Electronic Filing Page 1 of 1

Cumulative e-File History 2010								
	FED							
Locator: 4235CV								
Taxpayer Name:	UNIVERSITY SPECIALTY HOSPITAL							
Return Type:	990							
Submitted Date:	05/14/2012 11:09:42							
Acknowledgement Date:	05/14/2012 11:26:37							
Status:	Accepted							
Submission ID:	23695320121355000009							

5cm 8879-EO

IRS e-file Signature Authorization

OMR No. 1545-1878 $\begin{array}{c} \textbf{for an Exempt Organization} \\ \textbf{For calendar year 2010, or fiscal year beginning} & 07/01 & , 2010, and ending} & 06/30 & , 20 & 11 \\ \end{array}$ ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ➤ See instructions on back. Internal Revenue Service Name of exempt organization Employer identification number UNIVERSITY SPECIALTY HOSPITAL 52-0882914 Name and title of officer KEITH PERSINGER, SVP AND CFO Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-E0 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 ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 54973436. 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b b Total tax (Form 1120-POL; line 22) 3b
b Tax based on investment income (Form 990-PF; Part VI, line 5) 4b 3a Form 1120-POL check here ▶ 4a Form 990-PF check here ▶ 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 2010 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 GRANT THORNTON LLP to enter my PIN as my signature ERO firm name on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature > Claim Presingul Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 9 5 6 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Frank D Grandens ERO's signature > ___

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2010)

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

Form **991**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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. Internal Revenue Service A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 20 11 D Employer identification number C Name of organization **B** Check if applicable: UNIVERSITY SPECIALTY HOSPITAL 52-0882914 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 611 SOUTH CHARLES STREET (410) 547-8500 Initial return City or town, state or country, and ZIP + 4 Amended BALTIMORE, MD 21230 G Gross receipts \$ 65,168,283. return Application pending H(a) Is this a group return for F Name and address of principal officer: JAMES WARNER Yes Х Nο 611 SOUTH CHARLES STREET BALTIMORE, MD 21230 Yes No H(b) Are all affiliates included? X | 501(c)(3) If "No." attach a list. (see instructions) 501(c) (4947(a)(1) or Website: ▶ WWW.SPECIALTYHOSPITAL.ORG **H(c)** Group exemption number L Year of formation: 1968 M State of legal domicile: MD Form of organization: | X | Corporation Summary Part I Briefly describe the organization's mission or most significant activities: THE HOSPITAL PROVIDES SPECIALIZED CARE SERVICES TO PATIENTS WHO ARE CRITICALLY ILL, HAVE MULTIPLE COMPLICATIONS AND/OR FAILURES THAT REQUIRE CONTINUED HOSPITALIZATION BEYOND THE ACUTE CARE SETTING. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) R 0. Number of independent voting members of the governing body (Part VI, line 1b) 581. Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 4. 0. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7 a **b** Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 54,088,180 52,511,728. 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,759,628 2,135,277. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 197,388 11 326,431. 56,045,196 54,973,436. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 28,482,181 27,605,915. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 28,980,156 30,588,392. 57,462,337 58,194,307. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -3,220,871. -1,417,141 Revenue less expenses. Subtract line 18 from line 12 o s **Beginning of Current Year End of Year** 40,410,879 35,251,353. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 32,005,836 30,049,506. 21 8,405,043 5,201,847 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN Paid employed P00532355 Preparer Firm's name FRANT THORNTON LLP Firm's EIN 36-6055558 Use Only 215-561-4200 Firm's address > 2001 MARKET STREET, SUITE 3100 PHILADELPHIA, PA 19103 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes Νo

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

52-0882914 Page 2 Form 990 (2010)

Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	,	describe the organization's mission:	
		HOSPITAL PROVIDES SPECIALIZED CARE SERVICES TO PATIENTS WHO	
		CRITICALLY ILL, HAVE MULTIPLE COMPLICATIONS AND/OR FAILURES	
		REQUIRE CONTINUED HOSPITALIZATION BEYOND THE ACUTE CARE	
	SETT1		
	the pric	e organization undertake any significant program services during the year which were not listed on or Form 990 or 990-EZ? " describe these new services on Schedule O.	X No
3	Did the service	e organization cease conducting, or make significant changes in how it conducts, any program s?Yes	X No
4	Descrii Section	" describe these changes on Schedule O. be the exempt purpose achievements for each of the organization's three largest program services by expenses. In 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and ions to others, the total expenses, and revenue, if any, for each program service reported.	
4a) (Expenses \$ 49,706,292. including grants of \$ 0. (Revenue \$ 52,511,728. HOSPITAL PROVIDES REHABILITATIVE AND CHRONIC MEDICAL AND	_)
	NURSI	ING SERVICES ON AN INPATIENT AND OUTPATIENT BASIS, TOGETHER	
	WITH	THE APPROPRIATE ANCILLIARY SERVICES. THESE SERVICES	
	INCLU	JDE CARE WHICH MANY FACILITIES PREFER NOT TO PROVIDE. THE	
	MISSI	ON OF THE HOSPITAL IS TO PROVIDE THE BEST QUALITY OF CARE	
	FOR 7	THOSE MEDICALLY COMPLEX LONGER STAY PATIENTS. THE MISSION	
	HAS I	PROVIDED THE FACILITY A DISPROPORTIONATE SHARE OF MEDICAID	
	PATIE	ENTS WHO ARE THE INDIGENT CITIZENS OF THE STATE OF MARYLAND.	
		FOR ANY NON-MEDICAID/MEDICARE PATIENT THE HOSPITAL IS	
		ITTED TO PROVIDE CARE WHERE POSSIBLE.	
		TO THOUSE OME WHEN TOOSTEEL.	
	-		
4 b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(0000.		_ /
4 c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	O4k - ::	and the same is a company of the same same same same same same same sam	
4d		program services. (Describe in Schedule O.)	
40	(Expen	ses \$ including grants of \$) (Revenue \$) program service expenses ▶ 49,706,292.	
-+ t	I VI a I	JI O GI GIII JOI Y IOO GAUGIIJOJ ア ユノナ・ロットムノム・	

Form **990** (2010)

513485

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospitals? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	Х	
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form		Ţ	
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Х	

Form **990** (2010)

Part	Checklist of Required Schedules (continued)			
	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	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		Х
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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0.4=		Х
	through 24d and complete Schedule K. If "No," go to line 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
ч	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	244		
2 J a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		Х
	Schedule L, Part IV	28b		Λ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		Х
20	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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, Parts II, III,			
	IV, and V, line 1		Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	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,			
0.0	Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		Х
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		^
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	