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			15
s S		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		1286	
<i>i</i> tie		Total number of volunteers (estimate if necessary)			426
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12			982,579.
<		Net unrelated business taxable income from Form 990-T, line 34			-571,243.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		358,066.	520,133.
Revenue	9	Program service revenue (Part VIII, line 2g)		47,528,194.	151,762,502.
Jev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,015,994.	1,412,315.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		909,475.	3,949,188.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		47,779,741.	157,644,138.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,652,832.	4,738,934.
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 69,543,149.	0. 75,246,162.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·····	09,545,149.	15,240,102.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)).	0.	0.
Ä		Total fundraising expenses (Part IX, column (D), line 25) ► U Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	74,113,793.	76,658,317.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		47,309,774.	156,643,413.
		Revenue less expenses. Subtract line 18 from line 12		469,967.	1,000,725.
or				jinning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		85,901,825.	188,229,305.
ASS d Ba	21	Total liabilities (Part X, line 26)		00,850,222.	99,544,828.
Fun		Net assets or fund balances. Subtract line 21 from line 20		85,051,603.	88,684,477.
	art II	Signature Block			
lind		Nee of new wine I declare that I have avancined this vature including accompanying achadulas an	ad atatama	nto and to the heat of m	knowledge and halisf it is

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	Signature of officer		Date
Here	LAURIE R. BEYER, CPA,	SENIOR VP/CFO	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	ate Check PTIN
Paid	JULIUS C. GREEN, CPA, JD		if self-employed P00350393
Preparer	Firm's name 🍃 PARENTEBEARD LLC		Firm's EIN 🕨 23–2932984
Use Only	Firm's address 🖌 1650 MARKET STRE	ET, SUITE 4500	
	PHILADELPHIA, PA	. 19103	Phone no. (215) 972-0701
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No
232001 12-1	0-12 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2012)

	990 (2012) UNION HOSPITAL OF CECIL COUNTY, INC. 52-0607945 Page t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	UNION HOSPITAL OF CECIL COUNTY'S MISSION IS TO PROVIDE HEALTHCARE
	SERVICES TO THE RESIDENTS OF CECIL COUNTY, MARYLAND, WESTERN NEW CASTLE COUNTY, DELAWARE, AND SOUTHERN CHESTER COUNTY, PENNSYLVANIA.
	CADIDE COUNTY, DEDAWARE, AND DOOTHERN CHEDIER COUNTY, TEMPOTEVANIA.
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 N
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 152,974,263. including grants of \$ 4,738,934.) (Revenue \$ 151,772,348.
	UNION HOSPITAL OF CECIL COUNTY'S MISSION IS TO PROVIDE HEALTH CARE SERVICES TO THE RESIDENTS OF CECIL COUNTY, MARYLAND, WESTERN NEW CASTLE
	COUNTY, DELAWARE, AND SOUTHERN CHESTER COUNTY, PENNSYLVANIA, THAT
	REPRESENT QUALITY AND VALUE AND ARE PROVIDED WITH MODERN TECHNOLOGY,
	COMPASSIONATE NURSES AND STAFF, AND CONVENIENT TO THE CITIZENS OF OUR
	COMMUNITY. THESE HEALTHCARE SERVICES ARE PROVIDED REGARDLESS OF RACE,
	CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. ALTHOUGH
	REIMBURSEMENT FOR SERVICES RENDERED IS VITALLY IMPORTANT TO THE OPERATION, STABILITY, AND VIABILITY OF UNION HOSPITAL OF CECIL COUNTY,
	WE RECOGNIZE THAT NOT ALL MEMBERS OF OUR COMMUNITY ARE IN THE FINANCIAL
	POSITION TO PURCHASE ESSENTIAL MEDICAL SERVICES. THEREFORE, CONSISTENT
	WITH UNION HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF CECIL COUNTY,
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 ► 152,974,263.
32002	
2-10-	2
იი	514 758073 1008521-7 2012.05090 UNION HOSPITAL OF CECIL COU 100852

Part IV	Checklist of	Required S	Schedules
Form 990 (2	2012)	UNION	HOSPII

1 Its en organization described in section SD1(S) or 4947(8)1) (other than a private foundation? 1 X 2 Its the organization request in a complete Schedule <i>B</i> , Schedule <i>G</i> Contributoret 2 X 2 Its the organization request in direct or index to private index or many statistics on bohald of or in opposition to candidates for public office/11/*/set, complete Schedule <i>C</i> , Part <i>I</i> 2 X 3 Its in organization a section SD1(c)(0, SD1(c)(0, SD1(c)(0, SD1(c)(0, GP)) are SD1(c)(0, GP)) are SD1(c)(0, GP). 3 X 4 Accession SD1(G)(0) organizations on sign is in SD1(c)(C), GD1(c)(0, GP). 5 X 5 Did the organization asset on SD1(c)(0, SD1(c)(0, GP). 5 X 6 Did the organization matrian any doorn advised tunds or any stinilar funds or accounts for which donors have the right to provide active analy on investment of tunds or anocunts in such thas a contactives? 7 X 7 Did the organization matrian and tund analys in such tunds or accounts for which donors have the right to provide active tuncers? 7 X 8 Did the organization matrian and tund analys in such tunds or accounts for which donors have the right to provide active tuncers? 7 X 9 X Did the organization request an anount for latus 3, the such tuncers? <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
2 Is the organization required to complete Schedule 0. Contributoral 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officion? If "Yes," complete Schedule C, Part I 3 X 4 X Section 501(c)(3) organizations. Did the organization engage in iobbying activities, or have a section 501(r)(4) election in effect during the section 501(r)(4) complete Schedule C, Part II 4 X 5 Is the organization activities of the organization engage in iobbying activities or accounts for which donors have the injet to provide activice on the distribution or investment of amounts in such funds or accounts for which donors have the injet to provide activic on the distribution or investment of amounts in such funds or accounts for which donors have the injet to provide activic on the distribution or investment of amounts in such funds or accounts for which donors have the injet to provide activic on the distribution or investment or damouts in such funds or accounts for which donors have the provide activic on the distribution or investment or amounts in the size organization report an amount in Part X, line 21, for eacrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit conselling, dott management, credit repair, or dott negotiation services? 7 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 121, for secret or custodial account liability is arrow as a substall and and the account asset in Part X, line 120, H 'Ves, ' complete Schedule D, Part V	1		4	x	
3 Did the organization engage in direct on indirect political campaign activities on behalf of or in opposition to candidates for public official ("Yes," complete Schedule C, Part II 3 X. 4 Section SOT(c)[3) organizations. Did the organization engage in lobbying activities, or have a section SOT(h) election in effect during the tax year // "Yes," complete Schedule C, Part II 4 X. 5 Is the organization maintain any door advices (or SOT(c)[6) organization that receives membership dues, assessments, or similar announces and official (sor organization that receives membership dues, assessments, or similar announces and official (sor organization term with choors have the right of the organization maintain any door advices thruck receives // "Set," complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization (report an amount in Part X, line 21, for secrew or custodial account liability; serve as a custodia for amounts not listed in Part X, or provide credit consending, dubt management, credit repair, or dubt negatization services? 7 X 9 Did the organization (report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part V 10 X 10 Did the organization server to any other following questions is 'Yes, ' then complete Schedule D, Part X 111 X	2				
public office <i>III</i> 'Yes,' complete Schedule <i>C</i> , Part <i>I</i> 3 X 4 Sector 601(c)(3) organizations. Dit the organization engage in lobbying activities, or have a section 501(b) election in effect 4 X 5 Is the organization actions 501(b)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Neevue Procedure B1071 'Yes,' complete Schedule <i>C</i> , Part II 5 X 6 Did the organization maintain any donor adviced 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 runds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such runds or accounts for which donors have the right to provide adviced on the distribution or investment of amounts in such runds or accounts for which donors have the right to provide adviced on the distribution or investment or tournes if <i>n</i> , <i>s</i> , complete Schedule <i>D</i> , Part <i>I</i> 7 X 8 Did the organization maintain cellections of works of art, historical treasures, or other similar assets? <i>II</i> 'Yes,' complete Schedule <i>D</i> , Part <i>X</i> 7 X 9 Did the organization memory in amount in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts in the regiments? <i>II</i> 'Yes,' complete Schedule <i>D</i> , Part <i>X</i> 10 X 10 Did the organization report an amount for lead organization, hold asets in temporally retricited endowments, permanent endow			2		
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy year? If Yes,' complete Schedule C, Part II X 5 Is the organization a section 501(h)(a), 501(c)(b), or 501(c)(b) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure BE 197 If Yes,' complete Schedule C, Part II S X 6 Did the organization maintain any donor adviced funds or any similar funds or accounts for Wink donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes,' complete Schedule D, Part II 6 X 7 Did the organization negotic an amount for art, historical treasures, or other similar assets? If Yes, ' complete Schedule D, Part II 7 X 8 Did the organization ingot an amount for Part X, line 21, for secrow or custodial account liability: serve as a custodiar for amounts not listed in Part X, or provide credit conselling, debt management, credit regain, or debt negotitation service? If Yes,' complete Schedule D, Part V 8 X 9 Did the organization indirectly or through a related organization, hereity or through a related organization, hereity or thorough a related organization, hereity or through a related organization, hereity or through a related organization, hereity and the organization section in the securities in Part X, line 10 Part X, line	3		2		x
during the fax year/ if 'Yes,' complete Schedule C, Part II 4 X 5 Is the organization a section 301(c)(4, 501(c)), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts // If 'es,' complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic larease, or hotor's citructure? If 'Yes,' complete Schedule D, Part III 7 X 8 Did the organization report an amount in Part X, ine 21, for escrew or custodial account liability; serve as a custodian for amounts on listed in Part X, or provide credit counseling, dot management, credit repair, or doth negotiation service? 7 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, environments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for Investments - orbit securities in Part X, line 10 If 'Yes,' complete Schedule D, Part V 11a X 12 Did the organization report an amount for Investments - orbit securities in Part X, line 110 If 'Yes,' complete Schedule D, Part X 11a X 13 Did the organization report an amount for Inv	Δ		3		
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 96-1971 // Yes," complete Schedule C, Part II S X 6 Did the organization maintain any donra divised funds or any counts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to schedule D, Part II 6 X 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listel in Part X, or provide cardial counselling, debt management, credit repair, or debt negolitation services? 7 X 9 Did the organization fraction to rink of the following questions is Yes, 'then complete Schedule D, Part V 8 X 10 Did the organization fraction the following questions is Yes, 'then complete Schedule D, Part V, IV, VII, VII, VX, or x as applicable. 10 X 11 It the organization report an amount for investments: ongram related in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 11 Did the organization report an amount for investments: ongram related in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11 11 X <td>-</td> <td></td> <td>4</td> <td></td> <td>x</td>	-		4		x
similar amounts as defined in Revenue Procedure 98-197 /f 'Yes,' complete Schedule C, Part II 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donos have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donos have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donos have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donos have the right to provide areas, or historic structures 71' Kes,' complete Schedule D, Part II 7 X 8 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 dabt negotiation services? 8 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If 'Yes,' complete Schedule D, Part V 10 X 10 Did the organization report an amount for investments - organization report an amount for investments - roganization report an amount for investments - roganization report an amount for investments - organization report an amount for investments - roganization role its total assets reported in Part X, line 167 /f 'Yes,' complete Schedule D, Part X 11a X	5				
 Ge bid the organization maintain any donor advised funds or any similar funds or accounts of <i>II</i> Yes, "complete Schedule D, Part <i>II</i> Joid the organization receive or hold a conservation assemant, including assemants to preserve opin space, the environment, histonic all areas, or historic structures? <i>II</i> 'Yes," complete Schedule D, Part <i>II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>II</i> 'Yes," complete Schedule D, Part <i>II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>II</i> 'Yes," complete Schedule D, Part <i>II</i> Did the organization receive or hold a conservation assemant, including assemants to preserve opin space, the environment, historical treasures, or other similar assets? <i>II</i> 'Yes," complete Schedule D, Part <i>II</i> Did the organization, freedra amount in Part X, Ine 12, Inr rescrive or custodial account liability, serve as a custodian for amounts on tisted in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services? Ji 'Yes," complete Schedule D, Part <i>V</i> Did the organization report an amount for law between the schedule D, Part VI If the organization report an amount for law between the schedule D, Part VI Ji Uthe organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VI Did the organization report an amount for other sasts in Part X, line 25? If 'Yes," complete Schedule D, Part X Did the organization report an amount for other sasts in Part X, line 25? If 'Yes," complete Schedule D, Part X Did the organization isolarity and the segmantation assemble schedule D, Part X Did the organization separate, independent audited financial	-		5		x
provide advice on the distribution or investment of anounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, in Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability: serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other socurities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11b X 14 Did the organization report an amount for inves	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Press," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 12 Did the organization report an amount for investments - other socurities in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 13 Did the organization report an amount for investments - other socurities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11a X 14 Did the organization report an amount for investments - other social in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11a X 14 Did the organizatio		• • • • •	6		х
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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? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 13 Did the organization report an amount for other lasbilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X 14 Z Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d X 11d Z Ithe amount on consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d X 11d Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X <td< th=""><td>8</td><td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete</td><td></td><td></td><td></td></td<>	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16 X 17 Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X			12b	Х	
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	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
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Form **990** (2012)

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Form 990 (2012)		HOSPITAL			COUNTY,	INC.	52-
Part IV Checklist of F	Required S	Schedules (cont	inued,)			

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	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 25</i>	24a	x	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		Δ
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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>	32		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? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
0-	If "Yes," complete Schedule R, Part V, line 2	36		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>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	51		
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2012)

Internet the number reported in Box 3 of Form 1096. Enter -0: if not applicable 1a 13 33 b Enter the number of Porne W-2G included in line 1a. Enter -0: if not applicable 1b 1b 1c X c Did the organization comply with backup withholding rules for resportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 1c X 2a Enter the number of employees reported on from W-3, Transmittal of Wage and Tax Statements, log and the organization from W-3, Transmittal of Wage and Tax Statements, log and the organization from V-3, Transmittal of Wage and Tax Statements, log and the organization from V-3, Transmittal of Wage and Tax Statements, log and the organization from V-3, Porovier an experiment on F-2, More and the organization from F-3, Porovier an experiment on F-2, More authority over, a dimension F-2, More and F-2, More and F-2, More authority over, a dimension F-2, More authority and F-2, More and F-2, M		Check if Schedule O contains a response to any question in this Part V																
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b Ener the number of Forms W2G included in line 1a. Enter 0. 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| b Enter the number of Porres W-20 included in the 1a. Enter 0- if not applicable payments to vendors and reportable gaming (gambling) winnings to pirze venners? 10 10 10 12 <th>1a</th> <th>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</th> <th>1a</th> <th>183</th> <th></th> <th></th> <th></th> | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 183
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| b Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming frambing within environs? 1 </th <th></th> <th></th> <th>1b</th> <th>0</th> <th></th> <th></th> <th></th> | | | 1b | 0
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| 2a Ener the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 1286 b If at least on is reported on inter 2, did the organization file all required ladoral employment tax returns? 2b X Note: If the sum of lines 1 and 2a is greater than 250, you may be required to <i>c</i> -file (see instructions) 3a X a d at my time 12, did the organization have inneress in crore of 31 (lood or more during the year? 3b X d At any time the hanne of horeign country (such as a bank account, socurities account, or other financial account)? 4a X b If 'ves, 'near the name of the organization have an interest in, or a signature or other authority over, a financial account. 5a X 5a Was the organization have number of foreign country. 5a X 5a Was the organization have annual gross necelly to a prohibid tax shelter transaction? 5a X 5b D dary trackine party notify the organization have numal gross necelly to a prohibid tax shelter transaction? 5a X 10 I'''ss, '' to line 5a or 5b, did the organization have annual gross necelly to a prohibid tax shelter transaction? 5a X 10 I'''ss, '' to line 5a or 5b, did the organization have and exploy as contributions? 5a X 10 I'''ss, '' to line 5a o | с | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eporta | ble gaming
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| field for the calendar year ending with or within the year covered by this return 2a 12.8 for the sum of lines 1a and 2a is greater than 250, you may be required (detail employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effel (see instructions) 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest II, or a signature or other authority over, a financial account)? 4a X 5e instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts. 5a X 5e Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid. 5a X 61 Yes, 'for the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7 Organization shat manual gross or otherwise dispose of tangible personal property for which it was required to the paragreation notify the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7 Organization state are outfrow the organization file goods and services provided to the paroparagreano include with every solicitation an expresso | | (gambling) winnings to prize winners? | |
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| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to d-#file (see instructions) 3a X b If the requiration have undired to buines greas income of 51, 000 or more during the equary 3a X b If Yes, 'hast if field a form 900 T for this year? If 'Wo,'' provide an explanation in Schedulo O 3b X b If Yes, 'hast if field a form 900 T for this year? If 'Wo,'' provide an explanation in Schedulo O 3a X b If Yes, 'hast if field a form 900 T for this year? If 'Wo,'' particle an explanation in Schedulo O 3a X b If Yes, 'test if the neganization have an interest, in or signature or other authority over, a 4a X b If Yes, 'test if the organization have part of a prohibited tax sheler transaction? 5b X b Did any taxeb pary notify the organization file Form 8886-17 5c X c Does the organization have annual gross received statument that such contributions noticit any contributions that were not tax deductible contributions? 6b X b If Yes, 'did the organization neithe enganetian that was a tast part to a prohibited tax sheler transaction? 7a X c Toganization neeve any multipod series of 5r mde party as a contribution of qarts tast. 7a X | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | |
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| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3b X 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 3b X 5 Max the organization apart to a prohibited tas shear kaccount, socuring the superimeter of the random secont in a foreign and the organization tart is the organization apart to a prohibited tax shear transaction? 5a X 6 Was the organization apart to a prohibited tax shear transaction? 5a X 7 Max the organization have secont in the Form 8887? 5a X 6 Does the organization have semual gross receipts that are normally greater than \$100,000, and did the organization solicit are contrabutions? 5a X 6 Does the organization noucle with excess of 3/5 made partly as contributions or gifts were not tax deductible as charitable contributions? 6a X 9 If "Yes," indit the organization notify the donor of the value of the goods or services provided? 7a X 10 To ganization receive apayment in excess of 3/5 made partly as a contribution and partly for wholi it was required to the erganization neclewe apayment in excess of 3/5 made partly as contri | | filed for the calendar year ending with or within the year covered by this return | 2a | 1286
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| 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, 'has if field a Form 990-T for this year? If 'No,' provide an explanation in Schedule 0 3b X a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a X b If Yes, 'that if field a Form 990-T for this year? If 'No,' provide an explanation in Schedule 0 4a X b If Yes, 'that if field a Form 900-T for TD F P022.1, Report of Foreign Bank and Financial Accounts. 5a 5a X 5a Was the organization has a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Do any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? 5a X b Did any capanization have unal gross receipts that are normally greater than \$100,000, and did the organization set were any amula gross receipts that are normally greater than \$100,000, and did the organization set were any amula gross receipts that are normally greater than \$100,000, and did the organization set were any amula gross receipts and any party is a contributions? 7a X 7 Organization set manual gross receipts and an any party for grobita and services provided? 7b Z 1 Yes, | b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ms? |
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| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a toreing country; where as a bank account, or other financial accountil? 4a X b If "Yes," enter the name of the foreign country; where as bank accounts, securities account, or other financial Accounts. 5a X See instructions for filing requirements for Form TDE 90-221. Report of Foreign Bank and Financial Accounts. 5a X b If "Yes," enter the name of the foreign country; where a prohibited tax shelter transaction at any time during the tax year? 5a X b If "Yes," to ite 5a or 5b, of the organization file Form 88677 5a X c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable to the good's and services provided the paper? 7a X d If "Yes," did the organization notify the door or the value of the good's and services provided to the paper? 7a X d If "Yes," did the organization during the year. 7d 7a X d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b 7a X <th></th> <th>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions</th> <th>5)</th> <th></th> <th></th> <th></th> <th></th> | | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | 5) |
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| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account)? 4a X bit 1'Yes, "reter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts. 5a X 5a Was the organization a party to a prohibited tax shelter transaction? 5a X 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions include with every solicitation an express statement that such contributions or gifs were not tax deductible as charitable contributions? 6a X bit 1'Yes," did the organization neaves statement that such contributions or gifs were not tax deductible or the value of the goods or services provided? 7a X bit 1'Yes," did the organization neaves as statement that such contributions or gifs were not tax deductible or indirectly or indirectly to pay premiums on a personal benefit contract? 7a X bit 1'Yes," indicate the number of Forms 8282 filed duming the year 7d 7a X bit the organization neave as profiled visit and personal property for which it was required to file Form 8282? 7a X c bit the organization neave as contribution or care, boats, an prismant, on the eveloce, dif the organization neave as ontholding and pay(bit proganizatio | 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | |
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| the organization as foreign country (such as a bank account, securities account, or other financial account)? 4a X bit "Pres," enter the name of the foreign country. 5a 5a X See instructions for fingr equirements to Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a X 5a Was the organization a party to a prohibited tax shelter transaction? 5b X 5a Usa the organization as party to a prohibited tax shelter transaction? 5a X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as chartable contributions? 6a X 7 Organizations that may receive deductible contributions? 6a X 9 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 9 If "Yes," did the organization outry the dong of sevences provided to the payor? 7a X 9 If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X 9 Did the organization receive any mutuin, directly or indirectly, on a personal benefit contract? 7f X 9 Did the organization contribution of outs, boats, airplanes, orther vielos, did the organization file Form 88828 are required? 7a X 10 Uthe organization receive a contribution of acks, boats, airplanes, orther vielos, did t | b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | |
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| b If 'Yes,' enter the name of the foreign country: See instructions for fling requirements for Form TD 50:22.1, Report of Foreign Bank and Financial Accounts. 5a SW as the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a D Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 6 ID 'ese,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c - 6 Does the organization notuce with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7 Organization shat may receive deductible contributions under section 170(c). and the organization notuce with every solicitation and party for goods and services provided to the payor? 7a X b If 'Yese,' did the organization notity the donor of the value of the goods or services provided? 7b - 7c X b Id the organization necelve any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X d If 'Yese,' indicate the number of Forms E282 field during the year 7d - 7c X g If the organization necelve a contribution of qualified intellectual propery, did the organization materia for most any time during the year? 7c X | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | autho | rity over, a
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| See instructions for filing requirements for Form TD F9022.1, Report of Foreign Bank and Financial Accounts. 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Use stable party notify the organization file Form 8886-17 5c C 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c X 7 Organizations that may receive deductible contributions under section 170(c). 6b X 6c 7 Organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payo? 7a X 7 Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payo? 7a X 9 If 'Yes, '' did the organization neceive a payment in excess of \$75 made party as a contribution and party for pools and services provided to the payo? 7a X 9 If 'Yes, '' did the organization neceive a payment in excess of \$75 made party as a contribution or a personal benefit contract? 7c X 9 If 'Yes, '' did the organization neceive a paymentiums on a personal benefit contract? 7c X 9 If 'Yes organization meabers of contribution of quailified intellectual property, did the organiz | | financial account in a foreign country (such as a bank account, securities account, or other financial | accou | nt)?
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| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 5c 5c a Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c 5c b If "Yes," did the organization include with every solicitation and party sa a contributions or gifts were not tax deductible? 6c 7c 7 Organization station receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c X c Did the organization and party for goods and services provided? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year pay premiums, on a personal benefit contract? 7f X g If the organization during the year, pay premiums, did(s) supporting organizations file a Form 1098-C7 7h X g If the organization make any taxble distribution under section 496? 9b 9 9 gonarization make any taxble distribution a | | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A | Accou | nts.
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| 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 11a a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 14 Did the organization is licensed to issue qualified health plans 13b 13c | а | Did the organization make any taxable distributions under section 4966? | |
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UNION HOSPITAL OF CECIL COUNTY, INC.

Statements Regarding Other IRS Filings and Tax Compliance

Form **990** (2012)

52-0607945

Page 5

232005 12-10-12

Form 990 (2012) Part V

10400514 758073 1008521-7

UNION HOSPITAL OF CECIL COUNTY, INC.

52-0607945 Page 6

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 to any question in this Part VI

X
<u> </u>

Sec	tion A. Governing Body and Management					
		Ι.	1 10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	16			
	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 0.		15			
b	Enter the number of voting members included in line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			0		x
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th			2		
3				3		x
4	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form			4		X
4 5	Did the organization make any significant changes to its governing documents since the prior round Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization become aware during the year of a significant diversion of the organization s as Did the organization have members or stockholders?			6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			<u> </u>		
74	more members of the governing body?			7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
-	persons other than the governing body?			7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	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 boo	dy befo	ore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rist			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			10-	х	
10	in Schedule O how this was done			12c 13	X	
13 14	Did the organization have a written whistleblower policy?			13	X	
14 15	Did the process for determining compensation of the following persons include a review and approv			14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	laependent			
2	The organization's CEO, Executive Director, or top management official			15a	х	
h	Other officers or key employees of the organization			15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MD					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website I Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a		ords of the organiza	tion: 🕨	-	
	DERON G. BROWN, DIRECTOR OF FINANCE - (410) 398-40 106 BOW STREET, ELKTON, MD 21921	000				
232000				Form	900	(2012)
12-10-	6				550	(2012)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response to any question 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.

		u ya I				npe	154			
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per					is bot pr/trus		compensation	compensation	amount of
	week						,	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	rustee	I trus		ee	npen		(00-2/1099-00130)		and related
	below	dual t	tiona		nploy	st cor	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) JACK GOLDSTEIN	0.40	_	_		-					
CHAIRMAN	0.50	x		x				0.	0.	0.
(2) MARTIN J. HEALY	0.40									
VICE CHAIRMAN	0.50	x		x				0.	0.	0.
(3) RICHARD GUTTENDORF	0.40									
TREASURER	0.50	X		Х				0.	0.	0.
(4) RONALD GRAYBEAL	0.50									
SECRETARY	0.50	X		Х				0.	0.	0.
(5) ALFONSO BASILE, MD	0.50									
DIRECTOR	0.50	X						0.	0.	0.
(6) MARY BOLT, PH.D.	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(7) RON CULLIS	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(8) PHILLIP FARMER	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(9) RAYMOND HAMM	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(10) RAYMOND HEIDEL	0.30								_	_
DIRECTOR	0.70	Х						0.	0.	0.
(11) MARTHA HOSFORD, MD	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(12) TARI MOORE	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(13) HENRY PASSI	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(14) SHEELMOHAN SACHDEV, MD	0.60									
DIRECTOR	0.40	Х						0.	0.	0.
(15) MICHAEL SCIBINICO	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(16) KENNETH S. LEWIS, MD, JD	30.00									
PRESIDENT/CEO	10.00	Х		Х				0.	721,506.	144,960.
(17) LAURIE R. BEYER, CPA	28.00									
SENIOR VP/CFO	12.00			Х				0.	308,570.	
232007 12-10-12										Form 990 (2012)

232007 12-10-12

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7 2012.05090 UNION HOSPITAL OF CECIL COU 10085211

Form **990** (2012)

UNION HOSPITAL OF CECIL COUNTY, INC.

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art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C) (D)									(E)			(F)
Name and title	Average	(do		Posit		than o	ne	Reportable	Reportable		Esti	imated
	hours per	box	unles	s pers	son is	s both	an	compensation	compensatio	n	amo	ount of
	week				ector	/irusii	ee)	from	from related			ther
	(list any hours for	irecto						the organization	organizations (W-2/1099-MIS			ensation m the
	related	e or d	tee			Isated		(W-2/1099-MISC)	(00-2/1099-0003	,0,		nization
	organizations	truste	al trus		ee	mpen		(112) 1000 11100)			•	related
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co oyee	ler				orgar	nizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18) CYDNEY TEAL	39.90											
VP MEDICAL AFFAIRS	0.10				X			0.	296,87	16.	28	,900.
(19) TERRANCE LOVELL	40.00											
VP HUMAN RESOURCES					x			164,085.		0.	16	696.
(20) DAVID GIPSON	28.60											
SENIOR VP/COO	11.40				X			0.	325,30)5.	85	6,433.
(21) CAREN LEWIS	39.10											
SR. VP CARE SVCS (THROUGH 6.15.13)	0.90				хI			0.	226,86	55.	54	.,740.
(22) ROHIT SINGHANIA	40.00											
PHYSICIAN						x		426,827.		0.	13	,479.
(23) IRFAN M. HISAMUDDIN, MD	40.00											
PHYSICIAN						x		416,246.		0.	20	,192.
(24) JUSTIN SAUSVILLE	40.00											
PHYSICIAN						x		394,870.	0.		23	,771.
(25) JAGDEEP HUNDAL	40.00											
PHYSICIAN						x		368,569.	0		23	,561.
(26) BERNARD J HYNES	40.00											
PHYSICIAN						x		367,864.		0.	19	,805.
1b Sub-total								2,138,461.	1,879,12	22.	516	5,017.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								2,138,461.	1,879,12	22.	516	5,017.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100	,000 of reportable	e		
compensation from the organization												82
												Yes No
3 Did the organization list any former officer,	director, or tru	istee	e, ke	y em	ploy	yee,	or l	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	ompe	ensat	ion	and	otł	her compensation from	the organization			
and related organizations greater than \$150),000? If "Yes,	" со	mple	ete So	che	dule	J f	for such individual			4	X
5 Did any person listed on line 1a receive or a	Iccrue comper	nsat	ion f	rom a	any	unre	elat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J f	or sı	ich p	erso	on					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	depe	ende	nt co	ontra	acto	rs t	hat received more than	\$100,000 of com	pens	ation fro	om
the organization. Report compensation for	the calendar y	ear (endii	ng wi	th c	or wi	thir	n the organization's tax	year.			
(A)								(B)			(C)	
Name and business	address							Description of s		C	ompens	sation
OWENS & MINOR, INC.								MEDICAL SUPP	LY			
PO BOX 79171, BALTIMORE,	MD 2127	79					1	DISTRIBUTOR		3	<u>,710</u>	<u>,338.</u>
RADCARE/EMCARE												
	PO BOX 368, PERRY HALL, MD 21128 IMAGING READINGS 2,703,710.										<u>,710.</u>	
MEDICAL INFORMATION TECHNOLOGY, INC.												
O BOX 74569, CHICAGO, IL 60696 SOFTWARE 2,699,777.												
CLEARPATH SOLUTIONS GROUP	-		_		_			HARDWARE AND	Т	_		
	465 CENTERVILLE ROAD, HERNDON, VA 20171 MAINTENANCE 2,697,158.											
AVIN, HAFFTY, & ASSOC., LLC												
1900 WEST PARK DRIVE, WES	STBOROUG	SH (, M	ſΑ	01	.58	1	SOFTWARE CON	SULTING	2	<u>,494</u>	,415.
2 Total number of independent contractors (ii	ncluding but n	ot lii	nited	d to t	hos	se lis	ted	l above) who received m	nore than			

\$100,000 of compensation from the organization 🕨 95

Form 990 (2012)

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Form 990 (20	UNLON	н
Part VIII	Statement of Revenue	e

UNION HOSPITAL OF CECIL COUNTY, INC. 52-0607945 Page 9

			Check if Schedule O conta	ains a re	esponse	to any question i	n this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Its	1	а	Federated campaigns		1a					
ìrar oun			Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events		1c					
ar /			Related organizations		1d	480,133.				
s, C			Government grants (contributi		1e	-				
ion r Si			All other contributions, gifts, grant							
but			similar amounts not included abov		1f	40,000.				
d Otri		g	Noncash contributions included in lines							
an Go		h	Total. Add lines 1a-1f	-			520,133.			
						Business Code				
e	2	а	NET PATIENT SERVICE REV	VENUE		621990	150,282,645.	150,282,645.		
e vi		b	OTHER OPERATING REVENUE	Ε		621990	849,519.	849,519.		
s Se		с	ADULT DAY CARE			623990	540,577.	540,577.		
Program Service Revenue		d	LIFELINE			900099	89,761.	89,761.		
rog		е								
Ā		f	All other program service reve	nue						
		g	Total. Add lines 2a-2f			►	151,762,502.			
	3		Investment income (including	dividen	ds, inter	est, and				
			other similar amounts)				1,324,410.			1,324,410.
	4		Income from investment of tax	k-exemp	t bond	proceeds 🕨				
	5		Royalties							
					Real	(ii) Personal				
			Gross rents		57,604					
			Less: rental expenses		34,829					
			Rental income or (loss)	13	32,775	·	120 775			120 775
							132,775.			132,775.
	1	а	Gross amount from sales of		curities	(ii) Other				
		b	assets other than inventory	5,1	78,438	•				
		D	Less: cost or other basis and sales expenses	5 00	90,533					
		~	Gain or (loss)							
		с А	Net gain or (loss)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		87,905.			87,905.
			Gross income from fundraising				•,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
une	0	u	including \$	-	of					
Other Reven			contributions reported on line							
r Ŗ			Part IV, line 18	,						
the		b	Less: direct expenses							
0			Net income or (loss) from fund							
			Gross income from gaming ac							
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from gam							
	10	а	Gross sales of inventory, less	returns						
			and allowances		a					
		b	Less: cost of goods sold		b					
		с	Net income or (loss) from sales		entory .					
			Miscellaneous Revenue	е		Business Code				
	11	а	MEANINGFUL USE REVENUE			900099	1,997,301.			1,997,301.
		b	LABORATORY REVENUE			621500	972,733.		972,733.	
		С	CAFETERIA/FOOD SERVICE			722210	773,133.			773,133.
			All other revenue			900099	73,246.		9,846.	63,400.
		е	Total. Add lines 11a-11d				3,816,413.	151 762 500	000 570	1 270 004
23200 12-10-	<u>12</u>		Total revenue. See instructions.			▶	157,644,138.	151,762,502.	982,579.	4,378,924. Form 990 (2012)
12-10	12									1 UTH 33U (2012)

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(D)

Fundraising

expenses

X

UNION HOSPITAL OF CECIL COUNTY, INC. Form 990 (2012) 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 to any question in this Part IX (B) (C)(A) Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 4,738,934. 4,738,934. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and 2,572,233. 2,572,233. persons described in section 4958(c)(3)(B) 61,139,628. 60,311,795. Other salaries and wages 827,833. 7 Pension plan accruals and contributions (include 8 960,928. 811,691. 149,237. section 401(k) and 403(b) employer contributions) 6,238,319. 6,136,302. Other employee benefits 102,017. 9 4,335,054. 4,284,363. 50,691. Payroll taxes 10 Fees for services (non-employees): 11 2,070,605. 1,035,302. 1,035,303. Management а 290,439. 290,439. b Legal 101,664. 101,664. Accounting С d Lobbying Professional fundraising services. See Part IV. line 17 ρ 63,111. 63,111. Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, 19,621,779. 18,897,011. 724,768. column (A) amount, list line 11g expenses on Sch 0.) 479,112. 479,112. Advertising and promotion 12 1,966,464. 1,888,451. 78,013. 13 Office expenses 426,990. 426,990. Information technology 14 Royalties 15 2,437,680. 2,437,680. 16 Occupancy 309,543. 280,504. 29,039. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 22,436. 8,143. 14,293. Conferences, conventions, and meetings 19 2,688,829. 2,688,829. 20 Interest Payments to affiliates 21 8,970,371. 8,970,371. 22 Depreciation, depletion, and amortization 2,515,823. 2,515,823. 23 Insurance

1,059,133. 1,059,133. FOOD/DIETARY SUPPLIES d 2,751,222. 2,548,480. 202,742. All other expenses е 156,643,413.152,974,263. 3,669,150. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

18,918,168.

9,628,002.

2,336,946.

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24

а

h

С

BAD DEBT

Form 990 (2012)

0.

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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 0.)

MEDICAL SUPPLIES/DRUGS

REPAIRS & MAINTENANCE

10

18,918,168.

9,628,002.

2,336,946.

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Form 990 (2012)	UNION	HOSPITAL	OF	CECIL	COUNTY,	INC.	52-
Part X	Balance Sheet							

		Chack if Schedule O contains a response to any question in this Pert Y			
		Check if Schedule O contains a response to any question in this Part X			
	-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	298,522.	1	5,405,023.
	2	Savings and temporary cash investments	9,013,704.	2	784,061.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	18,298,560.	4	15,574,231.
	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	
Assets	7	Notes and loans receivable, net	1,158,970.	7	561,214.
As	8	Inventories for sale or use	1,805,445.	8	1,759,420.
	9	Prepaid expenses and deferred charges	1,619,387.	9	2,253,892.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 179,685,973.			
	b	Less: accumulated depreciation 10b 93,292,117.	79,944,732.	10c	86,393,856.
	11	Investments - publicly traded securities	63,033,266.	11	63,626,059.
	12	Investments - other securities. See Part IV, line 11	5,060,977.	12	5,112,129.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,668,262.	15	6,759,420.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	185,901,825.	16	188,229,305.
	17	Accounts payable and accrued expenses	11,415,256.	17	15,108,507.
	18	Grants payable		18	
	19	Deferred revenue	81,847,367.	19	74,136,484.
	20	Tax-exempt bond liabilities	01,04/,30/.	20	/4,130,404.
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
bilit	22	Loans and other payables to current and former officers, directors, trustees,			
Lia		key employees, highest compensated employees, and disqualified persons.		00	
	00	Complete Part II of Schedule L		22 23	
	23 24	Secured mortgages and notes payable to unrelated third parties		23 24	
	24	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	7,587,599.	25	10,299,837.
	26	Total liabilities. Add lines 17 through 25	100,850,222.	26	99,544,828.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			, ,
ŝ		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	84,203,884.	27	87,623,004.
ala	28	Temporarily restricted net assets	847,719.	28	1,061,473.
Б	29	Permanently restricted net assets		29	
'n		Organizations that do not follow SFAS 117 (ASC 958), check here			
م ا		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	85,051,603.	33	88,684,477.
	34	Total liabilities and net assets/fund balances	185,901,825.	34	188,229,305.
					Form 990 (2012)

Form 990 (2012)

Form	990 (2012) UNION HOSPITAL OF CECIL COUNTY, INC.	52-	060794	45	Pag	_{je} 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	157,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	156,			
3	Revenue less expenses. Subtract line 2 from line 1	3				25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,			
5	Net unrealized gains (losses) on investments	5	3,3	169	, 3!	51.
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	-	537	,20	02.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
_	column (B))	10	88,	584	,4	77.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					<u> </u>
			_	`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	_	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				37	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				x	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	^	
•	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-				Х
	Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		2012)

Form **990** (2012)

232012 12-10-12

	DULE A 90 or 990-EZ)	Put	OMB No. 1545-0047									
	of the Treasury enue Service	► At	4947(a)(1) no tach to Form 990 or Fo				instructio	ons.		Open te Inspe	o Publ ection	ic
Name of	the organizati	on						E	mployer	identificat	on nu	mber
			OSPITAL OF C						5	<u>2-0607</u>	945	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	.) See inst	tructions.				
The orga	nization is not a	a private foundation	because it is: (For lines [·]	1 through	11, check	only one b	ox.)					
1 🖂	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🛛	•		tal service organization									
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter	the hospita	's nam	ıe,
	city, and stat											
5 📖												
section 170(b)(1)(A)(iv). (Complete Part II.)												
6			ent or governmental uni									
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general									public desc	ribed i	n	
. —	-	b)(1)(A)(vi). (Comple										
			ection 170(b)(1)(A)(vi).	• •								
9 📖			eives: (1) more than 33									
		•	nctions - subject to certa	•		,				°.		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization	after June 3	30, 197	′5.
		509(a)(2). (Complete										
	-		perated exclusively to te		-			-				
11 📖			perated exclusively for th									or
			ations described in secti				2). See sec	ction 509	(a)(3). Ch	eck the box	that	
			organization and compl		-		_			- f		ام م الم ما
	a L Type I			ype III - Fu		-				n-functional		•
e 📖			t the organization is not									
4		-	han one or more publicly		-				9(a)(1) or	section 50	n(a)(2).	
f			ten determination from									
~		rganization, check th	organization accepted ar									. ـــــا
g			irectly controls, either al								Yes	No
			upported organization?							, 11g(i)	165	
	e e	0	n described in (i) above?							11g(ii)		<u> </u>
	.,	•	person described in (i) above							<u>11g(iii)</u>		<u> </u>
h			about the supported or							[119(11)		
	T TOVIDE LIE I	ollowing information	about the supported of	gamzation	(3).							
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did voi	u notify the	(vi) !	s the	(vii) Amoun	t of mo	notary
	anization	(ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organized in the								ol. (vii) Amount of monetary support		
organization			above or IRC section	governing	document?	(i) of your	support?	U.S	5.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Total

13

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Schedule A (Form 990 or 990-EZ) 2012

Part II	Sup

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(a) 2000	(b) 2003	(6) 2010	(0) 2011	(6) 2012	(1) 10tai
	Gross income from interest,						
0	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 IV.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		,				
13	First five years. If the Form 990 is for						
<u>So</u>	organization, check this box and stor ction C. Computation of Publ	here	rcontago				P
	Public support percentage for 2012 (•				%
	Public support percentage from 2011						. %
16a	33 1/3% support test - 2012. If the d	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns ►
					0.1	A /E 00/	000 ET\ 0040

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support		i		-	· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	► (a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do no	t					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit t	0					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, an						
3 received from disqualified persor	าร					
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 business	es					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is	for the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here	-			•		
Section C. Computation of Pu	blic Support Pe	ercentage				
15 Public support percentage for 201	2 (line 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 20)11 Schedule A, Part	: III, line 15			16	%
Section D. Computation of Inv	estment Incom	e Percentage)			
17 Investment income percentage for	2012 (line 10c, colur	mn (f) divided by li	ine 13, column (f))		17	%
18 Investment income percentage fro	m 2011 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2012. If t						17 is not
more than 33 1/3%, check this bo						
b 33 1/3% support tests - 2011. If t						
line 18 is not more than 33 1/3% , o	check this box and s	top here. The org	anization qualifies	as a publicly supp	ported organization	• •
20 Private foundation. If the organization	ation did not check a	box on line 14, 19	9a, or 19b, check	this box and see ir	structions	>
232023 12-04-12			15	Sc	hedule A (Form 99	90 or 990-EZ) 2012

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Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treesury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number

Name of the o	organization
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τ	NION HOSPITAL OF CECIL COUNTY, INC.	52-0607945
Organization type(check	c one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	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

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

Special Rules

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

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not 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) (2012)

Name of organization

Employer identification number

52-0607945

UNION HOSPITAL OF CECIL COUNTY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARYLAND HOSPITAL ASSOCIATION 6820 DEERPATH RD. ELKRIDGE, MD 21075	\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNION HOSPITAL OF CECIL COUNTY FOUNDATION, INC. 106 BOW STREET ELKTON, MD 21921	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 12-2		\$	Person Payroll Payroll Complete Part II if there is a noncash contribution.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2012)			
Name of organization	Employer identification number		
UNION HOSPITAL OF CECIL COUNTY, INC.	52-0607945		

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2012) 223453 12-21-12 18

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nization		Employer identification number
HOSPITAL OF CECIL COUN	TY, INC.	52 - 0607945
year. Complete columns (a) through (e) and t the total of <i>exclusively</i> religious, charitable, et	he following line entry. For organizatio c., contributions of \$1,000 or less for	ns completing Part III, enter the year. (Enter this information once.) \$
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	t
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	 t
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(2). 2. poor of give		
	(e) Transfer of gif	t
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	 t
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	Exclusively religious, charitable, etc., indivear. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition (b) Purpose of gift (b) Purpose of gift	(e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gif

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SCHEDULE I	D
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(Form	990)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

Name	e of the organization UNION HOSPITAL OF CECIL COUNTY, INC.	Employer identification number 52-0607945
Par		
	organization answered "Yes" to Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
	Aggregate contributions to (during year)	
	Aggregate grants from (during year)	
	Aggregate value at end of year	
	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	
Par	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	
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)	lly important land area
	Protection of natural habitat	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	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 organ	nization 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?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	he year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear 🕨 \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	Yes 🛛 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	ganization's accounting for
_	conservation easements.	
Par		Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	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.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	. • \$
	(ii) Assets included in Form 990, Part X	. 🕨 \$
	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:	
	Revenues included in 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) 2012

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-		OSPITAL O						0607945	
Par	t III Organizations Maintaining C							· · · · ·	
3	Using the organization's acquisition, access	ion, and other reco	rds, chec	k any of the	following th	nat are a s	ignificant use of	its collection	n items
	(check all that apply):								
а	Public exhibition			Loan or exc					
b	Scholarly research		e 📖	Other					
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expla	ain how th	ney further t	he organiza	tion's exe	mpt purpose in	Part XIII.	
5	During the year, did the organization solicit of								
_	to be sold to raise funds rather than to be m							Yes	NoNo
Par	t IV Escrow and Custodial Arran		lete if the	organizatio	on answered	d "Yes" to	Form 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod								□
	on Form 990, Part X?							└── Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following	table:				<u> </u>	
								Amount	
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
1	Ending balance Did the organization include an amount on F							Yes	No
	If "Yes," explain the arrangement in Part XIII								
Par									
		(a) Current year		rior year	1		(d) Three years ba	ack (e) Four	vears back
1a	Beginning of year balance	(u) canone you	(2).	nor your	(0)		(u) • • • • • • • • •		<u></u>
	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		nce (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment	-	%						
b	Permanent endowment	%							
с	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organi	zation that	at are held a	and adminis	tered for t	he organization	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required	on Schee	dule R?				3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipn			, line 10.		-			
	Description of property	(a) Cost or			t or other		ccumulated	(d) Book	value
		basis (inves	tment)		(other)		preciation	1 1 1 1	
	Land				4,905				1,905.
	Buildings				1,838		255,835.	43,456	
	Leasehold improvements				4,439		544,543.	20 75	9,896.
	Equipment				2,987		346,149.	30,756	
	Other				1,804	• ⊥,(045,590.	10,916	
Total	. Add lines 1a through 1e. (Column (d) must e	equal ⊢orm 990, Pa	τ X, colur	nn (B), line 1	IU(C).)		····· •	86,393	
							Scheo	lule D (Form	990) 2012

12-10-12

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		CIL COUNTY,	INC. 52	2-0607945	Page 3
Part VII Investments - Other Securities.					
(a) Description of security or category (including name of security	(b) Book value	e (c) Method	of valuation: Cost or en	d-of-year market	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(1)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•				
Part VIII Investments - Program Related.	See Form 990, Part X	, line 13.			
(a) Description of investment type	(b) Book value		of valuation: Cost or en	d-of-year market v	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•				
Part IX Other Assets. See Form 990, Part X, lir					
	a) Description			(b) Book va	alue
(1)	.,			(
(1)					
(3)					
<u>(4)</u>					
(5)					
<u>(6)</u>					
(7)					
(8)					
(9)					
(10) Tetel (Column (b) must sound Form 000, Port X, ocl. (P))	ing 15)		`		
Total. (Column (b) must equal Form 990, Part X, col. (b) Part X Other Liabilities. See Form 990, Part >			····· P		
	, iirie 25.	(b) Book value			
(1) Federal income taxes (2) THIRD PARTY ADVANCES		2,073,35	7		
	C	696,80			
		090,00	<u>••</u>		
(4) ESTIMATED MEDICAL MALPRA	CTICE	C 000 01	-		
(5) CLAIMS LIABILITY		6,289,31			
(6) DUE TO AFFILIATES		1,240,35	9.		
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 25.) 🕨	10,299,83	7.		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the t	text of the footnote to	the organization's final	ncial statements that re	ports the organization	
liability for uncertain tax positions under FIN 48 (ASC	C 740). Check here if t	he text of the footnote	<u>has been provided in P</u>	art XIII	X

232053 12-10-12 Schedule D (Form 990) 2012

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Sche	dule D (Form 990) 2012 UNION HOSPITAL OF CECIL COUNTY, INC.	52-	0607945	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	etur	n	
1	Total revenue, gains, and other support per audited financial statements	1	150,532,	531.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a 3,169,351.			
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d -10, 217, 847.			
е	Add lines 2a through 2d		-7,048,	
3	Subtract line 2e from line 1	3	157,581,	027.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 63,111.			
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c	63,	111.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		157,644,	138.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per			
1	Total expenses and losses per audited financial statements	1	146,899,	657.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
с	Other losses 2c			
d	Other (Describe in Part XIII.) 2d			_
е	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	146,899,	657.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) 4b 9,680,645.			
	Add lines 4a and 4b	4c	9,743,	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	156,643,	413.
Pa	t XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and	2b; Part V, line	4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informat			
PAF	RT X, LINE 2: THE HOSPITAL ACCOUNTS FOR UNCERTAINTY IN INC	OME	TAXES	
BY	PRESCRIBING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-N	OT	TO BE	
~				
SUS	STAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORI	ΤY.		
MEA	ASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION	TH	RESHOLD	HAS
			7.037	
REF	EN MET. THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOG	итл	TON	
mur	DECHOLD IN 2012 AND 2012			
THE	RESHOLD IN 2013 AND 2012.			

THE HOSPITAL'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR

Schedule D (Form 990) 2012

232054 12-10-12

23 2012.05090 UNION HOSPITAL OF CECIL COU 10085211

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Schedule D (Form 990) 2012 UNION HOSPITAL OF CECIL COUNTY, INC. 5 Part XIII Supplemental Information (continued) 5	2-0607945 Page 5
YEARS AFTER 2009 REMAIN SUBJECT TO EXAMINATION BY THE INTERNA	L REVENUE
SERVICE.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION & SUBSIDIARY	-167,878.
LOSS ON REFINANCING	-322,110.
PROVISION FOR BAD DEBTS NETTED AGAINST REVENUE ON FINANCIAL	
STATEMENTS	-9,628,002.
CHANGE IN PROVISION FOR UNCOLLECTIBLE PLEDGES	-47,214.
BANK FEES NETTED ON FINANCIAL STATEMENTS	-52,643.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-10,217,847.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
PROVISION FOR BAD DEBTS NETTED AGAINST REVENUE ON FINANCIAL	
STATEMENTS	9,628,002.
BANK FEES NETTED ON FINANCIAL STATEMENTS	52,643.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	9,680,645.
232055 12-10-12 2/	chedule D (Form 990) 2012

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SCHEDULE H	
(Form 990)	

Hospitals

OMB No. 1545-0047 2012

Department of the Treasury
Internal Revenue Service

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

	bartment of the Treasury rnal Revenue Service ► Attach to Form 990. ► See separate instructions. Open to Inspect									en to Public Dection	
Name of the organization Employer identification											
	-	UNION	HOSPITAL	OF CECII	COUNTY, I	NC.	52-060	7945			
Part I Financial Assistance and Certain Other Community Benefits at Cost											
					-				Yes	No	
1a	Did the organizatio	on have a financial	assistance policy	during the tax ve	ar? If "No," skip to q	uestion 6a		1a	Х		
b								1b	X		
 b If "Yes," was it a written policy? 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. 											
		ormly to all hospita			ed uniformly to most	hospital facilities					
		lored to individual	•								
3	-				est number of the organizati		-				
а	-		•	-	determining eligibilit	• • •					
					for eligibility for free	care:		3a	X		
	L 100%			Other							
b					viding discounted ca						
		is the family incom	e limit for eligibility	for discounted o	are:			3b	X		
	200%	L 250% L	X 300%	350%	400% Oth	ier %					
С	0			0 0 ,	describe in Part VI t						
					ion whether the orga		asset test or				
		•			ty for free or discount ts during the tax year provid		I care to the				
4	"medically indigent"?							4	X		
	-	-			ts financial assistance p			5a	X		
b	If "Yes," did the or	ganization's financ	cial assistance exp	enses exceed the	e budgeted amount?	?		5 b	Х		
с			-	-	ation unable to prov						
	care to a patient w	ho was eligible for	free or discounte	d care?				5c		Х	
					year?				X		
b	If "Yes," did the or	ganization make it	available to the p	ublic?				6b	X		
	Complete the following ta	able using the workshee	ts provided in the Scheo	lule H instructions. Do	not submit these workshee	ts with the Schedule H.					
7	Financial Assistant	ce and Certain Oth				(-1) - ·	(-)				
	Financial Assist	ance and	(a) Number of activities or	(b) Persons served	(C) Total community	(d) Direct offsetting	(e) Net community	tot	Percent al expen	se	
Mea	Ins-Tested Govern	ment Programs	programs (optional)	(optional)	benefit expense	revenue	benefit expense	e			
а	Financial Assistant	ce at cost (from								_	
	Worksheet 1)				3,767,210.		3,767,2	10. 2	.56	8	
b	Medicaid (from Wo	orksheet 3,									
	column a)										
с	Costs of other mea	ans-tested									
	government progra	ams (from									
	Worksheet 3, colu	mn b)									
d	Total Financial Assista	ince and				Т					
	Means-Tested Governme	ent Programs			3,767,210.		3,767,2	10. 2	.56	8	
	Other Ben	efits									
е	Community health										
	improvement servi	ces and									

	community benefit operations				
	(from Worksheet 4)	487,087.	120,756.	366,331.	.25%
f	Health professions education				
	(from Worksheet 5)	293,786.		293,786.	.20%
g	Subsidized health services				
	(from Worksheet 6)	11,659,981.	5,918,978.	5,741,003.	3.91%
h	Research (from Worksheet 7)				
i	Cash and in-kind contributions				
	for community benefit (from				
	Worksheet 8)	575,619.	135,202.	440,417.	
j	Total. Other Benefits	13,016,473.	6,174,936.	6,841,537.	
	Total. Add lines 7d and 7j	16,783,683.	6,174,936.	10,608,747.	7.22%

232091 12-10-12 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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 UNION HOSPITAL OF CECIL COUNTY, INC.
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 Page

 Part II
 Community Building Activities Complete this table if the organization conducted any community building activities during the

	tax year, and describe in Par	t VI how its commu		vities promoted th		communities it serve			
		(a) Number of activities or programs	(b) Persons served (optional)	(C) Total community	(d) Direct offsetting revenu	ue community		Percent	
		(optional)		building expense		building expense	10	tai exper	ise
1	Physical improvements and housing								
2	Economic development			21,330		21,330		.01	
3	Community support			9,814	•	9,814	•	.01	8
4	Environmental improvements						<u> </u>		
5	Leadership development and								
	training for community members						<u> </u>		
6	Coalition building						_		
7	Community health improvement								
	advocacy						_		0.
8	Workforce development			102,587	•	102,587	•	.07	8
9	Other				_	122 721	<u> </u>		0.
10	Total			133,731	•	133,731	•	.09	8
	rt III Bad Debt, Medicare, a	& Collection Pi	ractices					Vee	Na
	ion A. Bad Debt Expense							Yes	No
1	Did the organization report bad deb	•			0	ociation		v	
-	Statement No. 15?						1	X	
2	Enter the amount of the organization	•	•			7 006 040			
-	methodology used by the organizat				2	7,906,949	-		
3	Enter the estimated amount of the c								
	patients eligible under the organizat								
	methodology used by the organizat					203,754			
	for including this portion of bad deb						-		
4	Provide in Part VI the text of the foo					ebt			
_	expense or the page number on wh	ich this footnote is	contained in the	attached financia	statements.				
_	ion B. Medicare				1 - 1	<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>			
5	Enter total revenue received from M					<u>63,796,787</u>	-		
6	Enter Medicare allowable costs of c					63,796,787	-		
7	Subtract line 6 from line 5. This is th						_		
8	Describe in Part VI the extent to wh								
	Also describe in Part VI the costing		urce used to dete	ermine the amoun	t reported on lin	ie 6.			
	Check the box that describes the m			-					
	Cost accounting system	Cost to char	ge ratio	Other					
	ion C. Collection Practices								
	Did the organization have a written						9a	X	
b	If "Yes," did the organization's collection		-						
D - 1	collection practices to be followed for pa	tients who are known	to qualify for financ	ial assistance? Des	cribe in Part VI …		9b	X	
Pa	rt IV Management Compar	nies and Joint	Ventures (owned	d 10% or more by office	ers, directors, trustee	s, key employees, and phys	icians - s	ee instru	uctions)
	(a) Name of entity		cription of primar			(d) Officers, direct-	(e) P	hysicia	ans'
		ac	tivity of entity		ofit % or stock	ors, trustees, or key employees'	•	ofit %	or
				C	wnership %	profit % or stock		stock nership	04
						ownership %			70
	9								
23209	-12					Schedule	H (For	m 990)	2012

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Schedule H (Form 990)

Part V Facility Information										
ection A. Hospital Facilities st in order of size, from largest to smallest)		surgical			tal					
	ital	General medical & su	Children's hospital	vital	Critical access hospital	ity				
ow many hospital facilities did the organization operate	dsot	edic	hos	lsor	Sess	facil	ε			
uring the tax year?1	Licensed hospital	<u>a</u>	s'u	Teaching hospital	acc	Research facility	ER-24 hours	e		
	ense	nera	ldre	chi	ical	sear	24	ġ		Fac
ame, address, and primary website address	Lio	g	CP.	Tea	C	Ве	Ë	ER-other	Other (describe)	rep gro
UNION HOSPITAL OF CECIL COUNTY, INC.										giu
106 BOW STREET	1									
ELKTON, MD 21921	1									
	X	Х					Х			
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				*	-	-		-	Schedule H (Form 99	-

r single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A)	-	Yes	N
community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
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 9	1	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
A definition of the community served by the hospital facility			
Demographics of the community			
c X Existing health care facilities and resources within the community that are available to respond to the health needs			
of the community			
d X How data was obtained			
e X The health needs of the community			
Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
groups			
g L The process for identifying and prioritizing community health needs and services to meet the community health needs h X The process for consulting with persons representing the community's interests			
Information gaps that limit the hospital facility's ability to assess the community's health needs			
j Other (describe in Part VI)			
10			
In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community			
served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in			
Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons		x	
the hospital facility consulted	3	_ <u> </u>	-
Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other			
hospital facilities in Part VI	4	X	X
Did the hospital facility make its CHNA report widely available to the public?	5	_ <u> </u>	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a X Hospital facility's website			
b X Available upon request from the hospital facility			
c U Other (describe in Part VI)			
If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all			
that apply to date):			
a X Adoption of an implementation strategy that addresses each of the community health needs identified			
through the CHNA			
b X Execution of the implementation strategy			
c Participation in the development of a community-wide plan			
d Participation in the execution of a community-wide plan			
e 🛛 Inclusion of a community benefit section in operational plans			
f Adoption of a budget for provision of services that address the needs identified in the CHNA			
g			
h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i X Other (describe in Part VI)			
Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain			
in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		X
a 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)?	8a		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720			
for all of its hospital facilities? \$			

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group UNION HOSPITAL OF CECIL COUNTY, INC.

Schedule H (Form 990) 2012 UNION HOSPITAL OF CECIL COUNTY, INC.

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UNION HOSPITAL OF CECIL COUNTY, INC.

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Pa	INT V Facility Information (continued) UNION HOSPITAL OF CECIL COUNTY, INC.			
Fi	nancial Assistance Policy		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		Х	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	10	Х	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 200%			
	If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing discounted care?	11	Х	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care:300_ %			
	If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	12	Х	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
а	77			
b	Asset level			
c	Medical indigency			
d	77			
е	Uninsured discount			
f	X Medicaid/Medicare			
g	J X State regulation			
h	Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	Х	
14	Included measures to publicize the policy within the community served by the hospital facility?		Х	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
а	The policy was posted on the hospital facility's website			
b	The policy was attached to billing invoices			
с	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
c	I 🔀 The policy was posted in the hospital facility's admissions offices			
е	\mathbf{x} The policy was provided, in writing, to patients on admission to the hospital facility			
f	X The policy was available on request			
g	Other (describe in Part VI)			
Bi	Iling and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax	< 🗌		
	year before making reasonable efforts to determine patient's eligibility under the facility's FAP:			
а	Reporting to credit agency			
b	Lawsuits			
С	E Liens on residences			
Ċ	Body attachments			
е	e D Other similar actions (describe in Part VI)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making			
	reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			

a Reporting to credit agency
b Lawsuits
c Liens on residences
d Body attachments
e Other similar actions (describe in Part VI)

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Schedule H (Form 990) 2012

Schedule H (Form 990) 2012 UNION HOSPITAL OF CECIL COUNTY, INC. 52-060)794!	D Pa	ige 6
Part V Facility Information (continued) UNION HOSPITAL OF CECIL COUNTY, INC.			
18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that			
apply):			
a X Notified individuals of the financial assistance policy on admission			
b X Notified individuals of the financial assistance policy prior to discharge			
c X Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills			
d X Documented its determination of whether patients were eligible for financial assistance under the hospital facility's			
financial assistance policy			
e Other (describe in Part VI)			
Policy Relating to Emergency Medical Care			
		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the			
hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their			
eligibility under the hospital facility's financial assistance policy?	19	Х	
If <u>"No</u> ," indicate why:			
a The hospital facility did not provide care for any emergency medical conditions			
b The hospital facility's policy was not in writing			
c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d Dther (describe in Part VI)			
Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible			
individuals for emergency or other medically necessary care.			
a 🛄 The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts			
that can be charged			
b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating			
the maximum amounts that can be charged			
c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d X Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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?	21		Х
If "Yes," explain in Part VI.			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any			
service provided to that individual?	22		Х
If "Yes," explain in Part VI.			

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(list in order of size, from largest to smallest) How many non-hospital health care facilities did the organization operate during the tax year?

UNION HOSPITAL OF CECIL COUNTY, INC. Schedule H (Form 990) 2012 Part V Facility Information (continued)

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

Name and address	Type of Facility (describe)

Schedule H (Form 990) 2012

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Complete this part to provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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.
- 8 Facility reporting group(s). If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

PART I, LINE 7: ALL INFORMATION IS BASED ON ACTUAL COST PLUS

OVERHEAD. OVERHEAD IS A HOSPITAL AVERAGE PERCENTAGE OF OVERHEAD TO DIRECT COSTS. DIRECT COSTS EXCLUDE BAD DEBT EXPENSE.

PART I, LN 7 COL(F): THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25 BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$9,628,002.

PART II: ECONOMIC DEVELOPMENT (F2)

MEMBERS OF UNION HOSPITAL'S EXECUTIVE MANAGEMENT TEAM ATTENDED MEETINGS

WITH THE FOLLOWING ENTITIES:

1) ECONOMIC DEVELOPMENT COMMISSION FOR CECIL COUNTY. THIS COMMISSION

PROMOTES ECONOMIC DEVELOPMENT IN CECIL COUNTY, FOCUSING ON BUSINESS AND

INDUSTRY DEVELOPMENT BY BUILDING RELATIONSHIPS WITH LOCAL AND EXTERNAL

PARTNERS. UNION HOSPITAL COLLABORATES WITH THIS COMMISSION TO PROMOTE

STABILITY WITHIN THE HOSPITAL'S WORKFORCE OF HEALTH PROFESSIONALS AND TO

BRING MUCH NEEDED PRACTITIONERS TO THE AREA, ESPECIALLY IN AREAS WHERE 232098 12-10-12 Schedule H (Form 990) 2012 32

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THERE ARE TOO FEW PROVIDERS OR SERVICE GAPS.

2)ELKTON ALLIANCE. ELKTON ALLIANCE WORKS TOGETHER WITH THE LOCAL GOVERNMENT AND BUSINESS COMMUNITY TO RESTORE, PROMOTE AND MAINTAIN THE DIVERSE HISTORIC DOWNTOWN AREA, WHILE ATTRACTING NEW ENTERPRISES FOR THE BENEFIT OF COMMUNITY RESIDENTS, BUSINESSES, AND VISITORS. IN COLLABORATING WITH ELKTON ALLIANCE, UNION HOSPITAL SEEKS TO MAINTAIN A POSITIVE PRESENCE IN THE COMMUNITY BY HELPING TO ADDRESS ANY COMMUNITY DEVELOPMENT ISSUES.

3)AMER-INDO ORGANIZATION. THIS IS A NON-PROFIT ORGANIZATION THAT SEEKS MUTUAL BUSINESS OPPORTUNITIES BETWEEN AMERICAN & INDONESIAN CULTURES. AS A SUPPORTER OF CULTURAL DIVERSITY, UNION HOSPITAL'S CEO BEGAN MEETING WITH THIS ORGANIZATION TO LEARN MORE ABOUT THE BARRIERS AND NEEDS THAT INDONESIAN PEOPLES IN CECIL COUNTY FACE IN THE CURRENT ECONOMY.

COMMUNITY SUPPORT (F3)

MEMBERS OF UNION HOSPITAL'S EXECUTIVE MANAGEMENT TEAM, AS WELL AS ADMINISTRATIVE STAFF, WORK CLOSELY WITH UNITED WAY OF CECIL COUNTY TO BUILD FUNDING AND PROGRAM CAPACITY FOR COMMUNITY-BASED PROGRAMMING FOR UNDERSERVED YOUTH IN THE COUNTY. HAVING HEALTHY YOUTH IS AN IMPORTANT FACET OF A STRONG COMMUNITY AND UNION HOSPITAL CONTINUES TO UPHOLD THIS IMPORTANCE BY FACILITATING A COLLABORATIVE PARTNERSHIP WITH UNITED WAY OF CECIL COUNTY.

WORKFORCE DEVELOPMENT (F8)

THERE WERE SEVERAL ACTIVITIES REPORTED UNDER WORKFORCE DEVELOPMENT DURING

FISCAL YEAR 2013:

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1)HOLLY EMMONS, DIRECTOR OF FOOD SERVICES AT UNION HOSPITAL, AND HER STAFF MENTORED 97 MENTALLY-CHALLENGED HIGH SCHOOL STUDENTS FROM ELKTON HIGH SCHOOL AND PERRYVILLE HIGH SCHOOL AS PART OF UNION HOSPITAL'S AND CECIL COUNTY PUBLIC SCHOOLS' PARTNER PROGRAM: THE HIGH SCHOOL WORK ENRICHMENT THIS PROGRAM PROVIDES WORK ASSIGNMENTS AND APPROPRIATE TRAINING PROGRAM. IN FOOD SERVICE ACTIVITIES, LIKE DEVELOPING CULINARY SKILLS FOR FOOD PREPARATION AND DEVELOPING SANITATION RESPONSIBILITIES (DISHWARE WASHING, SANITIZATION, TRASH DISPOSAL, AND RECYCLING). THE PROGRAM IS AN IMPORTANT FACET OF THE WORK ENRICHMENT EXPERIENCE BECAUSE IT PROVIDES DIRECTION, IMPORTANT LIFE SKILLS AND ALLOWS STUDENTS TO FEEL NEEDED, USEFUL, AND CAPABLE, ESPECIALLY IN A BUSY WORK ENVIRONMENT. STUDENTS ENJOY THEIR ROLES AND LEARN THE VALUE OF PRODUCTIVITY AND TASK COMPLETION BOTH WORKING INDIVIDUALLY AND AS PART OF A TEAM.

2) HUMAN RESOURCES STAFF MEMBERS PARTICIPATED IN WORKSHOPS WHERE THEY PROVIDED NEEDS-BASED CAREER COUNSELING FOR COMMUNITY MEMBERS. THIS INCLUDED HOW TO CONSTRUCT A RESUME, PROVIDING INTERVIEWING SKILLS, AND DISCUSSING WORKFORCE RESOURCES. STAFF PARTICULARLY VOLUNTEERED FOR THIS WORK BECAUSE THEY WERE SEEKING TO SHARE KNOWLEDGE AND PROVIDE INSIGHT FOR THE LESS FORTUNATE WHO WERE TRYING TO BETTER THEIR LIFE SITUATIONS BY GETTING JOBS OR AT LEAST BEING PREPARED FOR GETTING A JOB. FOR THE HUMAN RESOURCES STAFF THIS WAS ALSO A WAY FOR THEM TO PROMOTE THE VALUE OF SHARED LEARNING THAT UNION HOSPITAL EMPHASIZES ALL STAFF SHOULD DEMONSTRATE.

3)A MEMBER OF UNION HOSPITAL'S EXECUTIVE MANAGEMENT TEAM ATTENDS MEETINGS WITH THE SUSQUEHANNA WORKFORCE BOARD IN CECIL COUNTY. SUSQUEHANNA Schedule H (Form 990) 232271 05-01-12 34

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52-0607945 Page 8 UNION HOSPITAL OF CECIL COUNTY, INC. Schedule H (Form 990) Part VI | Supplemental Information WORKFORCE IS A NON-PROFIT ORGANIZATION THAT PLANS WORKFORCE DEVELOPMENT PROGRAMS AND SERVICES FOR INDIVIDUALS AND BUSINESSES IN CECIL COUNTY AND HARTFORD COUNTY. UNION HOSPITAL CONTINUES TO UPHOLD THE NECESSITY OF THIS RESOURCE IN THE CECIL COUNTY COMMUNITY.

4) A MEMBER OF UNION HOSPITAL'S EXECUTIVE MANAGEMENT TEAM ATTENDS MEETINGS WITH THE BUSINESS EDUCATION PARTNERSHIP ADVISORY COUNCIL (BEPAC), WHICH SERVES TO IDENTIFY STRENGTHS, NEEDS AND TRENDS IN JOB READINESS AS IT CORRELATES TO STUDENT SUCCESS UPON GRADUATION FROM HIGH SCHOOL. BEPAC STRIVES TO PREPARE STUDENTS TO MEET JOB MARKET NEEDS, SELECT SATISFYING CAREERS, AND BE GOOD CITIZENS IN THEIR COMMUNITIES. UNION HOSPITAL HAS BEEN A PARTNER IN THIS PROCESS FOR SEVERAL YEARS.

5) UNION HOSPITAL REPORTS PHYSICIAN RECRUITMENT UNDER WORKFORCE DEVELOPMENT BECAUSE IT ADDRESSES GAPS IN SERVICES, ESPECIALLY WHERE THERE ARE TOO FEW PROVIDERS TO PRACTICE (IN UNDERSERVED AREAS, ETC.).

PART III, LINE 4: COSTING METHODOLOGY USED IN DETERMINING BAD DEBT EXPENSE AMOUNTS: THE METHODOLOGY ASSUMES THAT THE PERCENTAGE OF CHARITY CARE TO TOTAL REVENUE CAN BE APPLIED TO THE AMOUNT OF BAD DEBT EXPENSE FOR OTHER BAD DEBT AMOUNTS ARE NOT INCLUDED IN COMMUNITY BENEFITS. THE YEAR.

HOW THE ORGANIZATION ACCOUNTS FOR DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS IN DETERMINING BAD DEBT EXPENSE: DISCOUNTS AND PAYMENTS ARE OFFSET AGAINST BAD DEBT EXPENSE.

METHOD USED TO DETERMINE THE AMOUNT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD OUALIFY FOR FINANCIAL ASSISTANCE UNDER THE Schedule H (Form 990) 232271 05-01-12 35 10400514 758073 1008521-7

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 Part VI
 Supplemental Information

 HOSPITAL'S FINANCIAL ASSISTANCE POLICY: THE HOSPITAL USES THE AVERAGE

 CHARITY CARE WRITE-OFF PER CHARITY CASE MULTIPLIED BY THE NUMBER OF CASES

 NOT APPROVED DUE TO LACK OF DOCUMENTATION.

FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE: ACCOUNTS RECEIVABLE, PATIENTS ARE REPORTED AT NET REALIZABLE VALUE. ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS. THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS ESTIMATED BASED UPON A PERIODIC REVIEW OF THE ACCOUNTS RECEIVABLE AGING, PAYOR CLASSIFICATIONS AND APPLICATION OF HISTORICAL WRITE-OFF PERCENTAGES.

PART III, LINE 8: COSTING METHODOLOGY USED TO DETERMINE AMOUNT OF MEDICARE ALLOWABLE COSTS: MEDICARE ALLOWABLE COSTS EQUAL MEDICARE REVENUE ADJUSTED FOR THE HOSPITAL TOTAL RATIO OF PATIENT CARE COSTS TO CHARGES DUE TO THE FACT THAT MEDICARE PAYS FULL CHARGES IN MARYLAND.

EXTENT TO WHICH MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT: IN THE STATE OF MARYLAND, MEDICARE PAYS FULL CHARGES. THERE IS NO SHORTFALL THAT SHOULD BE TREATED AS A COMMUNITY BENEFIT.

PART III, LINE 9B: IN ACCORDANCE WITH THE COLLECTION POLICY, BAD DEBT ACCOUNTS WILL BE ELIGIBLE FOR A CHARITY CARE DISCOUNT IF THE PATIENT MEETS CHARITY CARE POLICY GUIDELINES. THE PATIENT WILL NEED TO SUPPLY INCOME INFORMATION IN ORDER TO DETERMINE ELIGIBILITY FOR CHARITY CARE PER POLICY. ALSO SEE RESPONSE TO PART III LINE 4 ABOVE.

UNION HOSPITAL OF CECIL COUNTY, INC.:

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PART V, SECTION B, LINE 3: CONDUCTING THE COMMUNITY HEALTH NEEDS
ASSESSMENT (CHNA) WAS A COLLABORATIVE EFFORT BETWEEN UNION HOSPITAL OF
CECIL COUNTY AND THE CECIL COUNTY HEALTH DEPARTMENT. UNION HOSPITAL'S
COMMUNITY BENEFITS COORDINATOR MET WITH CECIL COUNTY HEALTH DEPARTMENT'S
PUBLIC HEALTH OFFICER, DEPUTY PUBLIC HEALTH OFFICER, AND EPIDEMIOLOGIST TO
CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT. THIS TEAM FACILITATED A
SERIES OF MEETINGS WITH BOTH COMMUNITY LEADERS AND COMMUNITY RESIDENTS TO
GAIN FIRST-HAND KNOWLEDGE OF IMPORTANT HEALTH NEEDS IN CECIL COUNTY. THE
CHNA PROCESS BEGAN IN JANUARY 2012 (DURING THE 3RD QUARTER OF FISCAL YEAR
2012). SECONDARY DATA WAS ANALYZED AND USED IN CONJUNCTION WITH ALL
COMMUNITY MEETINGS AS PART OF THE SUPPORTING DATA PLATFORM. USE OF
SECONDARY DATA WAS ALSO INTEGRAL TO THE HEALTH NEEDS PRIORITIZATION
PROCESS CONDUCTED BY UNION HOSPITAL.

INPUT FROM COMMUNITY PARTNERS ENGAGED IN CECIL COUNTY'S LOCAL HEALTH IMPROVEMENT COALITION MEETINGS WAS INCLUDED TO FURTHER VERIFY AND SUPPORT CONDUCTION OF THE CHNA. THE COMMUNITY PARTNERS CONSULTED WERE AS FOLLOWS: @MERICAN CANCER SOCIETY

ØECIL COLLEGE

ØECIL COUNTY COMMISSIONERS

ØECIL COUNTY DEPARTMENT OF EMERGENCY SERVICES

ØECIL COUNTY DEPARTMENT OF JUVENILE SERVICES

ØECIL COUNTY DEPARTMENT OF SOCIAL SERVICES

ØECIL COUNTY HEALTH DEPARTMENT

ØECIL COUNTY LIQUOR BOARD

ØECIL COUNTY LOCAL MANAGEMENT BOARD

ØECIL COUNTY PARKS AND RECREATIONAL SERVICES

ØECIL COUNTY PUBLIC SCHOOLS

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ØECIL COUNTY SHERIFF'S OFFICE

©LKTON HOUSING AUTHORITY

ØOHNS HOPKINS HEALTH CARE

MARYLAND STATE DELEGATION

MARYLAND STATE SENATE

ØRIVATE HEALTH CARE PROVIDERS

ØROJECT CROSSROAD

ØNION HOSPITAL EMPLOYED PROVIDERS, STAFF, AND EXECUTIVE MANAGEMENT

ØNIVERSITY OF MARYLAND STATEWIDE HEALTH NETWORK

ØPPER BAY COUNSELING AND SUPPORT SERVICES

WEST CECIL HEALTH CENTER (FQHC)

ØMCA

THE LOCAL HEALTH IMPROVEMENT COALITION WAS SURVEYED TO DETERMINE WHICH HEALTH NEEDS WERE PROMINENT IN CECIL COUNTY. DATA GATHERED FROM THE SURVEY REFLECTED CONCERNS RELATED TO PRESCRIPTION DRUG AND SUBSTANCE ABUSE, MENTAL HEALTH ACCESS, CHILD ABUSE, AND CHILDHOOD OBESITY.

FOUR FOCUS GROUPS WERE ALSO CONDUCTED WITH COMMUNITY RESIDENTS. THESE FOCUS GROUPS INCLUDED RESIDENTS FROM ELKTON, CHARLESTOWN, NORTH EAST, CHESAPEAKE CITY, CECILTON, PERRYVILLE, RISING SUN, AND PORT DEPOSIT. FOCUS GROUP PARTICIPANTS INCLUDED YOUNG ADULTS, SENIOR CITIZENS, MEMBERS FROM VARIOUS LOCAL COMMUNITY ORGANIZATIONS AND CHURCHES, HOMEMAKERS, SMALL BUSINESS OWNERS, LIFE COACHES, RETIREES, AND COMMUNITY ORGANIZERS. THE FOCUS GROUPS WERE FACILITATED/MODERATED BY UNION HOSPITAL'S COMMUNITY BENEFITS COORDINATOR AND CECIL COUNTY HEALTH DEPARTMENT'S PUBLIC HEALTH OFFICER. THE HEALTH DEPARTMENT'S EPIDEMIOLOGIST PROVIDED TECHNICAL SUPPORT AND TRANSCRIPTION OF MEETING NOTES.

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EACH FOCUS GROUP SESSION BEGAN WITH A DESCRIPTION OF THE CHNA.

PARTICIPANTS WERE THEN PRESENTED WITH DATA GATHERED FROM THE LOCAL HEALTH

IMPROVEMENT COALITION SURVEY MEETINGS AND OTHER SECONDARY HEALTH DATA.

AFTER REVIEW OF THE DATA, PARTICIPANTS WERE ASKED TO RESPOND BASED ON

THEIR OWN PERSONAL UNDERSTANDING OF HEALTH IN THEIR COMMUNITIES AND WHAT

NEEDED TO BE DONE TO ADDRESS IDENTIFIED HEALTH NEEDS. LISTED BELOW ARE

THE DIFFERENT HEALTH NEEDS IDENTIFIED PER FOCUS GROUP.

FOCUS GROUP

HEALTH NEEDS IDENTIFIED

SUBSTANCE ABUSE

ELKTON FOCUS GROUP

MENTAL HEALTH CARE ACCESS

HOMELESSNESS

SMOKING

NUTRITION

LUNG CANCER

CHESAPEAKE CITY FOCUS GROUP GERIATRIC CARE IMPROVEMENTS

MEDICAL TRANSPORTATION ACCESS

CANCER

TOBACCO USE

SUBSTANCE ABUSE

OBESITY

MENTAL HEALTH CARE ACCESS

GENERAL ACCESS TO HEALTH CARE

FOR RESIDENTS THAT LIVE BELOW

THE C & D CANAL

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PERRYV	ILLE FOC	CUS GROUP		CANCER			
				SMOKIN	G		
				OBESII	Y		
				ACCESS	TO HEAL	THIER FOO	DDS
				MENTAL	HEALTH	CARE ACCI	ESS
				CHILD	NEGLECT		
				SUBSTA	NCE ABUS	E	
RISING	SUN FOO	CUS GROUP		MENTAL H	EALTH CA	RE ACCESS	5
				SUICIE	E PREVEN	TION	
				CANCER			
				OBESIT	Y		
				DIABET	ES		
				PRESCR	IPTION D	RUG ABUSI	3
				HEALTH	COMMUNI	CATION IN	MPROVEMENTS
				ADDRES	SING HEA	LTH DISPA	ARITIES

DATA FROM THE FOCUS GROUPS WAS ANALYZED, COMPARED TO SECONDARY HEALTH DATA FROM LOCAL, STATE AND NATIONAL SOURCES, AND PRESENTED TO UNION HOSPITAL'S INTERNAL COMMUNITY BENEFITS WORKGROUP TO COMPLETE THE HEALTH NEEDS PRIORITIZATION PROCESS.

SECONDARY HEALTH DATA PROVIDED BY HEALTHY COMMUNITIES INSTITUTE FOR CECIL COUNTY FROM A VARIETY OF LOCAL, STATE AND NATIONAL SOURCES WAS ANALYZED ACCORDING TO HEALTH INDICATORS IDENTIFIED AS HIGH RISK FOR THE CECIL COUNTY POPULATION.

UNION HOSPITAL'S INTERNAL COMMUNITY BENEFITS WORKGROUP WAS ESTABLISHED TO Schedule H (Form 990) 232271 05-01-12 40 2012.05090 UNION HOSPITAL OF CECIL COU 10085211

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MONITOR THE PROGRESSION OF COMMUNITY BENEFITS PLANNING AND REPORTING
ACTIVITIES. IT WAS ALSO ESTABLISHED TO SET THE FRAMEWORK FOR
ACCOUNTABILITY AND TRANSPARENCY BOTH INTERNALLY AND EXTERNALLY TO THE
HOSPITAL. THE WORKGROUP'S MAIN ROLE DURING THE CHNA WAS TO HELP
PRIORITIZE HEALTH NEEDS IDENTIFIED FROM BOTH THE COMMUNITY AND THE
ANALYSIS OF SECONDARY HEALTH DATA SOURCES. THE FINAL PRIORITIZATION OF
HEALTH NEEDS WAS BASED ON THE FOLLOWING CRITERIA:
- SIZE. THE NUMBER OF PERSONS AFFECTED BY THE HEALTH NEED (INCIDENCE AND
PREVALENCE).
- SERIOUSNESS. LEVEL OF SEVERITY AS INDICATED BY MORBIDITY AND MORTALITY
RATES AND ECONOMIC AND/OR SOCIAL IMPACT.
- ECONOMIC FEASIBILITY. COSTS OF INTERNAL RESOURCES AND POTENTIAL COSTS
OF EXTERNAL RESOURCES.
- POTENTIAL FOR IMPACT. COULD THE HOSPITAL MAKE AN IMPORTANT CONTRIBUTION?
DID IT HAVE THE EXPERTISE, TIME, AND RESOURCES FOR PLANNING,
IMPLEMENTATION OF PROGRAMS/ACTIVITIES, AND EVALUATION OF ALL INITIATIVES?
- AVAILABILITY OF COMMUNITY ASSETS. WERE THERE PROGRAMS ALREADY IN
EXISTENCE THAT WERE ADDRESSING THE IDENTIFIED HEALTH NEEDS?
- PROBABILITY OF SUCCESS. WHAT WAS THE LIKELIHOOD OF ACHIEVING OBJECTIVES
AND GOALS CREATED FOR A COMMUNITY BENEFIT IMPLEMENTATION PLAN?
- VALUE. SUBJECTIVE MEASURES THAT INDICATED IMPORTANCE.
AFTER CAREFUL CONSIDERATION OF ALL DATA AND PRIORITIZATION CRITERIA, THE
INTERNAL COMMUNITY BENEFITS WORKGROUP CHOSE THE FOLLOWING TOP THREE RANKED
HEALTH PRIORITIES FOR CECIL COUNTY:
1) RESPIRATORY HEALTH;
2) HEART DISEASE; AND
3) OBESITY.
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UNION HOSPITAL WILL ADDRESS THESE HEALTH PRIORITIES THROUGH THE COMMUNITY BENEFIT IMPLEMENTATION PLAN OVER THE NEXT THREE FISCAL YEARS.

UNION HOSPITAL OF CECIL COUNTY, INC .:

PART V, SECTION B, LINE 61: COLLABORATIVE COMMUNITY PARTNERS HAVE ALSO

BEEN IDENTIFIED IN THE IMPLEMENTATION PLAN.

UNION HOSPITAL OF CECIL COUNTY, INC .:

PART V, SECTION B, LINE 7: HEALTH NEEDS IDENTIFIED BUT NOT ADDRESSED

THE CHNA REVEALED SEVERAL HEALTH NEEDS THAT WERE NOT SELECTED FOR

PRIORITIZATION BY UNION HOSPITAL. BELOW WE DISCUSS WHICH NEEDS WERE

IDENTIFIED AND WHY THEY WERE NOT CHOSEN FOR PRIORITIZATION.

HEALTH NEEDS NOT INCLUDED AND REASONS HEALTH NEEDS WERE NOT PRIORITIZED

LOCAL HEALTH IMPROVEMENT COALITION HEALTH NEEDS:

ØPRESCRIPTION DRUG ABUSE

ØSUBSTANCE ABUSE

OMENTAL HEALTH ACCESS TO TREATMENT

OCHILD NEGLECT

THESE HEALTH NEEDS WERE NOT PRIORITIZED BECAUSE THE LOCAL HEALTH

IMPROVEMENT COALITION WAS ABLE TO PRODUCE A COMMUNITY HEALTH ACTION PLAN

TO ADDRESS THEM. MEMBER ORGANIZATIONS IN THE COALITION ARE CURRENTLY

WORKING TOGETHER TO INCORPORATE STRATEGIES TO ADDRESS THESE HEALTH NEEDS,

AS WELL AS ACHIEVE MEASURABLE OUTCOMES. UNION HOSPITAL IS REPRESENTED ON

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THE COALITION AND	IS CURRENTLY	WORKING IN	PARTNERSHIP	WITH SEVERAL

COMMUNITY PARTNERS ON ALL OF THESE HEALTH NEEDS.

ØSUICIDE PREVENTION

UNION HOSPITAL RESPONDS TO SUICIDAL TENDENCIES EXHIBITED BY PATIENTS ON AN HOWEVER, MORE WORK IS BEING DONE TO ADDRESS THESE INPATIENT LEVEL. PATIENTS IN THEIR HOME BY WORKING IN PARTNERSHIP WITH MOBILE HEALTH CRISIS, A TEAM OF MENTAL HEALTH PROFESSIONALS DEDICATED TO ADDRESSING CRISIS ONSITE IN THE PATIENT'S HOME.

ØHOMELESSNESS

THE ELKTON ALLIANCE (CHAMBER OF COMMERCE) HAS DEVELOPED A COALITION TO BETTER IDENTIFY AND ADDRESS THE HEALTH AND SOCIAL NEEDS OF THE HOMELESS POPULATION IN CECIL COUNTY. UNION HOSPITAL STAFF ACTIVELY PARTICIPATES ON THIS COALITION.

ØACCESS TO CARE

ADDRESSING ACCESS TO CARE ISSUES, INCLUDING TRANSPORTATION NEEDS, IS A MISSION DRIVEN CONCERN FOR UNION HOSPITAL, AND IS ADDRESSED ON A DAILY BASIS. OTHER HEALTH BASED ORGANIZATIONS IN CECIL COUNTY ALSO WORK TO PROVIDE ADEQUATE ACCESS TO CARE (I.E., THE CECIL COUNTY HEALTH DEPARTMENT, SCHOOL-BASED HEALTH CENTERS IN BAINBRIDGE AND GILPIN ELEMENTARY SCHOOLS, AND WEST CECIL HEALTH CENTER, A FEDERALLY QUALIFIED HEALTH CENTER).

ØACCESS TO HEALTHY FOODS ACCESS TO HEALTHY FOODS COULD BE INCLUDED IN STRATEGIES TO REDUCE OBESITY, WHICH IS A PRIORITY HEALTH NEED FOR BOTH UNION HOSPITAL AND THE LOCAL HEALTH IMPROVEMENT COALITION'S COMMUNITY HEALTH ACTION PLAN. PROMOTION OF HEALTHY FOOD ACCESS CAN ALSO BE PROMOTED IN THE WORKPLACE, AT SCHOOL, AND Schedule H (Form 990) 232271 05-01-12 43

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AT HOME.

ØACCESS TO MEDICAL TRANSPORTATION

THE CECIL COUNTY HEALTH DEPARTMENT OFFERS MEDICAL TRANSPORTATION FOR INDIVIDUALS WITH INSURANCE THAT COVERS IT. ALSO, SOME PRIVATE ORGANIZATIONS OFFER MEDICAL TRANSPORT ACCORDING TO BOTH INSURANCE COVERAGE AND LOCAL NEED. UNION HOSPITAL DOES NOT HAVE TRANSPORT VEHICLES NOR THE CAPITAL TO START AND MAINTAIN SUCH AN ENDEAVOR. RESOURCE ALLOCATION IS BETTER SERVED BY COLLABORATING WITH OTHER ENTITIES THAT HAVE VEHICLES OR BRINGING ISSUES OF ACCESS TO THE LOCAL GOVERNMENT TO ADVOCATE FOR BETTER PUBLIC TRANSPORTATION.

ØGERIATRIC CARE IMPROVEMENTS

GERIATRIC CARE IMPROVEMENTS REFLECT CONCERNS RELATED TO FALLS, ISOLATION, DEPRESSION, IMPROPER DIET AND POOR CHRONIC DISEASE MANAGEMENT. INCIDENTALLY, THE CECIL COUNTY HEALTH DEPARTMENT AND SEVERAL LOCAL COMMUNITY ORGANIZATIONS HAVE PROGRAMS TAILORED TO ADDRESSING, DEPRESSION, ISOLATION, CHRONIC DISEASE MANAGEMENT AND FALLS PREVENTION. UNION HOSPITAL ALSO WORKS ON CHRONIC DISEASE MANAGEMENT AMONG THE ELDERLY AND FALLS PREVENTION.

ØDIABETES

PREVENTION OF AND AWARENESS AROUND DIABETES IS ALREADY INCORPORATED IN MANY OF THE NUTRITION EDUCATION PROGRAMS AND ACTIVITIES THAT UNION HOSPITAL PROVIDES IN THE COMMUNITY. DIABETES CARE, MANAGEMENT, AND AWARENESS ARE ALSO INTEGRAL PARTS OF ACTIVITIES BEING CONSIDERED FOR THE 2ND AND 3RD HEALTH PRIORITIES OF HEART DISEASE AND OBESITY IN THE COMMUNITY BENEFIT IMPLEMENTATION PLAN. Schedule H (Form 990)

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OCANCER

UNION HOSPITAL ALREADY PROVIDES FREE CANCER SCREENINGS FOR THE COMMUNITY AND IS CONTINUOUSLY WORKING ON NEW WAYS TO SCREEN AND IDENTIFY SYMPTOMS FOR VARIOUS CANCERS. UNION HOSPITAL STAFF ALSO COLLABORATES WITH COMMUNITY PARTNERS AND AGENCIES TO BRING ACCESS TO CANCER CARE TO THE COMMUNITY.

ØHEALTH COMMUNICATION IMPROVEMENTS

EFFORTS TO IMPROVE HEALTH COMMUNICATION ARE A CONSTANT TASK FOR UNION

HOSPITAL AND ALL COMMUNITY ORGANIZATIONS. IT DOES NOT GO UNNOTICED.

ØADDRESSING DISPARITIES IN HEALTH CARE

HEALTH DISPARITIES HAVE BEEN IDENTIFIED WHERE APPLICABLE IN THE LOCAL

HEALTH IMPROVEMENT COALITION'S COMMUNITY HEALTH ACTION PLAN. UNION

HOSPITAL ACTIVELY SEEKS TO REDUCE HEALTH DISPARITIES BOTH IN ITS DAILY

FUNCTIONING AND IN PARTNERSHIP WITH CECIL COUNTY'S LOCAL HEALTH

IMPROVEMENT COALITION.

UNION HOSPITAL OF CECIL COUNTY, INC .:

PART V, SECTION B, LINE 20D: MARYLAND IS AN ALL-PAYOR STATE AND THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) SETS THE RATES FOR UNION HOSPITAL.

PART VI, LINE 2: CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT

(CHNA) WAS A COLLABORATIVE EFFORT BETWEEN UNION HOSPITAL OF CECIL COUNTY

AND THE CECIL COUNTY HEALTH DEPARTMENT. UNION HOSPITAL'S COMMUNITY

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52-0607945 Page 8 UNION HOSPITAL OF CECIL COUNTY, INC. Schedule H (Form 990) Part VI | Supplemental Information BENEFITS COORDINATOR MET WITH CECIL COUNTY HEALTH DEPARTMENT'S PUBLIC HEALTH OFFICER, DEPUTY PUBLIC HEALTH OFFICER, AND EPIDEMIOLOGIST TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT. THIS TEAM FACILITATED A SERIES OF MEETINGS WITH BOTH COMMUNITY LEADERS AND COMMUNITY RESIDENTS TO GAIN FIRST-HAND KNOWLEDGE OF IMPORTANT HEALTH NEEDS IN CECIL COUNTY. THE CHNA PROCESS BEGAN IN JANUARY 2012 (DURING THE 3RD QUARTER OF FISCAL YEAR 2012). SECONDARY DATA WAS ANALYZED AND USED IN CONJUNCTION WITH ALL COMMUNITY MEETINGS AS PART OF THE SUPPORTING DATA PLATFORM. USE OF SECONDARY DATA WAS ALSO INTEGRAL TO THE HEALTH NEEDS PRIORITIZATION PROCESS CONDUCTED BY UNION HOSPITAL.

SEE ADDITIONAL DETAIL REGARDING THE NEEDS ASSESSMENT IN OUR RESPONSE TO PART V, SECTION B, LINE 3.

PART VI, LINE 3: UNION HOSPITAL OF CECIL COUNTY UTILIZES A COMMUNITY FINANCIAL ASSISTANCE (CHARITY CARE) POLICY TO ENSURE THAT THE HOSPITAL'S STAFF FOLLOWS A CONSISTENT AND EQUITABLE PROCESS IN GRANTING CHARITY CARE/FINANCIAL ASSISTANCE TO APPROPRIATE PATIENTS, WHILE RESPECTING THE INDIVIDUAL'S DIGNITY. THE POLICY IS IN AGREEMENT WITH THE ESTABLISHED MARYLAND STATE FINANCIAL ASSISTANCE GUIDELINES REGARDING CHARITY CARE.

THE POLICY DESCRIBES THE APPLICATION PROCESS FOR THE FINANCIAL ASSISTANCE PROGRAM, THE INFORMATION REQUIRED TO VERIFY INCOME AND ASSETS, THE TIMELINE FOR APPLICATION REVIEW AND TIERED ADJUSTMENTS BASED ON FEDERAL POVERTY GUIDELINES.

THE APPLICATION FOR FINANCIAL ASSISTANCE IS AVAILABLE TO ALL UNDERINSURED
AND UNINSURED PATIENTS OF UNION HOSPITAL. APPLICATIONS AND SIGNAGE ARE

CONTACT:
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LOCAL NEWSPAPERS OUTLINING ITS FINANCIAL ASSISTANCE POLICY.

ALL FINANCIAL ASSISTANCE APPLICATIONS RECEIVED ARE PROCESSED FOR ELIGIBILITY. PATIENTS WHO ARE NOT ELIGIBLE FOR CHARITY CARE ARE REFERRED TO CECIL COUNTY HEALTH DEPARTMENT TO DETERMINE IF OTHER ASSISTANCE IS AVAILABLE. ANY INDIVIDUAL WHO PRESENTS TO THE BUSINESS OFFICE OF UNION HOSPITAL IN PERSON TO DISCUSS HIS/HER BILL IS PROVIDED WITH A FINANCIAL ASSISTANCE APPLICATION. ALL INPATIENT, SELF-PAY PATIENTS ARE VISITED BY FINANCE STAFF AND SCREENED FOR THE FINANCIAL ASSISTANCE PROGRAM, AS WELL AS FOR MEDICAID AND OTHER STATE AND COUNTY PROGRAMS. FOLLOWING DISCHARGE FROM THE HOSPITAL, EACH PATIENT RECEIVES A SUMMARY OF CHARGES WHICH INCLUDES NOTICE OF THE FINANCIAL ASSISTANCE PROGRAM AND A DESIGNATED CONTACT TELEPHONE NUMBER.

PART VI, LINE 4: UNION HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA (CBSA) INCLUDES THE TOWNS OF ELKTON, ELK MILLS, CHILDS, CHESAPEAKE CITY, EARLEVILLE, WARWICK, CECILTON, NORTH EAST, CHARLESTOWN, PERRYVILLE, AND RISING SUN. UNION HOSPITAL ALSO SERVES TOWNS IN WESTERN CECIL COUNTY: CONOWINGO, COLORA, PORT DEPOSIT, AND PERRY POINT. UNION HOSPITAL IS THE ONLY HOSPITAL IN CECIL COUNTY.

IN 2013, THE TOTAL POPULATION OF CECIL COUNTY IS 102,349 PERSONS. OF THE TOTAL COUNTY POPULATION, 50.3% IS FEMALE (49.7% MALE). THE MEDIAN AGE IS 232271 05-01-12 47

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39 YEARS. THE RACIAL MAKE-UP OF THE COUNTY IS AS FOLLOWS:

-WHITE: 88.19%

-BLACK/AFRICAN AMERICAN: 6.76%

-AMERICAN INDIAN/ALASKAN NATIVE: 0.28%

-ASIAN: 1.17%

THERE ARE 37,360 HOUSEHOLDS. THE MEDIAN HOUSEHOLD INCOME IS \$62,660. APPROXIMATELY 7.11% OF HOUSEHOLDS AND 5.92% OF FAMILIES WITH CHILDREN LIVE BELOW THE POVERTY LEVEL. DATA FROM THE 2011 AMERICAN COMMUNITY SURVEY SHOWS THAT 10.2% OF THE POPULATION IN CECIL COUNTY IS UNINSURED AND 15.3% RECEIVE MEDICAID.

PART VI, LINE 5: EACH FISCAL YEAR, UNION HOSPITAL SERVES THE CECIL

COUNTY COMMUNITY BY PROVIDING ACTIVITIES, PROGRAMS, AND INITIATIVES THAT

AIM TO IMPROVE COMMUNITY HEALTH, SERVING UNDERSERVED AREAS. THE FOLLOWING

IS A BRIEF SUMMARY OF SOME OF THE COMMUNITY BENEFIT ACTIVITIES, PROGRAMS,

AND INITIATIVES THAT UNION HOSPITAL PROVIDED DURING FISCAL YEAR 2013:

* COMMUNITY HEALTH EDUCATION

- A VARIETY OF HEALTH EDUCATION TOPICS HELD IN THE COMMUNITY

- EXPLORER POST AT UNION HOSPITAL FOR HIGH SCHOOL STUDENTS SEEKING

EXPOSURE TO MEDICAL OR HEALTH SCIENCE EXPERIENCES

- SUPPORT GROUPS TO SUPPORT VARIOUS HEALTH NEEDS

- HEALTH FAIRS IN THE COMMUNITY

* COMMUNITY-BASED CLINICAL SERVICES

- FREE SCREENINGS FOR CANCERS, DIABETES, AND HEARING LOSS

- A FREE HEALTH CARE CLINIC FOR UNINSURED PERSONS

- SPORTS PHYSICALS IN UNDERSERVED AREAS

* HEALTH CARE SUPPORT SERVICES

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-	COMMUNITY ASSISTED MEDICATIONS PROGRAM
_	PROVIDING CARE COORDINATION FOR VULNERABLE PERSONS OUTSIDE OF
	THE HOSPITAL VISIT
_	PROVIDING LIFE LINE INSTALLATIONS
-	FACILITATING A PEER COUNSELOR PARTNERSHIP WITH THE EMERGENCY
	DEPARTMENT AND THE CECIL COUNTY HEALTH DEPARTMENT
-	PROVIDING SCHOOL-BASED HEALTH CENTERS IN TWO TITLE 1 ELEMENTARY
	SCHOOLS
	PROVIDING TRANSPORTATION DONATIONS FOR NEEDS-BASED PATIENTS AND
	THEIR FAMILIES
SOC	IAL AND ENVIRONMENTAL IMPROVEMENTS
_	HOSPITAL STAFF VOLUNTEER TO PARTICIPATE WITH THE FOLLOWING OUTDOOR
	AND/OR LABOR-INTENSIVE INITIATIVES:
	> HABITAT-FOR-HUMANITY
	> CHRISTMAS IN APRIL
	> PROJECT ECHO
	> ADOPT-A-HIGHWAY
_	HOSPITAL STAFF ALSO VOLUNTEER TO MENTOR AT-RISK YOUTH DURING THE
	SCHOOL DAY
_	HOSPITAL STAFF PROVIDE LEADERSHIP DEVELOPMENT IN CONJUNCTION WITH
	THE CECIL LEADERSHIP INSTITUTE
_	HOSPITAL STAFF ALSO SERVES ON THE FOLLOWING COMMUNITY BOARDS THAT
	SEEK TO IMPROVE THE SOCIAL DETERMINANTS OF HEALTH:
	> CECIL HUMAN SERVICES AGENCY
	> FAMILY SERVICES ASSOCIATION
	> DEPARTMENT OF SOCIAL SERVICES
	> HOMELESSNESS COALITION
HEA	LTH PROFESSIONS EDUCATION
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- UNION HOSPITAL PRECEPTS AND MENTORS STUDENTS THROUGH A VARIETY OF
STUDENT EXPERIENCES, FROM NURSING AND OTHER MEDICAL/CLINICAL
ROTATIONS TO GRADUATE STUDENT INTERNSHIPS TO HIGH SCHOOL CAPSTONE
PROJECTS.
* MISSION DRIVEN HEALTH SERVICES
- UNION HOSPITAL PROVIDES THESE SERVICES EVEN THOUGH THEY OPERATE AT
A LOSS. THE FOLLOWING SERVICES ARE PROVIDED BECAUSE THEY MEET
IDENTIFIED NEEDS IN THE COMMUNITY:
> A FREE OSTOMY CLINIC
> ACCESS TO PEDIATRIC HOSPITALISTS
> ADULT DAY SERVICES
> OUTPATIENT PALLIATIVE CARE SERVICES
* FINANCIAL/IN-KIND CONTRIBUTIONS
- UNION HOSPITAL PROVIDED DONATIONS OF TIME (STAFF VOLUNTEER HOURS)
AND MONEY (CASH AND EQUIPMENT DONATIONS) FOR THE LOCAL COMMUNITY
AND FOREIGN ONES. EXAMPLES OF SOME IN-KIND CONTRIBUTIONS IN THE
LOCAL COMMUNITY INCLUDE:
> PROVISION OF FREE AMBULANCE SERVICES AND SUPPLIES
> BLOOD DONATIONS
> ATTENDING MEETINGS FOR COMMUNITY HEALTH IMPROVEMENT
> SERVING THE HOMELESS
> PROVIDING MEALS ON WHEELS
> PROVIDING FREE NOTARY SERVICES FOR THE COMMUNITY
> VOLUNTEERING WITH LOCAL ORGANIZATIONS TO IMPROVE COMMUNITY
HEALTH
* FUNDRAISING FOR COMMUNITY BENEFIT PROGRAMMING
- UNION HOSPITAL, IN CONJUNCTION WITH THE CECIL COUNTY HEALTH
DEPARTMENT, PARTICIPATED IN SEVERAL GRANT-WRITING OPPORTUNITIES
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10400514 758073 1008521-7 2012.05090 UNION HOSPITAL OF CECIL COU 10085211

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Schedule H (Form 990) UNION HOSPITAL OF CECIL COUNTY, INC. 52-0607945 Page 8 Part VI Supplemental Information
TO SUPPORT LOCAL INITIATIVES TO IMPROVE ACCESS TO CARE IN CECIL
COUNTY. THE GRANTS SUBMITTED WERE AS FOLLOWS:
> LOCAL HEALTH IMPROVEMENT COALITION - 1ST ROUND FUNDING
(GRANTED)
> LOCAL HEALTH IMPROVEMENT COALITION - 2ND ROUND FUNDING TO
SUPPORT COUNTY MENTAL HEALTH SERVICE ACCESS (GRANTED)
> LOCAL HEALTH IMPROVEMENT COALITION - 2ND ROUND FUNDING TO
SUPPORT THE UNION HOSPITAL/CECIL COUNTY HEALTH DEPARTMENT
COMMUNITY CASE MANAGEMENT PILOT (GRANTED)
> HEALTH ENTERPRISE ZONE (NOT GRANTED)

SURPLUS FUNDS OF THE HOSPITAL ARE USED TO DEVELOP EMPLOYEES AND FURTHER EDUCATE STAFF TO KEEP UP WITH THE EVER CHANGING HEALTHCARE TECHNOLOGY AND NEW TREATMENT PLANS FOR DISEASES, AS WELL AS TO PROVIDE FOR CAPITAL NEEDS OF THE ORGANIZATION TO KEEP THE NECESSARY NEW MEDICAL EQUIPMENT AVAILABLE TO BETTER TREAT THE PATIENTS OF THE COMMUNITY.

PART VI, LINE 6: UNION HOSPITAL OF CECIL COUNTY, INC. IS PART OF AN AFFILIATED HEALTH CARE SYSTEM IN WHICH AFFINITY HEALTH ALLIANCE, INC. IS THE PARENT ENTITY. AFFINITY HEALTH ALLIANCE, INC.'S PURPOSE IS TO SUPPORT THE UNION HOSPITAL OF CECIL COUNTY IN PROVIDING HEALTH CARE AND HEALTH CARE RELATED SERVICES THROUGH THE EFFECTIVE MANAGEMENT OF ALL AFFILIATED CORPORATIONS. SPECIFICALLY, THIS INVOLVES COORDINATING SYSTEM WIDE POLICIES, FUNDRAISING AND STRATEGIC PLANNING PROGRAMS TO PROVIDE HEALTH CARE SERVICES IN RESPONSE TO THE MEDICAL, HUMAN AND RELATED SERVICE NEEDS OF THE COMMUNITY.

 OTHER TAX-EXEMPT ORGANIZATIONS IN THE GROUP INCLUDE THE UNION HOSPITAL OF

 Schedule H (Form 990)

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Schedule H (Form 990)		TAL OF CECIL (COUNTY, INC.	52-0607945 Page 8
Part VI Supplemental	Information			
CECIL COUNTY FOU	NDATION, INC.	CECIL COUNT	Y BREEDERS FAIR	AND UNION
HOSPITAL OF CECI	L COUNTY HEALT	TH SERVICES,	INC.	

THE FOUNDATION CONDUCTS AND SUPERVISES FUNDRAISING ACTIVITIES ON BEHALF OF

ITS TAX-EXEMPT AFFILIATES. THE FOUNDATION ENGAGES IN CORPORATE

FUNDRAISING, CAPITAL CAMPAIGNS, SPECIAL EVENTS, ACTIVITIES, AND A

MULTI-FACETED COMMUNICATION PROGRAM THAT APPEALS TO PRIVATE AND CORPORATE CONTRIBUTORS.

CECIL COUNTY BREEDERS FAIR, INC. IS ORGANIZED FOR THE PURPOSE OF SUPPORTING THE UNION HOSPITAL OF CECIL COUNTY THROUGH FUNDRAISING ACTIVITIES CONSISTING OF THE RUNNING OF THE FAIR HILL RACES.

UNION HOSPITAL OF CECIL COUNTY HEALTH SERVICES, INC.'S MISSION IS TO OWN, MANAGE AND MAINTAIN PROPERTIES FOR HEALTH RELATED VENTURES TO SERVE CECIL COUNTY AND THE SURROUNDING AREAS. THE ACTIVITIES OF THIS CORPORATION COMPLEMENT AND AUGMENT THE HEALTH CARE ACTIVITIES OF THE HOSPITAL.

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

MD

Schedule H (Form 990)

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2012.05090 UNION HOSPITAL OF CECIL COU 10085211

SCHEDULE I								OMB No. 1545-0047	
(Form 990)				d Other Assistance ts, and Individuals	-			2012	
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.								
Name of the organizat	Employer identification number 52-0607945								
Part I General I	nformation on Grants a		CECIL COUNT	1, 100				52 0007515	
1 Does the organi	zation maintain records	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion	
criteria used to a	award the grants or assi	stance?						X Yes No	
	IV the organization's pro								
Part II Grants an	d Other Assistance to	Governments and	d Organizations in th	e United States. C	omplete if the org	anization answered "א	es" to Form 990, Part	IV, line 21, for any	
recipient t	hat received more than	\$5,000. Part II can	be duplicated if addit	tional space is need	ded.		-		
.,	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNION HOSPITAL OF HEALTH SERVICES, STREET - ELKTON,	INC 106 BOW	52-1794553	501(C)(3)	4,115,149.	0.			CHARITABLE ACTIVITIES	
UNION HOSPITAL OF VENTURES, INC ELKTON, MD 21921		52-1793691		623,785.	0.			CAPITAL CONTRIBUTION	
2 Enter total numb	per of section 501(c)(3) a	and government or	nanizations listed in th	he line 1 table				<u> </u> ▶ 1.	
	per of other organization							<u> </u>	
	Reduction Act Notice							Schedule I (Form 990) (2012)	

UNION HOSPITAL OF CECIL COUNTY, INC. Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to pro-	vide the information	n required in Part I,	line 2, Part III, colum	n (b), and any other additional ir	formation.

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SCHEDULE I, PART I, LINE 2: THE ORGANIZATION ONLY PROVIDES ASSISTANCE TO

ITS AFFILIATED ENTITIES. IT DOES NOT PROVIDE GRANTS TO OTHER ORGANIZATIONS.

USE OF FUNDS IS MONITORED BY MANAGEMENT.

Page **2**

(Fo	SCHEDULE J Compensation Information (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Department of the Treasury Complete if the organization answered "Yes" to Form 990, Part IV, line 23.								
Intern	al Revenue Service Attach to Form 990. See separate instructions.			ction					
Nam	-	nployer identif			nber				
_	UNION HOSPITAL OF CECIL COUNTY, INC.	52-0607	94	5					
Pa	rt I Questions Regarding Compensation								
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990 Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal Travel for companions Payments for business use of personal reside Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef	use ence		Yes	No				
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		1b	Х					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directed	ors,							
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		2	Х					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation compensation compensation	to							
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		1-		X				
a L	Receive a severance payment or change-of-control payment?		4a 4b	X					
D O	Participate in, or receive payment from, a supplemental nonqualitied retirement plan?		40 4c	~	x				
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		40						
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:				v				
	The organization?		5a		X				
b	Any related organization?	·····	5b		Λ				
6	If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:								
а	The organization?		6a		Х				
	Any related organization?		6b		Х				
	If "Yes" to line 6a or 6b, describe in Part III.								
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		7	x					
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		T						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in								
	Regulations section 53.4958-6(c)?		9						
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J	Forn	1 990)	2012				

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in prior Form 990
(1) KENNETH S. LEWIS, MD, JD	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CEO	(ii)	478,821.	102,839.	139,846.	111,750.	33,210.	866,466.	0.
(2) LAURIE R. BEYER, CPA	(i)	0.	0.	0.	0.	0.	0.	0.
SENIOR VP/CFO	(ii)	242,996.	45,198.	20,376.	58,066.	26,414.	393,050.	0.
(3) CYDNEY TEAL	(i)	0.	0.	0.	0.	0.	0.	0.
VP MEDICAL AFFAIRS	(ii)	235,346.	49,769.	11,761.	3,472.	25,428.	325,776.	0.
(4) TERRANCE LOVELL	(i)	133,349.	23,813.	6,923.	0.	16,696.	180,781.	0.
VP HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID GIPSON	(i)	0.	0.	0.	0.	0.	0.	0.
SENIOR VP/COO	(ii)	251,625.	46,305.	27,375.	58,885.	26,548.	410,738.	0.
(6) CAREN LEWIS	(i)	0.	0.	0.	0.	0.	0.	0.
SR. VP CARE SVCS (THROUGH 6.15.13)	(ii)	188,750.	28,213.	9,902.	43,480.	11,260.	281,605.	0.
(7) ROHIT SINGHANIA	(i)	398,755.	21,895.	6,177.	3,750.	9,729.	440,306.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) IRFAN M. HISAMUDDIN, MD	(i)	384,245.	31,802.	199.	0.	20,192.	436,438.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JUSTIN SAUSVILLE	(i)	359,920.	14,773.	20,177.	3,750.	20,021.	418,641.	0.
PHYSICIAN	(ii)	0.	Ο.	0.	0.	0.	0.	0.
(10) JAGDEEP HUNDAL	(i)	323,014.	45,333.	222.	3,750.	19,811.	392,130.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BERNARD J HYNES	(i)	330,783.	36,859.	222.	0.	19,805.	387,669.	0.
PHYSICIAN	(ii)	0.	Ο.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2012 UNION HOSPITAL OF CECIL COUNTY, INC.

Part III Supplemental Information

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

PART I, LINE 1A: THE ORGANIZATION'S PRESIDENT & CEO, DR. KENNETH LEWIS,

HAS A DISCRETIONARY SPENDING ACCOUNT FOR FLEXIBLE BENEFITS WHICH INCLUDED:

A) LEASED CAR PAYMENTS, GAS, REPAIRS AND INSURANCE

B) TAX RETURN PREPARATION

C) ATTORNEY REGISTRATION FEE

D) MEDICAL LICENSE RENEWAL

E) FINGERPRINTING/CRIMINAL INVESTIGATION FOR DELAWARE PHYSICIAN LICENSE

F) BJ'S MEMBERSHIP

G) CASH

ALL BENEFITS HAVE BEEN INCLUDED IN TAXABLE WAGES.

PART I, LINE 4B: THE FOLLOWING PEOPLE PARTICIPATE IN A SUPPLEMENTAL,

NON-QUALIFIED RETIREMENT PLAN UNDER SECTION 457(F) OF THE INTERNAL REVENUE

CODE:

DR. KENNETH LEWIS, PRESIDENT & CEO

LAURIE BEYER, SENIOR VP/CFO

DAVID GIPSON, SENIOR VP/COO

Part III Supplemental Information

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

CAREN LEWIS, SENIOR VP OF PATIENT CARE SERVICES

THE FOLLOWING PAYMENTS HAVE BEEN CONTRIBUTED TO THE PLAN EACH CALENDAR YEAR

SINCE 2007:

12/31/2007	- \$90,00) (DR. KENNETH LEWIS)
12/31/2008	- \$90,00) (DR. KENNETH LEWIS)
12/31/2009	- \$90,00) (DR. KENNETH LEWIS)
12/31/2010	- \$90,00) (DR. KENNETH LEWIS)
12/31/2011	- \$108,0	00 (DR. KENNETH LEWIS)
12/31/2012	- \$108,0	00 (DR. KENNETH LEWIS)
12/31/2011	- \$51,43	1 (LAURIE BEYER)
12/31/2012	- \$54,57	5 (LAURIE BEYER)
12/31/2011	- \$51,96	8 (DAVID GIPSON)
12/31/2012	- \$55,13	5 (DAVID GIPSON)
12/31/2011	- \$35,64	9 (CAREN LEWIS)
12/31/2012	- \$40,17	3 (CAREN LEWIS)

THE RIGHT TO RECEIVE PAYMENTS UNDER THE PLAN SHALL BE FORFEITED IN THE

Schedule J (Form 990) 2012

Part III Supplemental Information

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

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EVENT THAT EMPLOYMENT WITH THE HOSPITAL TERMINATES PRIOR TO THE VESTING

DATE FOR ANY REASON OTHER THAN INVOLUNTARY TERMINATION WITHOUT CAUSE,

DEATH, OR DISABILITY.

CAREN LEWIS LEFT THE ORGANIZATION ON JUNE 15TH, 2013. SHE RECEIVED

SEVARANCE PAY THROUGH OCTOBER 1, 2013 IN THE AMOUNT OF \$45,509. SHE ALSO

RECEIVED, DURING THIS TIME, THE BALANCE OF HER PTO IN THE AMOUNT OF \$9,098

AND A BONUS IN THE AMOUNT OF \$33,150 THAT HAD BEEN EARNED PRIOR TO HER

LEAVING.

PART I, LINE 7: A PORTION OF THE BONUSES AND MERIT INCREASE ARE TIED

TO THE ORGANIZATIONAL GOALS, SUCH AS PATIENT SATISFACTION, QUALITY,

EMPLOYEE TURNOVER, ETC.

A PORTION OF THE BONUSES AND MERIT INCREASE ARE ALSO TIED TO EXPENSES PER

EQUIVALENT INPATIENT DAYS OF UNION HOSPITAL OF CECIL COUNTY.

Page 3

OMB No. 1545-0047

2012 Open to Public Complete if the organization answered "Yes" to Form 990. Part IV. line 24a. Provide descriptions. (Form 990) explanations, and any additional information in Part VI. Department of the Treasury Inspection Attach to Form 990. See separate instructions. Internal Revenue Service Employer identification number Name of the organization 52-0607945 UNION HOSPITAL OF CECIL COUNTY, INC. (A) CONTINUATIONS SEE PART VI FOR COLUMN Part I Bond Issues (a) Defeased (h) On behalf (i) Pooled (b) Issuer EIN (c) CUSIP # (d) Date issued (a) Issuer name (e) Issue price (f) Description of purpose of issuer financing Yes No Yes No Yes No MARYLAND HEALTH & HIGHER A EDUCATION FACILITIES AU 52-09360915742168A8 07/14/05 31,401,189. SEE PART VI Х Х Х 52-6000790 NONE 05/18/12 10,000,000.SEE PART VI Х Х Х B TOWN OF ELKTON 05/18/12 8,662,336.SEE PART VI 52-6000790 NONE Х Х Х C TOWN OF ELKTON 05/18/12 9,000,000.SEE PART VI Х Х D TOWN OF ELKTON 52-6000790 NONE Х Part II Proceeds С D Α В **1** Amount of bonds retired 2 Amount of bonds legally defeased 35,836,388. 10,000,000. 8,662,336. 9,000,000. **3** Total proceeds of issue 3.933.718. 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 576,473. 7 Issuance costs from proceeds 8 Credit enhancement from proceeds Working capital expenditures from proceeds 9 33,640,038. Capital expenditures from proceeds 10 10,000,000. 8,662,336. 9,000,000. Other spent proceeds 11 12 Other unspent proceeds 2012 2007 2012 2012 Year of substantial completion 13 Yes No Yes No Yes No Yes No Х Х Х Х 14 Were the bonds issued as part of a current refunding issue? Х Х Х Х Were the bonds issued as part of an advance refunding issue? 15 Х Х Х Х 16 Has the final allocation of proceeds been made? Х Х X X 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use в С D 1 Was the organization a partner in a partnership, or a member of an LLC. Α which owned property financed by tax-exempt bonds? Yes No Yes No Yes No Yes No Х Х Х Х 2 Are there any lease arrangements that may result in private business use of Х Х х Х bond-financed property? 60

Supplemental Information on Tax-Exempt Bonds

²³²¹²¹ 2:17-12 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE K

ENTTTY 2

OMB No. 1545-0047

Supplemental Information on Tax-Exempt Bonds SCHEDULE K 2012 Open to Public Complete if the organization answered "Yes" to Form 990. Part IV. line 24a. Provide descriptions. (Form 990) explanations, and any additional information in Part VI. Department of the Treasury Inspection Attach to Form 990. See separate instructions. Internal Revenue Service Employer identification number Name of the organization 52-0607945 UNION HOSPITAL OF CECIL COUNTY, INC. (A) CONTINUATIONS SEE PART VI FOR COLUMN Part I Bond Issues (a) Defeased (h) On behalf (i) Pooled (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (a) Issuer name (e) Issue price of issuer financing Yes No Yes No Yes No MARYLAND HEALTH & HIGHER 07/18/12 9,924,000.SEE PART VI A EDUCATION FACILITIES AU 52-0936091 Х NONE Х Х MARYLAND HEALTH & HIGHER 07/18/12 4,007,000.SEE PART VI BEDUCATION FACILITIES AU 52-0936091 NONE Х Х Х С D Part II Proceeds С D Α В **1** Amount of bonds retired **2** Amount of bonds legally defeased 9,924,000. 4,007,000. 3 Total proceeds of issue 4 Gross proceeds in reserve funds **5** Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 8 Credit enhancement from proceeds Working capital expenditures from proceeds 9 10 Capital expenditures from proceeds 9,924,000. 4,007,000. Other spent proceeds 11 12 Other unspent proceeds 2012 2012 Year of substantial completion 13 Yes No Yes No Yes No Yes No Х Х 14 Were the bonds issued as part of a current refunding issue? Х Х Were the bonds issued as part of an advance refunding issue? 15 Х Х Has the final allocation of proceeds been made? 16 Х Х 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use в С D 1 Was the organization a partner in a partnership, or a member of an LLC, Α which owned property financed by tax-exempt bonds? Yes No Yes No Yes No Yes No Х Х 2 Are there any lease arrangements that may result in private business use of Х Х bond-financed property? 23212 61

²³²¹²¹ 12-17-12 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2012 UNION HOSPITAL OF CECIL COUNTY, INC.

52-0607945

Page 2

		Α		В		c		D
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?	X		Х		Х		Х	
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?	Х		Х		Х		Х	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		Х
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?								
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 %		.00
6 Total of lines 4 and 5		.00 %		.00 %		.00 %		.00
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-								1
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								1
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?	x		х		х		х	
Part IV Arbitrage		1 1		1				
		Α		В		С		D
	Yes	No	Yes	No No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?	103	X	103	X	103	X	103	X
2 If "No" to line 1, did the following apply?								
		X		x		X		X
a Rebate not due yet?		X	X		X		X	
b Exception to rebate?	x		21	x	23	X	21	x
c No rebate due? If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate						23		
computation was performed		X		X		X		X
3 Is the bond issue a variable rate issue?								
4a Has the organization or the governmental issuer entered into a qualified	x			x		x		x
hedge with respect to the bond issue?		MERICA, N.A						
		$\frac{\text{MERICA, N.A}}{00000000}$	•					
c Term of hedge d Was the hedge superintegrated?		X						_
		· · ·						1

Schedule K (Form 990) 2012 UNION HOSPITAL OF CECIL COUNTY, INC.

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Pa	rt III Private Business Use (Continued)								
			A		В		С	[)
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?	Х		Х					
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?	Х		Х					
C	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
	I 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?								
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 %		%		%
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 %		%		%
6	Total of lines 4 and 5		.00 %		•00 %		%		%
7	Does the bond issue meet the private security or payment test?		X		X		/0		70
	Has there been a sale or disposition of any of the bond-financed property to a non-								
00	governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x				
h	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
N	of		%		%		%		%
	 If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 		/0		/0		/0		70
Ū	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
5	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?	х		х					
Da	rt IV Arbitrage								
га	Aibitrage		Α		В		C		<u>, </u>
		Yes	No	Yes	No	Yes	No	Yes	, No
-	Has the issuer filed Form 8038-T?	165	X	165	X	165	INC	165	
	If "No" to line 1, did the following apply?								
	Rebate not due yet?		X		X				
		X		X					
	Exception to rebate? No rebate due?		X		X				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate								
	computation was performed								
3			X		X				
	Has the organization or the governmental issuer entered into a qualified								
Ηd	hedge with respect to the bond issue?		x		x				
							L		
	Name of provider Term of hedge								
	Term of hedge Was the hedge superintegrated?								
	Was the hedge terminated?								

chedule K (Form 990) 2012 UNION HOSPITAL OF CECIL COUNT	Y, INC.	,	52-	0607945	5			Page
Part IV Arbitrage (Continued)			1				1	
	4			B		2		2
	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?		Х		X		X		X
7 Has the organization established written procedures to monitor the requirements of								
section 148?	Х		X		X		X	
Part V Procedures To Undertake Corrective Action								
	A			<u>B</u>		2		2
	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 is not available under applicable								
regulations?	Х		X		Х		X	

FNTTTV 2

Schedule K (Form 990) 2012 UNION HOSPITAL OF CECIL COUNT	Y, INC	•	52-	0607945	5			Page 3
Part IV Arbitrage (Continued)					1			
		A		B		ç	I	P
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		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				
7 Has the organization established written procedures to monitor the requirements of section 148?	х		x					
Part V Procedures To Undertake Corrective Action			•					
		A		В		С		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 is not available under applicable								
regulations?	Х		x					
 (A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCAT (A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCAT (A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCAT SCHEDULE K, PART IV, ARBITRAGE, LINE 2C: (A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCAT 	ION FA	CILITIE	S AUTH	ORITY ORITY				
PART I, COLUMN (F) PURPOSE OF BONDS ISSUE A: THE PURPOSE OF THE ISSUE WAS FINANCING ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPP FACILITIES.								
ISSUE B: TO REFUND PORTION OF SERIES 2009 BONDS.	000 50							
ISSUE C: TO REFUND REMAINING PORTION OF SERIES 2 SERIES 2000 BONDS.	009 BO	NDS AND	АЦЬ О	F.				
SERIES 2000 BONDS. 232123 12-17-12						Sc	hedule K (Fo	rm 990) 201:

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

ISSUE D: TO FUND AN ESCROW WHICH REPAYS A PORTION OF THE SERIES 2002

BONDS AND INTEREST THEREON.

ISSUE E: TO REFUND REMAINING PORTION OF SERIES 2002 BONDS.

ISSUE F: TO FINANCE ACQUISITION OF EQUIPMENT AND CLOSING COSTS.

PART II, LINE 3

DIFFERENCE IN PROCEEDS

ISSUE A: THIS NUMBER REPRESENTS SALE PROCEEDS PLUS INVESTMENT EARNINGS

IN THE CONSTRUCTION FUND, PLUS INVESTMENT EARNINGS IN THE COST OF

ISSUANCE FUND, PLUS INVESTMENT EARNINGS IN THE DEBT SERVICE RESERVE

FUND DURING THE CONSTRUCTION PERIOD.

PART II, LINE 10

CAPITAL EXPENDITURES FROM PROCEEDS

ISSUE A: THIS NUMBER REPRESENTS TOTAL PROCEEDS LESS PROCEEDS DEPOSITED

INTO A RESERVE FUND LESS PROCEEDS SPENT ON ISSUANCE COSTS.

PART IV, LINES 3(B) AND 3(C)

HEDGE

ISSUE A: THE ORGANIZATION ENTERED INTO AN INTEREST RATE HEDGE WITH BANK

OF AMERICA, N.A. ON MARCH 28, 2005. THE TERM OF THE HEDGE WAS FROM

JUNE 22, 2005 THROUGH JULY 1, 2040. THE HEDGE WAS TERMINATED IN

CONNECTION WITH THE ISSUANCE OF THE BONDS.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNION HOSPITAL OF CECIL COUNTY, INC.

Employer identification number 52-0607945

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

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

PROGRAMS TO SUPPORT THE COMMUNITY WILL BE CONSIDERED WHERE THE NEED

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

INCLUDE COMMUNITY EDUCATION, SPECIAL PROGRAMS FOR THE ELDERLY, SPECIAL

PROGRAMS FOR THE PHYSICALLY/MENTALLY CHALLENGED, MEDICALLY UNDERSERVED

AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES.

UNION HOSPITAL OF CECIL COUNTY SERVICED 5,762 ADMISSIONS PROVIDING

20,994 PATIENT DAYS TO INPATIENTS IN FISCAL YEAR 2013 OF WHICH:

1) PATIENTS COVERED UNDER THE MEDICARE PROGRAM WERE 2,554 ADMISSIONS

AND 10,737 PATIENT DAYS

PATIENTS COVERED UNDER THE MEDICAID PROGRAM WERE 92 ADMISSIONS AND 2)

316 PATIENT DAYS

3) PATIENTS COVERED UNDER THE MEDICAID HMO PROGRAM WERE 1,189

ADMISSIONS AND 3,634 PATIENT DAYS

4) PATIENTS COVERED UNDER THE MEDICARE HMO PROGRAM WERE 135 ADMISSIONS

AND 610 PATIENT DAYS

CHARITY CARE IS ALSO PROVIDED THROUGH MANY REDUCED PRICE SERVICES AND

FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND

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

FIDE COMMUNITY NEED. THESE INCLUDE:

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211 01-04-13 67

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization UNION HOSPITAL OF CECIL COUNTY, INC.	Employer identification number 52-0607945
CHALLENGED	
B) SUPPORT GROUPS FOR CANCER PATIENTS AND FAMILIES, DIABE	TES,
ALCOHOLICS ANONYMOUS, OSTOMY, AND SMOKELESS	
C) OFFERING AND CONDUCTING FREE BLOOD PRESSURE, CHOLESTER	OL SCREENINGS,
AND PROSTATE SCREENINGS	
D) IN CONJUNCTION WITH THE STATE OF MARYLAND AND THE LOCA	L DEPARTMENT
OF HEALTH, OFFERING AND CONDUCTING A CANCER SCREENING PRO	GRAM FOR
INDIGENT FEMALES	
E) PROVIDING MEETING FACILITIES FOR A VARIETY OF NONPROFI	TS AND
VOLUNTEER FIRE COMPANIES	
F) HOSPITAL STAFF VOLUNTEERS ON NONPROFIT ORGANIZATION BO	ARDS SUCH AS
THE AMERICAN CANCER SOCIETY	
DURING THE YEAR, UNION HOSPITAL OF CECIL COUNTY PROVIDED	\$13,136,000 IN
UNCOMPENSATED CARE.	
FORM 990, PART VI, SECTION A, LINE 6: AFFINITY HEALTH ALL	IANCE, INC.
("AHA"), A TAX-EXEMPT ORGANIZATION, IS THE SOLE MEMBER OF	THE UNION
HOSPITAL OF CECIL COUNTY, INC.	
FORM 990, PART VI, SECTION A, LINE 7A: THE BYLAWS OF THE	HOSPITAL PROVIDE
THAT ITS DIRECTORS ARE APPOINTED BY ITS SOLE MEMBER, AHA.	
FORM 990, PART VI, SECTION A, LINE 7B: THE BYLAWS OF THE	HOSPITAL PROVIDE
THAT ITS SOLE MEMBER (AHA) MAY AMEND ITS BYLAWS.	
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS RE	VIEWED BY THE
CHIEF FINANCIAL OFFICER. IT IS THEN PRESENTED TO THE BOA 232212 01-04-13 Schee	
01-04-13 Sched	dule O (Form 990 or 990-EZ) (2012)

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10400514 758073 1008521-7 2012.05090 UNION HOSPITAL OF CECIL COU 10085211

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

UNION HOSPITAL OF CECIL COUNTY, INC.

Employer identification number 52-0607945

BOARD MEETING PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST. THE ORGANIZATION'S CEO REVIEWS THE SIGNED ANNUAL DISCLOSURES. THE CORPORATE COMPLIANCE OFFICER IS MADE AWARE OF ANY DISCLOSED CONFLICT, INVESTIGATES THE CONFLICT, AND REPORTS BACK TO THE BOARD OF DIRECTORS. THE BOARD CONSIDERS THE FACTS AND MAKES AN APPROPRIATE FINDING. ANY BOARD MEMBER WITH A CONFLICT MUST ABSTAIN FROM BOARD DELIBERATIONS AND VOTING ON THE MATTER.

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

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

Name of the organization UNION HOSPITAL OF CECIL COUNTY, INC. CONSULTANT AND COMPENSATION STUDIES OR SURVEYS, TO SET (Employer identification number 52-0607945
CONSULTANT AND COMPENSATION STUDIES OR SURVEYS, TO SET	
	COMPENSATION. DURING
THE FISCAL YEAR ENDED JUNE 30, 2012, AN INDEPENDENT COM	PENSATION CONSULTANT
PROVIDED THE FOLLOWING SERVICES: EXECUTIVE COMPENSATION	AND PERFORMANCE
EVALUATION.	
COMPENSATION REVIEW AND APPROVAL IS DOCUMENTED VIA BOAR	D MINUTES.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION	WILL MAKE ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND F	INANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	4,753,559.
MANAGEMENT AND GENERAL EXPENSES	724,768.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,478,327.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	4,817,893.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,817,893.
PHYSICIAN FEES:	
PROGRAM SERVICE EXPENSES	4,788,960.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,788,960.
²³²²¹² 01-04-13 Scl 70	hedule O (Form 990 or 990-EZ) (2012)

Name of the organization UNION HOSPITAL OF CECIL COUNTY, INC.	Employer identification number $52 - 0607945$
UNION HOSPITAL OF CECH COUNTY, INC.	52-0007545
PURCHASED SERVICES:	
PROGRAM SERVICE EXPENSES	1,569,828
MANAGEMENT AND GENERAL EXPENSES	0 .
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	1,569,828.
AGENCY EMPLOYEES:	
PROGRAM SERVICE EXPENSES	2,328,650
MANAGEMENT AND GENERAL EXPENSES	0 .
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	2,328,650.
TRANSCRIPTION:	
PROGRAM SERVICE EXPENSES	435,769
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	435,769
RECORD FILE STORAGE:	
PROGRAM SERVICE EXPENSES	202,352
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	202,352
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	19,621,779
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	

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2012.05090 UNION HOSPITAL OF CECIL COU 10085211

10400514 758073 1008521-7

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Page 2 Employer identification number
UNION HOSPITAL OF CECIL COUNTY, INC.	52-0607945
LOSS ON REFINANCING	-322,110.
CHANGE IN PROVISION FOR UNCOLLECTIBLE PLEDGES	-47,214.
TOTAL TO FORM 990, PART XI, LINE 9	-537,202.
STATEMENT PURSUANT TO SECTION 1.351-3(A):	
STATEMENT PURSUANT TO SECTION 1.351-3(A) BY	
SCHUYLKILL MEDICAL CENTER - SOUTH JACKSON STREET	
23-1352202	
(1) NAME AND EMPLOYER IDENTIFICATION NUMBER OF THE TRANS	SFEREE
NAME: UNION HOSPITAL OF CECIL COUNTY, INC. EIN: 52-0607945	
(2) DATE(S) OF TRANSFER(S) OF ASSETS:	
TRANSFER DATE(S):	
VARIOUS FROM 7/1/12 THROUGH 6/30/13	
(3) AGGREGATE FAIR MARKET VALUE AND BASIS OR PROPERTY TR	RANSFERRED:
FAIR MARKET VALUE: \$1,582,248	
BASIS: \$1,582,248	
(4) DATE AND CONTROL NUMBER OF PRIVATE LETTER RULING(S)	ISSUED BY THE

IRS IN CONNECTION WITH THE EXCHANGE:

232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012)

10400514 758073 1008521-7

2012.05090 UNION HOSPITAL OF CECIL COU 10085211

Name of the organization	TINTON		CECTI	COLIVIAN	TNO	Employer identification num 52-0607945
		HOSPITAL OF		COUNTY,	INC.	52-0607945
DATE(S) AND (CONTROL	NUMBER(S):	NONE			
32212 1-04-13						Schedule O (Form 990 or 990-EZ) (2

SCH	FDI	ΠF	R
3011		ᅳᅳ	

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047 2012 Open to Public Inspection

Name of the organization

See separate instructions.

Employer identification number 52-0607945

UNION HOSPITAL OF CECIL COUNTY, INC.

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II 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	(f) Direct controlling entity	Section 5 contr enti	
				501(c)(3))		Yes	No
UNION HOSPITAL OF CECIL COUNTY FOUNDATION,							
INC 52-1794552, 106 BOW STREET, ELKTON,				LINE 11C,	AFFINITY HEALTH		
MD 21921	FUNDRAISING & SUPPORT	MARYLAND	501(C)(3)	III-FI	ALLIANCE, INC.		х
UNION HOSPITAL OF CECIL COUNTY HEALTH							
SERVICES, INC 52-1794553, 106 BOW STREET,	HEALTHCARE PROPERTY				AFFINITY HEALTH		
ELKTON, MD 21921	MANAGEMENT	MARYLAND	501(C)(3)	LINE 9	ALLIANCE, INC.		х
CECIL COUNTY BREEDERS FAIR, INC					UNION HOSPITAL OF		
51-6018180, 106 BOW STREET, ELKTON, MD					CECIL COUNTY		
21921	FUNDRAISING & SUPPORT	MARYLAND	501(C)(4)		FOUNDATION, INC.		х
AFFINITY HEALTH ALLIANCE, INC 52-1794697							
106 BOW STREET	1			LINE 11C,			
ELKTON, MD 21921	MANAGEMENT & SUPPORT	MARYLAND	501(C)(3)	III-FI	N/A		Х

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

Schedule R (Form 990) 2012

52-0607945

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)		h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop ate allo	portion- cations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener manag partn	l or Percenta ^{ing} ownersh #?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(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	cont	i) tion b)(13) rolled ity?
		country)						Yes	No
UNION HOSPITAL OF CECIL COUNTY VENTURES,									
INC 52-1793691, 106 BOW STREET, ELKTON,									
MD 21921	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
CECIL COUNTY ANESTHESIOLOGISTS, INC									
52-1886386, 106 BOW STREET, ELKTON, MD	1								
21921	INACTIVE	MD	N/A	C CORP	N/A	N/A	N/A		х
EMERGENCY MEDICAL SPECIALISTS OF CECIL									
COUNTY - 52-1881684, 106 BOW STREET, ELKTON,	1								
MD 21921	INACTIVE	MD	N/A	C CORP	N/A	N/A	N/A		X
	-								
									<u> </u>
	1								

Schedule R (Form 990) 2012 UNION HOSPITAL OF CECIL COUNTY, INC.

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

						-	
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	No
	During the tax year, did the organization engage in any of the following transactions		5				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<u>1a</u>		X
b	Gift, grant, or capital contribution to related organization(s)				. 1b	X	
С	Gift, grant, or capital contribution from related organization(s)				. 1c	Х	
d	Loans or loan guarantees to or for related organization(s)				. 1d		Х
	Loans or loan guarantees by related organization(s)						Х
f	Dividends from related organization(s)				. 1f		Х
g	Sale of assets to related organization(s)				. 1g		X
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				. 1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k	X	
1	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		Х
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		Х
	Sharing of paid employees with related organization(s)					Х	
р	Reimbursement paid to related organization(s) for expenses				. 1p		Х
	Reimbursement paid by related organization(s) for expenses						X
r	Other transfer of cash or property to related organization(s)				. 1r	X	
s	Other transfer of cash or property from related organization(s)				. 1s	Х	
	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a)	(b)	(c)	(d)			
	Name of other organization	Transaction	Amount involved	Method of determining amount in	nvolved		
		type (a-s)					
(1)							
(2)							
(3)							
<u>(4)</u>							
(5)							
(6)							

Schedule R (Form 990) 2012 UNION HOSPITAL OF CECIL COUNTY, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are a partners 501(c) orgs.) all s sec.)(3) .?	(f) Share of total	(g) Share of end-of-year	Dispr tion alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	al or F ging Ier?	(k) Percentage ownership		
		country)	under section 512-514)	Yes I	No	income	assets	Yes	No	(Form 1065)	Yes	NO			
											\square				
											\square				
				\vdash					\vdash		\vdash				
				$\left \right $							┢─┼	-+			

Schedule R (Form 990) 2012

Schedule R	(Form 990) 2012	UNION	HOSPITAL	OF.	CECIL	COUNTY,	INC.	52-0607945	Pa
	Supplemental Inf								
	Complete this part to p	provide additiona	al information for	respon	ses to ques	tions on Sched	ule R (see inst	tructions).	
	12							Schedule R (Form 9	
32165 12-10-1									

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2013

Prepared for	
	Union Hospital of Cecil County, Inc. 106 Bow Street Elkton, MD 21921-5596
Prepared by	ParenteBeard LLC 1650 Market Street, Suite 4500 Philadelphia, PA 19103
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2014
Special Instructions	The return should be signed and dated.

Form 990-T Department of the Treasury	Exempt Orga	nd proxy tax und	er se	ction 6033(e))			OMB No. 1545-0687
Internal Revenue Service	For calendar year 2012 or other tax y				<u>UN 30, 20</u>		
A Check box if address changed	Name of organization (Check box if name c	hanged	and see instructions.)		(Empl instru	oyer identification number oyees' trust, see ctions.)
B Exempt under section	Print UNION HOSPI	TAL OF CECI	L C	OUNTY, INC.			2-0607945
X 501(c)(3)	Type 1.0 C DOW GUD		x, see in	structions.			ated business activity codes astructions)
408(e) 220(e)	106 BOW STR						
408A 530(a)						C 2 1	
529(a)	ELKTON, MD	21921-5596				621	500 541900
at end of year	F Group exemption number (see in G Check organization type ►	,		501(c) trust	401(a) trust		Other trust
188,229,305.					40 I(a) II USI	L	
	I on's primary unrelated business acti		ORY	SERVICES T	O NON-PAT	TEN	TS
	s the corporation a subsidiary in an a					Ye	
	and identifying number of the paren						
	f 🕨 DERON G. BRO		RO	F FINANCTeleph	one number 🕨	(410) 398-4000
Part I Unrelate	ed Trade or Business Inc	ome		(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or sa							
	owances 223,615.		1c	972,733.			
	Schedule A, line 7)		2				
-			3	972,733.			972,733.
	me (attach Schedule D)		4a				
	n 4797, Part II, line 17) (attach Form		4b				
	on for trusts		4c 5	9,846.	STMT 1		9,846.
	partnerships and S corporations (att		5 6	9,040.	SIMI .	-	9,040.
	ule C)		7				
	oyalties, and rents from controlled o		8				
	of a section 501(c)(7), (9), or (17) of						
		•	9				
, , , , , , , , , , , , , , , , , , , ,	tivity income (Schedule I)		10				
	(Schedule J)		11				
	structions; attach statement)		12				
	s 3 through 12		13	982,579.			982,579.
	ons Not Taken Elsewhei	•		,			
	contributions, deductions must	-					
	fficers, directors, and trustees (Sche					14	
						15	321,032.
	nance					16	15,775.
						17	33,181.
	ement)					18 19	
 Taxes and licenses Charitable contribu 	tions (see instructions for limitation	rules)				20	
	n Form 4562)					20	
22 Less depreciation of	laimed on Schedule A and elsewher	e on return		22a		22b	
						23	
24 Contributions to de	ferred compensation plans					24	
	rograms					25	59,531.
26 Excess exempt exp	enses (Schedule I)					26	
27 Excess readership	costs (Schedule J)					27	
28 Other deductions (a	attach statement)			SEE STAT	EMENT 2	28	1,124,303.
	s. Add lines 14 through 28					29	1,553,822.
	taxable income before net operating					30	-571,243.
	deduction (limited to the amount on					31	
	taxable income before specific dedu					32	-571,243.
	(generally \$1,000, but see instructio					33	1,000.
of zero or line 32	ess taxable income. Subtract lin		-			34	-571,243.
223701 01-11-13 LHA For Pa	perwork Reduction Act Notice, see	instructions.	80				Form 990-T (2012)
			00	1			

10400514 758073 1008521-7 2012.05090 UNION HOSPITAL OF CECIL COU 10085211

			HOSPITAL	OF	CECIL	COUNTY,	INC.
Part III	Ta	x Comput	ation				

	Organizations taxable as corporations (see instructions for tax computation).						
	Controlled group members (sections 1561 and 1563) check here 🕨 🛄 See instructions an						
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):					
	(1) \$ (2) \$ (3) \$						
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)						
	(2) Additional 3% tax (not more than \$100,000) \$						•
	ncome tax on the amount on line 34		🕨	► <u>35</u> c			0
36	Trusts taxable at trust rates (see instructions for tax computation). Income tax on the amount of						
l	Tax rate schedule or Schedule D (Form 1041)				L		
	Proxy tax (see instructions)						
38	Alternative minimum tax				<u> </u>		
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	<u></u>		39			0.
	Tax and Payments			_			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		_			
	Other credits (see instructions)	40b		_			
	General business credit. Attach Form 3800			_			
	Credit for prior year minimum tax (attach Form 8801 or 8827)			-			
e	Total credits. Add lines 40a through 40d			<u>40e</u>	───		
41	Subtract line 40e from line 39			. 41	<u> </u>		0
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88		(attach statemer		<u> </u>		
	Total tax. Add lines 41 and 42	1 1		. 43	<u> </u>		0
	Payments: A 2011 overpayment credited to 2012	44a		_			
	2012 estimated tax payments	44b		_			
C	Fax deposited with Form 8868	44c		_			
	Foreign organizations: Tax paid or withheld at source (see instructions)	44d		_			
	Backup withholding (see instructions)	44e		_			
	Credit for small employer health insurance premiums (Attach Form 8941)	44f		_			
g	Other credits and payments: Form 2439						
l	☐ Form 4136 Total ►	44g					
45	Total payments. Add lines 44a through 44g			. 45	L		
	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛄				<u> </u>		
	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed				<u> </u>		0
	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	1		▶ 48	<u> </u>		0
	Enter the amount of line 48 you want: Credited to 2013 estimated tax		efunded 🕨	▶ 49			
	Statements Regarding Certain Activities and Other Information						
	y time during the 2012 calendar year, did the organization have an interest in or a signature or of					Yes	No
	rities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1	, Report of For	eign Bank and	Financial			v
ACCO Durine	unts. If "Yes," enter the name of the foreign country here P give tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign true	ist?					X
It "Yes	s," see instructions for other forms the organization may have to file.						X
	the amount of tax-exempt interest received or accrued during the tax year \triangleright \$						
	JIE A - Cost of Goods Sold. Enter method of inventory valuation ► N/A						
_	tory at beginning of year			. 6	<u> </u>		
	hases 7 Cost of goods sold. Si			_			
	of labor 3 from line 5. Enter here				<u> </u>	T	
	onal section 263A costs (att. statement) 4a 8 Do the rules of section					Yes	No
	r costs (attach statement) 4b property produced or a	-	,				
5 Tota	I. Add lines 1 through 4b						
ign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	rer has any knowle	o the best of my k edge.	nowledge a	and belief, it i	s true,	
lere				-	RS discuss th		with
	Signature of officer Date SENIOR	VP/CFO			er shown bel		¬
			a		ns)? X Y	es	_ No
	Print/Type preparer's name Preparer's signature Da	ie	Check	if PTI	í N		
Paid	JULIUS C. GREEN,		self- employe				
Prepai	er CPA, JD		1		00350		
Jse O	Firm's name PARENTEBEARD LLC		Firm's EIN	▶ 2	3-293	3298	4
	1650 MARKET STREET, SUITE 4500			101	E \	70 C	ب م م
	Firm's address PHILADELPHIA , PA 19103		Phone no.	(21	.5) 97		
3711 01-					Form 9	190-T	(2012
	81	ab = = = =	• • = •			00	
0051	4 758073 1008521-7 2012.05090 UNION HO	SPITAL	OF CEC	TP CC	JU 10	0852	311

chedule C - Rent Income	(From Real	Proper					ed Witl	h Real Pr	ope	rty)(see instructions)
Description of property										
1)										
2)										
3)										
4)	-									
		ed or accrue	-				- 3(a)□	eductions direc	tly con	nected with the income in
 (a) From personal property (if the personal property is more than 50% but not more than 50% 	e than	(D) FI	rent for pe	nd personal proper ersonal property ex t is based on profit	ceeds 50% o	r if		columns 2(a) a	and 2(b	b) (attach statement)
1)										
<u>2)</u>										
3)										
4) Dtal	0.	Total				0.				
) Total income. Add totals of columns		ter				••		l deductions.		
ere and on page 1, Part I, line 6, colum	n (A)	►				0.	Enter here Part I, line	and on page 1, 6, column (B)	🕨	
chedule E - Unrelated De	bt-Financed	Incom	e (see i	instructions)			3 Deduc	ctions directly of	onnect	ed with or allocable
				2. Gross ind or allocable				to debt-fina	nced p	property
1. Description of debt-f	inanced property			financed		(a)	Straight lin (attach s	e depreciation tatement)		(b) Other deductions (attach statement)
1)										
<u>2</u>)										
3)										
4)										
 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 	of or a debt-fina	adjusted ba Illocable to nced propert statement)		by column 5 re		7. Gross income reportable (column 2 x column 6)			8. Allocable deduction (column 6 x total of colum 3(a) and 3(b))	
1)					%				+	
<u>2)</u>					%	,				
3)					%					
4)					%					
								id on page 1, column (A).		Enter here and on page 1 Part I, line 7, column (B).
otals						▶		().	
otal dividends-received deductions in chedule F - Interest, Annu	ncluded in column	18	d Dor	to Erom C	ontrollo	d Oraa	nizatio			
chedule F - Interest, Anni		ues, an		t Controlled O		-	mzauo	ins (see ins	struc	tions)
1. Name of controlled organization	2. Employer ide numb	entification	Net un	3. nrelated income see instructions)	Total o	4. f specified ents made	inclu	art of column 4 ded in the contro zation's gross ir	olling	6. Deductions directly connected with income in column 5
										ļ
1)										
<u>2)</u>										
3)										
4) onexempt Controlled Organizatior										
	Net unrelated incom (see instructions		9. To	tal of specified pay made	ments	in the cor	column 9 th trolling orga gross incom	at is included anization's e	11.	Deductions directly connect with income in column 10
· · · · · · · · · · · · · · · · · · ·										
1)										
<u>2)</u>										
3)										
4)						Add	olumns 5 a	nd 10		Add columns 6 and 11.

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2012.05090 UNION HOSPITAL OF CECIL COU 10085211

52-0607945

Page 4

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 statement)	4. Set-asides (attach statement)	 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.
Ochodula I. Fundaitad Fuannat Activity Income Othe	. The sus A shure while			

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)			5			
(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.	Ο.				0.
Schedule J - Advertisi	na Income (see i	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.

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		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come	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.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.		0.						0.
Schedule K - Compensatio	n of Officers,	Direct	ors, and	d Trustees (see ir	nstructio	ns)			
1. Name				2. Title		 Percertime devot busines 	ted to		eensation attributable related business
_(1)							%		
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Part II, I	ine 14						🕨		0.
									Form 990-T (2012)

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2012.05090 UNION HOSPITAL OF CECIL COU 10085211

UNION HOSPITAL OF CECIL COUNTY, INC.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	1
DESCRIPTION		AMOUNT	
PREMIER PURCHASING PA	RTNERS LP (EIN: 33-0387407)	9,84	46.
TOTAL TO FORM 990-T,	PAGE 1, LINE 5	9,8	46.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
SUPPLIES PURCHASED SERVICES UTILITIES MINOR EQUIPMENT		293,92 150,1 1,0 6	50. 97. 72.

ACCREDITATION FEES	6,736.
POSTAGE	12.
EQUIPMENT RENTAL	4,518.
MISCELLANEOUS EXPENSE	8,560.
OVERHEAD ALLOCATION	658,638.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,124,303.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/98	25,468.	0.	25,468.	25,468.
06/30/99	11,989.	0.	11,989.	11,989.
06/30/00	79,821.	0.	79,821.	79,821.
06/30/01	265,922.	Ο.	265,922.	265,922.
06/30/02	224,674.	Ο.	224,674.	224,674.
06/30/03	171,199.	0.	171,199.	171,199.
06/30/04	227,215.	0.	227,215.	227,215.
06/30/05	337,011.	0.	337,011.	337,011.
06/30/06	363,778.	0.	363,778.	363,778.
06/30/07	364,490.	0.	364,490.	364,490.
06/30/08	355,554.	0.	355,554.	355,554.
06/30/09	513,265.	0.	513,265.	513,265.
06/30/10	412,749.	0.	412,749.	412,749.
06/30/11	480,796.	0.	480,796.	480,796.
06/30/12	487,240.	0.	487,240.	487,240.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	4,321,171.	4,321,171.

10400514 758073 1008521-7 2012.05090 UNION HOSPITAL OF CECIL COU 10085211

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STATEMENT(S) 1, 2, 3 F CECIL COU 10085211

Form 5471	Re	espect	tion Return o To Certain F	oreign Corp	oora	tions	OME	3 No. 1545-	-0704	
(Rev. December 2012) 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			Atta	Attachment						
Department of the Treasury Internal Revenue Service			ons) beginning JAN 1					uence No. 1	121	
Name of person filing this retu	, · ·		,,,	A Identifying nu	-	, -	-			
UNION HOSPITA				52-060	7945	5				
Number, street, and room or suite n		nber if mail is n	ot delivered to street address)	B Category of fil	er (See	instructions. Check		` <u> </u>		
106 BOW STREE					、 ·	pealed) 2	3	4	5 X	
City or town, state, and ZIP co ELKTON, MD 2	^{ae} 1921–55	96			•	tage of the foreign (of its annual accou	•		оск 5.67 %	
	JUL 1	50	, 2012 , and ending	JUN 30		,2013	inting period	<u> </u>	/•0/ /8	
D Person(s) on whose behalt		n return is file				,				
(1) Name			(2) Address		(3)	dentifying number	(4) Chec	k applicabl	e box(es)	
(1) Name			(2) Address		(0)		Shareholder	Officer	Director	
					_				<u> </u>	
									+	
					-				+	
Important: Fill in all app	olicable lines a	nd schedule	es. All information must	be in English. All am	ounts "	nunt be stated in	I U.S. dolla	rs	<u> </u>	
	rwise indicate		nust							
1a Name and address of fore					b(1) Employer identi		ıber, if any		
		RE INS	URANCE COMPA	NY, LTD		98-0464065				
P.O. BOX 10		1 1000	1		þ(2) Reference ID nu	ımber (see i	nstructions	3)	
GRAND CAYMA CAYMAN ISLA		1-1002	i de la construcción de la constru		c	Country under	ubooo lawa	incorporate		
CAIMAN ISDA	ND0				c Country under whose laws incorp CAYMAN ISLANDS				au	
d Date of e Principa	l place of busine	ess		ncipal business activity			nal currency			
incorporation 12/14/04CAYMA	N ISLAN	DS	business activity code number 525990	IER INSURAN	CE I	U.S.,	DOLLA	R		
2 Provide the following info			ration's accounting period	stated above.		· · ·				
a Name, address, and ident	ifying number o	f branch offic	e or agent (if any) in the Ur	iited States	b li	f a U.S. income tax	return was	filed, enter:		
N/A					(i) Ta	(i) Taxable income or (loss		(ii) U.S. income tax pai (after all credits)		
					(1) 10			(alter all ch		
c Name and address of fore in country of incorporatio	eign corporation n	's statutory o	r resident agent	person (or persor	ns) with	ding corporate dep custody of the boo tion of such books	ks and reco	rds of thé f	foreign	
KANE (CAYMA)	מידיז (א			SAME AS	2C					
P.O. BOX 10					20					
GRAND CAYMA		1102								
CAYMAN ISLA	NDS									
Schedule A Stock	of the For	eign Cor	poration		_					
						(b) Number of sha				
	(a) Desc	ription of eac	h class of stock			Beginning of annua accounting period	al ((ii) End of a accounting	nnual period	
LHA For Paperwork Reduct	ion Act Notice,	see instructi	ons.				Form	5471 (Re	ev. 12-2012)	

Page **2**

	_			
Schedu	le B I	US	Shareholders of I	Foreign Corporation
oonoaa		0.0		orongin oorporation

(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)
]

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.

Ia Gross receipts or sales 1a b Returns and allowances 1b c Subtract line to from line 1a 1c 2 Cost of goods sold 2 3 Gross profit (subtract line 2 from line 1c) 3 4 Dividends 4 5 Interest 5 6a Gross rents 6a b Gross royatiles and license fees 6b 7 Net gain or (loss) on sale of capital assets 6b 9 Total income (add lines 3 through 8) 9 10 Compensation not deducted elsewhere 10 11a Rents 11a b Royatles and license fees 11b 12 Interest 12 13 Depreciation not deducted elsewhere 12 14 Drobetion not deducted elsewhere 13 15 15 16 Other deductions (add lines 10 through 16) 17 17 Total deductions (add lines 10 through 16) 17 18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits taxes (subtract line 17 18 Net income or (loss) before extraordinary items, stares 10 19 Extraordinary items and prior period adjustments, and the provision for income, war profits taxes (subtract line 17 19 Diversion for income, war profits taxes (subtract line 17 19 Other deductions (add lines 10 through 16) <t< th=""><th></th><th></th><th></th><th>Functional Currency</th><th>U.S. Dollars</th></t<>				Functional Currency	U.S. Dollars
b Returns and allowances 1b c Subtract line 1b from line 1a 1c 2 Cost of goods sold 2 3 Gross profit (subtract line 2 from line 1c) 3 4 Dividends 4 5 Interest 5 6a Gross rents 6a b Gorss royalities and license fees 6b 7 Net gain or (loss) on sale of capital assets 7 8 Other income (attach statement) 8 9 Total income (add lines 3 through 8) 9 10 Compensation not deducted elsewhere 10 11a Rents 11a b Royalties and license fees 12 12 Interest 12 13 Depreciation not deducted elsewhere 13 14 Depletion 14 15 15 16 Other deductions (attach statement - 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) 16 17 Total deductions (attach statement - exclude provision for income, war profits, and excess profits taxes) 17 17 Total deductions (attach statement - exclude provision for income, war profits, and excess profits taxes) 17 18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes) 17		1a Gross receipts or sales	1a		
9000 2 Cost of goods sold 2 3 Gross profit (subtract line 2 from line 1c) 3	ие		1b		
9000 2 Cost of goods sold 2 3 Gross profit (subtract line 2 from line 1c) 3			1c		
3 Gross profit (subtract line 2 from line 1c) 3 4 Dividends 4 5 Interest 5 6a Gross ronst 6a b Gross royalties and license fees 6b 7 Net gain or (loss) on sale of capital assets 6b 8 Other income (attach statement) 8 9 Total income (add lines 3 through 8) 9 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) 16 17 Total deductions (add lines 10 through 16) 17 18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits taxes (subtract line 17 from line 9) 18 19 Extraordinary items and prior period adjustments 19 20 Provision for income, war profits, and excess profits taxes 20			2		
90 4 Dividends 4 5 Interest 5 6a Gross rents 6a b Gross royalties and license fees 6b 7 Net gain or (loss) on sale of capital assets 6b 8 Other income (attach statement) 8 9 Total income (add lines 3 through 8) 9 10 Compensation not deducted elsewhere 10 11a Rents 11a b Royalties and license fees 11b 11a 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) 16 17 Total deductions (add lines 10 through 16) 17 18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes 18 19 Extraordinary items and prior period adjustments 19 20 Provision for income, war profits, and excess profits taxes 20	ne	3 Gross profit (subtract line 2 from line 1c)	3		
b interest 5 6a 6a Gross royaties and license fees 6a 7 Net gain or (loss) on sale of capital assets 7 8 Other income (attach statement) 8 9 Total income (atd lines 3 through 8) 9 10 Compensation not deducted elsewhere 10 11a Rents 11a b Royatites 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) 16 17 Total deductions (add lines 10 through 16) 17 18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes 19 19 Extraordinary items and prior period adjustments 19 20 Provision for income, war profits taxes 20	ō		4		
b Gross royalties and license fees 6b	<u> </u>		5		
b Gross royalties and license fees 6b 7 Net gain or (loss) on sale of capital assets 7 8 Other income (attach statement) 8 9 Total income (atd lines 3 through 8) 9 10 Compensation not deducted elsewhere 10 11a Rents 11a 11a b Royalties and license fees 11b 11c 11 Interest 12 12 13 Depreciation not deducted elsewhere 13 14 14 Depletion 14 15 15 Taxes (exclude provision for income, war profits, and excess profits taxes) 15 16 16 Other income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits taxes (subtract line 17 from line 9) 18 18 19 19 Extraordinary items and prior period adjustments 19 20 20		6a Gross rents	6a		
7 Net gain or (loss) on sale of capital assets 7 8 Other income (attach statement) 8 9 Total income (add lines 3 through 8) 9 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 Depreciation not deducted elsewhere 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) 16 17 Total deductions (attach statement - exclude provision for income, war profits, and excess profits taxes) 17 18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes 18 19 Extraordinary items and prior period adjustments 19 20 Provision for income, war profits, and excess profits taxes 20		b Gross royalties and license fees	6b		
8 0 ther income (attach statement) 8 9 Total income (add lines 3 through 8) 9 10 0 11 11 Rents 10 11 Rents 11 b Royalties and license fees 11 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) 16 17 Total deductions (add lines 10 through 16) 17 17 Total deductions (add lines 10 through 16) 17 18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits taxes (subtract line 17 from line 9) 18 19 Extraordinary items and prior period adjustments 19 20 Provision for income, war profits taxes 20			7		
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BBRoyalties and license fees11b12Interest1213Depreciation not deducted elsewhere1314Depletion1415Taxes (exclude provision for income, war profits, and excess profits taxes)1516Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes)1617Total deductions (add lines 10 through 16)1718Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits taxes (subtract line 17 from line 9)1819Extraordinary items and prior period adjustments1920Provision for income, war profits taxes20			11a		
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	•	the provision for income, war profits, and excess profits taxes (subtract line			
	Ĕ	17 from line 9)	18		
	ncc		19		
	et I	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	z				
		21 Current year net income or (loss) per books (combine lines 18 through 20)	21		

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Form **5471** (Rev. 12-2012)

(0)			
(a) Name of country or U.S. possession	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
U.S.			
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	1		
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts	2b	()	()
3	Inventories	3		
4	Other current assets (attach statement)	4		
5	Loans to shareholders and other related persons	5		
6	Investment in subsidiaries (attach statement)	6		
7	Other investments (attach statement)	7		
8a	Buildings and other depreciable assets	8a		
b	Less accumulated depreciation	8b	()	()
9a	Depletable assets	9a		
b	Less accumulated depletion	9b	()	()
10	Land (net of any amortization)	10		
11	Intangible assets:			
a	Goodwill	11a		
b	Organization costs	11b		
C	Patents, trademarks, and other intangible assets	11c		
d	Less accumulated amortization for lines 11a, b, and c	11d	()	()
12	Other assets (attach statement)	12		
13	Total assets	13		
	Liabilities and Shareholders' Equity			
14	Accounts payable	14		
15	Other current liabilities (attach statement)	15		
16	Loans from shareholders and other related persons	16		
17	Other liabilities (attach statement)	17		
18	Capital stock:			
a	Preferred stock	18a		
b	Common stock	18b		
19	Paid-in or capital surplus (attach reconciliation)	19		
20	Retained earnings	20		
21	Less cost of treasury stock	21	()	()
22	Total liabilities and shareholders' equity	22		

Form 5471 (Rev. 12-2012)

212321 12-28-12

UNION HOSPITAL OF CECIL COUNTY, INC.

Schedule G Other Information

Page 4

		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign		x
	partnership?	. —	<u> </u>
•			X
2	During the tax year, did the foreign corporation own an interest in any trust?	. 🖵	Δ
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?		X
	If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		
4	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		X
			X
6	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?		X
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
7	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section		
	901(m)?		X
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?		X
	Schedule H Current Earnings and Profits		
Im	nportant: Enter the amounts on lines 1 through 5c in functional currency.		

1	Current year net income or (loss) per foreign books of account			1	
2	Net adjustments made to line 1 to determine current earnings and				
	profits according to U.S. financial and tax accounting standards	Net	Net		
	(see instructions):	Additions	Subtractions		
a	Capital gains or losses		107,563.		
	Depreciation and amortization				
C	Depletion				
d	Investment or incentive allowance				
е	Charges to statutory reserves				
f	Inventory adjustments				
g	Taxes				
h	Other (attach statement) STATEMENT 4	4,780,608.	5,647,183.		
3	Total net additions	4,780,608.			
4	Total net subtractions		5,754,746.		
5a	Current earnings and profits (line 1 plus line 3 minus line 4)			5a	-974,138.
b	DASTM gain or (loss) for foreign corporations that use DASTM			5b	
C	Combine lines 5a and 5b			5c	-974,138.
d	Current earnings and profits in U.S. dollars (line 5c translated at the approp				
				5d	-974,138.
	Enter exchange rate used for line 5d 1.000000				
S	chedule I Summary of Shareholder's Income Fro	om Foreign Corpo	ration		

If item D 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:

Na	me of U.S. shareholder 🕨 Identifying number 🕨						
1	Subpart F income (line 38b, Worksheet A in the instructions)	1					
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					
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					
			Yes	No			
٠	Was any income of the foreign corporation blocked?			X			
٠	Did any such income become unblocked during the tax year (see section 964(b))?			X			
lf t	If the answer to either question is "Yes," attach an explanation.						

212331 12-28-12

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FORM 5471	OTHER NET	ADJUSTMENTS		STATEMENT	4
DESCRIPTION			IET TIONS	NET SUBTRACTION	S
RELATED PARTY PREMIUMS REL. PARTY LOSS RESERVE/CLAI	MS PD	4,	780,608.	5,647,18	3.
TOTAL TO 5471, PAGE 4, SCHEI	OULE H, LII	NE 2H 4,	780,608.	5,647,18	3.

Foreign Corporation FREESTATE HEALTHCARE INSURANCE COMPANY,

Schedule I Shareholder's Income From Foreign Corporation

Nar	ame of shareholder described in Category 5		
Sha	areholder's income from foreign corporation		
1	Subpart F income	1_	0.
2	Earnings invested in U.S. property	2_	
3	Previously excluded subpart F income withdrawn from qualified investments	3_	
4	Previously excluded export trade income withdrawn from investment in export trade assets	4 _	
5	Factoring income	5_	
6	Total of lines 1 through 5	6_	
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_	

212441 01-08-13

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.

Identifying number

Name of person filing Form 5471

UNION	HOSPITAL	OF	CECIL	COUNTY,	INC
-------	----------	----	-------	---------	-----

UNION HOSPITAL OF CECI	L COUNTY, INC	•				52-0607945
Name of foreign corporation				EIN (if any)	Reference ID number	
FREESTATE HEALTHCARE I	NSURANCE COMP	ANY, LTD		98-0464065		
Important: Enter amounts in	(a) Post-1986 Undistributed Earnings	(b) Pre-1987 E&P Not Previously Taxed	(sec	(c) Previously Taxed E&P ctions 959(c)(1) and (2) balar	nces)	(d) Total Section 964(a) E&P
functional currency.	(post-86 section 959(c)(3) balance)	(pre-87 section 959(c)(3) balance)	(i) Earnings Invested in U.S. Property	<i>(ii)</i> Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	(combine columns (a), (b), and (c))
1 Balance at beginning of year	-6,990,683.					-6,990,683.
2a Current year E&P						
b Current year deficit in E&P	974,138.					
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	-7,964,821.					
 A 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) 	-7,964,821.					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is						

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

-7,964,821

-7,964,821. Schedule J (Form 5471) (Rev. 12-2012)

applicable.)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► X

0 7

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	UNION HOSPITAL OF CECIL COUNTY, INC.	52-0607945
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 106 BOW STREET	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ELKTON, MD 21921-5596	

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

Application	Return	Application			Return
Is For	Code	Is For			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			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
 DERON G. BROWN, The books are in the care of ► 106 BOW STREET Telephone No. ► (410) 398-4000 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit 0 box ► If it is for part of the group, check this box ►	- ELI s in the Ur Group Exe and atta	FAX No. ► ited States, check this box imption Number (GEN) If this ch a list with the names and EINs of all r	s is foi nemb	r the whole group, cl	
MAY 15, 2014 , to file the exemption is for the organization's return for: ▶ calendar year or ▶ X tax year beginning JUL 1, 2012 2 If the tax year entered in line 1 is for less than 12 months, cl □ Change in accounting period	, an		oove.	_ ·	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.			3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
estimated tax payments made. Include any prior year overp	ayment a	lowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal w	vith this Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	ructions.
LHA For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868 (Re	v. 1-2013)
223841 01-21-13		92			

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

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

 If you are filing for an Automatic 3-Month Extension, com 					
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no co	opies needed).	
		Enter filer's	identifyir	ng number, see ins	structions
Type or Name of exempt organization or other filer, see ins	structions		Employe	r identification num	ber (EIN) or
print					
File by the UNION HOSPITAL OF CECIL CO	UNTY,	INC.		52-06079	<u>45</u>
due date for filing your	x, see instruc	tions.	Social se	curity number (SSI	N)
return. See 106 BOW STREET					
instructions. City, town or post office, state, and ZIP code. For	a foreign ado	lress, see instructions.			
ELKTON, MD 21921-5596					
Enter the Return code for the return that this application is for	(file a separa	te application for each return)			01
	-				
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already gran		ECTOR OF FINANCE	lously me		
 The books are in the care of ▶ 106 BOW STREE 	-				
Telephone No. \blacktriangleright (410) 398-4000		FAX No.			
 If the organization does not have an office or place of busin 	- Jacc in tha I Ir			>	
 If this is for a Group Return, enter the organization's four dis 					check this
box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright		ach a list with the names and EINs of			
4 I request an additional 3-month extension of time until		15, 2014	airmemb		3 101.
5 For calendar year, or other tax year beginning	4	, 2012 , and endin	a JUN	30, 2013	
6 If the tax year entered in line 5 is for less than 12 months			Final r		·
Change in accounting period	.,				
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO	GATHE	R INFORMATION TO P	REPAR	E A COMPLI	ETE
AND ACCURATE RETURN.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	20, or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 606	69, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment	t allowed as a	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your	r payment wit	h this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See in	structions.		8c	\$	0.
Signature and Verific	cation mus	st be completed for Part II o	only.		
Under penalties of perjury, I declare that I have examined this form, inc it is true, correct, and complete, and that I am authorized to prepare this	cluding accomp is form.	panying schedules and statements, and to	o the best o	f my knowledge and l	belief,
Signature 🕨 Title 🖡	CPA/A	GENT	Date		

Form 8868 (Rev. 1-2013)

Page 2

223842 01-21-13

***** THIS IS NOT A FILEABLE COPY ***** IRS _{e-file} Signature Authorization

OMB No. 1545-1878

for an Exempt Organization

For calendar year 2012, or fiscal year beginning $\begin{array}{c} JUL 1 \end{array}$, 2012, and ending $\begin{array}{c} JUN 30 \end{array}$,20 $\begin{array}{c} 13 \end{array}$

Department of the Treasury Internal Revenue Service

vame	01	exempt	organi	Zation	

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

UNION HOSPITAL OF CECIL COUNTY, INC.

Employer identification number

52-0607945

Dort	T 1/2	aa of Dotum	m and l
SENIOR	VP.	/CFO	
LAURIE	R.	BEYER,	CPA
Name and title	of offic	cer	

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

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

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	157644138
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize PARENTEBEARD LLC	to enter my PIN 10085
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2012 electronically filed return. is being filed with a state agency(ies) regulating charities as part of the IRS Fe enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the org indicated within this return that a copy of the return is being filed with a state program, I will enter my PIN on the return's disclosure consent screen.	agency(ies) regulating charities as part of the IRS Fed/State
Officer's signature ***** THIS IS NOT A FILEABLE COPY	Z *** Date ►
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	23885158001 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2012 elect confirm that I am submitting this return in accordance with the requirements of Pub. 410 <i>e-file</i> Providers for Business Returns.	, , , , , , , , , , , , , , , , , , , ,
ERO's signature	Date
ERO Must Retain This Form - Se	e Instructions
Do Not Submit This Form To the IRS Unle	ss Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions. 223051 11-05-12	Form 8879-EO (2012)
94	

10400514 758073 1008521-7

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2012.05090 UNION HOSPITAL OF CECIL COU 10085211

Form 926
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0026

Attachment Sequence No. **128**

Attach to your income tax return for the year of the transfer or distribution.

UNION HOSPITAL OF CECIL COUNTY, INC.		Identifying numb	(see instruction
		52-0607	945
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	
b Did the transferor remain in existence after the transfer?		X Yes	No.
If not, list the controlling shareholder(s) and their identifying number(s):			
Controlling shareholder	Ide	entifying number	
 If the transferer was a member of an officiated aroun filing a concelledated rative, was it the part 	ant correction?	Yes	XN
c If the transferor was a member of an affiliated group filing a consolidated return, was it the pare If not, list the name and employer identification number (EIN) of the parent corporation:	ent corporation?		
Name of parent corporation	EIN of	f parent corporat	ion
d Have basis adjustments under section 367(a)(5) been made?			
If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d.	d as such under sec		
 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d. a List the name and EIN of the transferor's partnership: 	d as such under sec	tion 367), comple	ete
 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? 	as such under sec	N of partnership	ete
 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	as such under sec	N of partnership	ete
 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	as such under sec	tion 367), comple	Ete X No X No
 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an esta securities market?	as such under sec	N of partnership	ete X N X N
 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an esta securities market? Part II Transferee Foreign Corporation Information (see instructions)	ablished	tion 367), comple N of partnership Yes Yes Yes	Ete X No X No X No
 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	ablished	tion 367), comple	ete XN XN XN
 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an esta securities market? Part II Transferee Foreign Corporation Information (see instructions)	ablished	tion 367), comple N of partnership Yes Yes Yes	ete XN XN XN
 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an esta securities market? Part II Transferee Foreign Corporation Information (see instructions) 3 Name of transferee (foreign corporation) FREESTATE HEALTHCARE INSURANCE COMPANY, LTD. 5 Address (including country) 	ablished	N of partnership	ete XN XN XN
 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an est securities market? Part II Transferee Foreign Corporation Information (see instructions) 3 Name of transfere (foreign corporation) FREESTATE HEALTHCARE INSURANCE COMPANY, LTD. 5 Address (including country) 2.0. BOX 10233 	ablished	N of partnership	Ete X No X No X No
 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	ablished	N of partnership	Ete X No X No X No
 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	ablished	N of partnership	Ete X No X No X No
 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an est securities market? Part II Transferee Foreign Corporation Information (see instructions) 3 Name of transferee (foreign corporation) FREESTATE HEALTHCARE INSURANCE COMPANY, LTD. 5 Address (including country) P.O. BOX 10233 BRAND CAYMAN KY1-1002 CAYMAN ISLANDS 6 Country code of country of incorporation or organization CJ 	ablished	N of partnership	X No X No X No
 If the transferor was a partner in a partnership that was the actual transferor (but is not treated questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an est securities market? Part II Transferee Foreign Corporation Information (see instructions) 3 Name of transferee (foreign corporation) FREESTATE HEALTHCARE INSURANCE COMPANY, LTD. 5 Address (including country) P.O. BOX 10233 SRAND CAYMAN KY1-1002 CAYMAN ISLANDS 6 Country code of country of incorporation or organization CJ 7 Foreign law characterization (see instructions) 	ablished	Yes Yes	Ete X No X No X No

Form 926 (Rev. 12-2011) UNION HOSPITAL OF CECIL COUNTY, INC.

52-0607945 Page 2

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
	07/01/2012	property	1,582,248.		
Cash	0770172012		1,302,240.		
Stock and					
securities					
Installment obligations,					
account receivables or					
similar property					
Foreign currency or other					
property denominated in					
foreign currency					
Inventory					
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					
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))					
					<u> </u>
Other property					
Other property					
					l
				1	

Supplemental Information Required To Be Reported (see instructions):

SEE STATEMENT 5

224532 05-01-12

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10400514 758073 1008521-7 2012.05090 UNION HOSPITAL OF CECIL COU 10085211

Form	1926 (Rev. 12-2011) UNION HOSPITAL OF CECIL COUNTY, INC.	52-0607945	Page 3
Ра	rt 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 <u>16.6700</u> % (b) After <u>16.6700</u> %		
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:		
а	Gain recognition under section 904(f)(3)	Yes	X No
b			X No
с	Recapture under section 1503(d)		X No
	Exchange gain under section 987		X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	XNo
13	Indicate whether the transferor was required to recognize income under final and temporary Regulations sectior	IS	
	1.367(a)-4 through 1.367(a)-6 for any of the following:		
а	Tainted property	Yes	X No
b	Depreciation recapture		X No
с	Branch loss recapture		X No
d	Any other income recognition provision contained in the above-referenced regulations	Yes	X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
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)?	Yes	X No
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?	X Yes	No No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		

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2012.05090 UNION HOSPITAL OF CECIL COU 10085211

FORM 926

5 STATEMENT

INSURANCE PREMIUMS RECEIVED FROM RELATED PARTIES CONSIDERED TO BE DEEMED CONTRIBUTIONS TO CAPITAL OF THE ABOVE CORPORATION OCCURRED ON VARIOUS DATES THROUGHOUT THE YEAR. THE TOTAL AMOUNT OF THESE DEEMED CONTRIBUTIONS WAS \$1,528,248.

NOTHING WAS RECEIVED IN CONSIDERATION IN EXCHANGE FOR DEEMED CASH CONTRIBUTIONS TO CAPITAL OF \$1,582,248. THE TAXPAYER OWNED 16.67% OF THE STOCK OF THE TRANSFEREE CORPORATION BOTH BEFORE AND AFTER THESE TRANSFERS.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 109

FOR THE YEAR ENDING

June 30, 2013

Prepared for	
	Union Hospital of Cecil County, Inc. 106 Bow Street
	Elkton, MD 21921-5596
Prepared by	
	ParenteBeard LLC 1650 Market Street, Suite 4500 Philadelphia, PA 19103
Amount due or refund	No payment required
Make check payable to	Not applicable
Mail tax return	Franchise Tax Board
and check (if applicable) to	P.O. Box 942857 Sacramento, CA 94257-0700
Return must be mailed on or before	June 16, 2014
Special Instructions	The return should be signed and dated by an authorized individual.

TAXABL	E YE	California Exempt Organization		228961	12-18-12	
20	12	Business Income Tax Return		-	FORM 109	
Calendar Ye	ear 20	12 or fiscal year beginning month $$ JUL day $$ 1 $$ year 2012 , and ending month $$ JUN day 30) v	rear 2013 .		
				ia corporation num	ber	
UNTON	на	OSPITAL OF CECIL COUNTY, INC.	96	12036		
		nom, or PMB no.)		12050		
		STREET		-0607945		
City		State ZIP Code				
ELKTO		MD 21921-5596				
		led? Yes 🛛 🗶 No 🛛 H Is the organization a non-exempt charitable tr				
		cation IRA within the meaning of described in IRC Section 4947(a)(1)?			X No	
		23712? Yes X No I Is this organization claiming any Enterprise Zo Revitalization Zone (LARZ), Local Agency Mili				
	•	ation under audit by the IRS or has d in a prior year? •Yes X No (LAMBRA), Targeted Tax Area (TTA), or Man	-	-		
		Dissolved Surrendered (Withdrawn) Area (MEA) tax benefits?			X No	
	_	ged/Reorganized (attach explanation) J Is this organization a qualified pension, profit-				
Enter da	te .	• bonus plan as described in IRC Section 401(a	ı)?	• 🗌 Yes	X No	
E Amende	d Ret	urnYes 🔀 No 🛛 K Unrelated Business Activity (UBA) Code 🔹 🤄	521	500		
		ethod Used: (1) Cash (2) X Accrual (3) other L Is this a Hospital?		• X Yes	L No	
G Nature of	of trad	e or business LP INVESTMENT If "Yes," attach IRS Schedule H (Form 990)				
	1	Unrelated business taxable income from Side 2, Part II, line 30	1	88	46.00	
Taxable	-	Multiply line 1 by the average apportionment percentage 00000 % from the Schedule R,	<u> </u>	0,04	<u> 10 • 00</u>	
Corpora- tion	-	Apportionment Formula Worksheet, Part A, line 6 or Part B, line 2. See instructions	2		0.00	
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and	_			
		Schedule R was not completed, enter the amount from line 1	3		0.00	
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	4		00	
	5	Unrelated business taxable income from line 3 or line 4	5		00	
	6	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	6		00	
	7	Add line Coord line Z	7		00	
Tax	8	Add line 6 and line 7	8 9		00	
Compu- tation	10	Tax 8.84 % x line 9. See General Information J	10		00	
ation	11	a New jobs credit, amount generated. • a) 11 b) Amount claimed •	11b		00	
		c Tax credits from Schedule B. See instructions	11c		00	
		d Total Credits. Add line 11b and 11c	11d		00	
Total		Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-	12		00	
Tax	13	Alternative minimum tax. See General Information 0	13		00	
	14	• Total tax. Add line 12 and line 13	14		0.00	
		Overpayment from a prior year allowed as a credit 15 00 2012 estimated tax payments. See instructions 16 00	-			
Payments		2012 estimated tax payments. See instructions • 16 00 2012 withholding (Form 592-B and/or 593.) See instructions • 17 00	-			
r aymento		Amount paid with extension (form FTB 3539) 11 00				
	19	Total payments and credits. Add line 15 through line 18	19		00	
	20	Tax due. Subtract line 19 from line 14. Pay entire amount with return	20		00	
	21	Overpayment. Subtract line 14 from line 19	21		00	
Refund	22	Enter amount of line 21 to be applied to 2013 estimated tax	22		00	
(Direct Deposit of		• Use tax. See instructions	23		00	
Refund) or	24	Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21	24		00	
Amount Due		a Fill in the account information to have the refund directly deposited. Routing number ● 24a b Type: Checking ● Savings ● c Account Number ● 24c			<u> </u>	
	25		25			
	26	Check if estimate penalty computed using Exception B or C and attach form FTB 5806.	20	00		
		Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result	27		00	

228961 12-18-12

Unrelated Business Taxable Income

Par	ti u	nrelated Trade or Business Income			
1 :	a Gross	receipts or gross sales b Less returns and allowances c Balance	٠	10	: 00
2 (Cost of	goods sold and/or operations (Schedule A, line 7)	٠	2	00
3 (Gross p	rofit. Subtract line 2 from line 1c	٠	3	00
		al gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)	٠	4	a 00
I	b Net g	ain (loss) from Part II, Schedule D-1	٠	4	00
(c Capit	al loss deduction for trusts	٠	4	00
5	Income	(or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions.			
1	Attach	Schedule K-1 (565, 568, or 100S) or similar schedule SEE STATEMENT 1	٠	5	9,846.00
		ncome (Schedule C)	٠	6	00
		ed debt-financed income (Schedule D)	٠	7	00
8	Investn	ent income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	٠	8	00
		, Annuities, Royalties and Rents from controlled organizations (Schedule F)	٠	9	00
		d exempt activity income (Schedule G)	٠	10	00
11 /	Adverti	ing income (Schedule H, Part III, Column A)	•	11	00
		come. Attach schedule	•	12	00
		related trade or business income. Add line 3 through line 12	•	13	9,846.00
		Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated b	usin	less	
		isation of officers, directors, and trustees from Schedule I	٠	14	00
		and wages	•	15	00
			٠	16	00
		ts	٠	17	00
			•	18	00
			٠	19	00
		utions	٠	20	00
			00		
			00	21	00
	Depleti		•	22	00
		ibutions to deferred compensation plans		23	
		byee benefit programs		23	
		eductions	•	24	00
		ductions. Add line 14 through line 24		25	00
		ed business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	٠	26	9,846.00
		advertising costs (Schedule H, Part III, Column B)	•	27	00
		ed business taxable income before specific deduction. Subtract line 27 from line 26		28	9,846.00
		deduction	•	29	1,000.00
30 l	Unrelat	ed business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		30	8,846.00
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of		nowle	
Sign Here		and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
		Signature Title Date			 Telephone
		of officer SENIOR VP/CFO			
		Preparer's Date Check if self-			• PTIN
Paid Pren	arer's	signature employed employed			P00350393
	Only	Firm's name (or yours,			• FEIN
		if self-employed) PARENTEBEARD LLC		ŀ	23-2932984
		and address 1650 MARKET STREET, SUITE 4500		-	 Telephone
		PHILADELPHIA, PA 19103			(215) 972-0701
		May the FTB discuss this return with the preparer shown above? See instructions		•	• X Yes No

Schedule A Cost of Goods Sold and/or Operations.

Met	hod of inventory valuation (specify)		N/A						
1	Inventory at beginning of year					1			00
2	Purchases					2			00
3	Cost of labor				•	3			00
4	a Additional IRC Section 263A costs. Attach schedule					4a			00
	b Other costs. Attach schedule				-	4b			00
5	Total. Add line 1 through line 4b					5			00
6	Inventory at end of year					6			00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on	Side 2	2, Part I, line 2			7			00
	Do the rules of IRC Section 263A (with respect to property produced or acquired for	resale	e) apply to this	organi	zation?	L	Ye	s X	No
Sc	hedule B Tax Credits. Do not claim the New Jobs Credit on Schedule B.								
1	Enter credit name code no		• 1		00				
2	Enter credit name code no		• 2		00				
3	Enter credit name code no		• 3		00				
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all of								
	except New Jobs Credit, on line 4. Enter here and on Side 1, line 11c	<u></u>				4			00
_	hedule K Add-On Taxes or Recapture of Tax.								
	Interest computation under the look-back method for completed long-term contracts					1			00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residen					2a			00
	b Method for non-dealer installment obl					2b			00
	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangible	es			•	3			00
	Credit recapture. Credit name				•	4			00
	Total. Combine the amounts on line 1 through line 4					5			00
	hedule R Apportionment Formula Worksheet. Use only for unrelated trade or	busir	ness amounts.						
	nis organization electing the Alternate Method - Single-Sales Factor Formula?					_	_		-
	'es," complete Part B. If "No," complete Part A					•	Ye		No
Par	t A. Standard Method - Three Factor Formula. Complete if the corporation uses the		Total within an		(b) Total within Ca	lifornia	(C)	Percent	
thre	e-factor formula. (The three-factor formula includes the double-weighted sales factor.)		outside Califor				\perp		ia (b) ÷ (a)
1	Property factor:	•	165,186				•		80000
	Payroll factor: Wages and other compensation of employees		3,221,0			0			80000
3	Sales factor: Gross sales and/or receipts less returns and allowances	•	9,8	346.	•	0	•		80000
4	Multiply the factor on line 3, column (c) by 2								80000
5	Total percentage: Add the percentages in column (c), line 1, line 2, and line 4							•	00008
6	Average apportionment percentage: Divide the factor on line 5 by 4 and enter the								
	result here and on Form 109, Side 1, line 2. See instructions for exceptions	<u> </u>					_		00008
	t B. Alternate Method - Single-Sales Factor Formula. Complete if the corporation		Total within ar outside Califor		(b) Total within Ca	lifornia	(C)	Percent	within ia (b) ÷ (a)
	cts the single-sales factor formula. This is an irrevocable annual election.			ma			_	Gamorn	a (u) - (a)
	Total Sales	•			•		_		
2	Apportionment percentage. Divide total sales column (b) by total sales column (a)								
_	and enter the result here and on Form 109, Side 1, line 2						•		
	hedule C Rental Income from Real Property and Personal Property Leased								
	rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, a	and Se	ction 23701n org	1					
טן	escription of property			2 Rer	t received or accrued			ge of rent at property	ttributable to
						<u> </u>			0/
									%
									%
4 C	omplete if any item in column 3 is more than 50%, or for any item the rent is determined on the basis of profit or income	5 C	omolete if any iter	m in colu	mn 3 is more than 10%	but no	t more	than 50%	%
					i		-		
(a) D	eductions directly connected (b) Income includible, column 2 less column 4(a)		ross income repo olumn 2 x column		(b) Deductions directly con with personal property	nected		let income i olumn 5(a)	includible, less column 5(b
	· · · · · · · · · · · · · · · · · · ·						+		
		┼──					+		
		┼──					+		
٨٩٩	Loolumne 1/h) and column 5/c) Enter hare and an Cide C. Dert L. line C.	L			1		+		
AUU	I columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6						1		

3643124

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property					2 Gross income allocable to de	3 Deductions directly connected with or allocable to debt-financed property						
					property			(a) Straight-line deprecia		eciation (b) Othe		uctions
							_					
4 Amount of average acquisition indebtedness on or allocable	5 Average adj	usted basis ble to	6 Debt bas	is ae.	7 Gross income reportable,		8 Allocabl	e deduct 3 (a) and	ions, tota 3(b) x	I of 9 Net	incom oss) in	e cludible,
to debt-financed property	debt-finance	ed property	column 4 column 5	÷	column 2 x col	umn 6	column					ess column 8
				%								
				%								
				%								
Total. Enter here and on Side 2,	Part I, line 7											
Schedule E Investmen	t Income of a	n R&TC Secti	on 23701g,		23701i, or Secti		-					
1 Description		2 Amount		3 Deduc connect	tions directly cted	4 Net inv colum	/estment incom n 2 less columr	e, 5 s	Set-aside	5	- 100	lance of investment come, column 4 less lumn 5
Total. Enter here and on Side 2,												
Enter gross income from memb Schedule F Interest, A					Organizations							
					Exempt Contro	lled Orga	nizations					
1 Name of controlled organizations		:	2 Employer		3 Net unrelated	4	4 Total of specified 5		5 Part	5 Part of column (4)		Deductions directly
			ldentification Number		income (loss)	payments m		ade	e that is included in the controlling organization's gross income			connected with income in column (5)
1												
2												
3												
Nonexempt Controlled Organiz	ations								L			
7 Taxable Income					8 Net unrelated income (loss)	9	7 Total of specified 1 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												
5 Add columns 6 and 11												
6 Subtract line 5 from line 4. E Schedule G Exploited I	inter nere and Exempt Activit				Income							
1 Description of exploited activity (at	tach 2 0	Gross unrelated	3 Expenses	-	4 Net income fro		ss income	6 Expen		7 Excess exem	npt	8 Net income
schedule if more than one unrelated activity is exploiting the same exempt activity)		ousiness income rom trade or ousiness	productio		unrelated trade or business, column 2 less column 3	is n	n activity that ot unrelated iness income		attributable to column 5 6 less but no colum		n 5	includible, column 4 less column 7 but not less than zero
											\rightarrow	
Total. Enter here and on Side 2,	Part I, line 10				I						\rightarrow	

UNION HOSPITAL OF CECIL COUNTY, INC. Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Repo	ted on a	Consolidat	ed Basis									
1 Name of periodical		ising e	3 Direct advertising costs		4 Advertising income or excess advertising costs. If column 2 is greater than columns 3 complete columns 5, and 7. If column 1 is greater than column 2 enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	δ,	ulation me	6 Reade costs	Readership costs		7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0	
Totals												
Part II Income from Periodicals Rep	orted on	a Separate	Basis		I		I			· · · · ·		
						+						
Part III Column A - Net Advertising I	ncome				Part III Col	umn B - I	Excess Adverti	sina Co	ets			
(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals			nount from Part I 7, and amounts I 9 and 7		(a) Enter "consolida names of non-co	ted period	cal" and/or	onig ee	(b) Enter total		nt from Part I, column 4, ted in Part II, column 4	
Enter total here and on Side 2, Part I, line 1	1				Enter total here a	nd on Sid	e 2, Part II, line	e 27				
Schedule I Compensation of Offic	ers, Dire	ectors, and	Trustees									
1 Name of Officer		2 SSN or IT	ΊN	3 Title	•		4 Percent of tim devoted to business	a	Compensation attributable to unrelated busir		6 Expense account allowances	
								%				
								%				
								%				
								%				
								%				
Total. Enter here and on Side 2, Part II, line	14											
Schedule J Depreciation (Corpora												
1 Group and guideline class or description of property		e acquired	3 Cost o		asis 4 Depreciat	ion r allowable	5 Method of computing depreciatio		6 Life or rate	7	 Depreciation for this year 	
1 Total additional first-year depreciation	do not ir	nclude in iter	ms below)		•							
2 Other depreciation: Buildings			,									
Furniture and fixtures										+		
Transportation equipment										+		
Machinery and other equipment										+		
										+		
Other (specify)										+		
3 Other depreciation							-			+		
										+		
4 Total5 Amount of depreciation claimed elsewl					I					+		
• Amount of depreciation claimed elsewi												

6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a

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FORM 109	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT	1
DESCRIPTION			AMOUNT	
PREMIER PURCHASING PA	ARTNERS LP (EIN:	33-0387407)	9,84	46.
TOTAL TO FORM 109, PA	AGE 2, LINE 5		9,84	46.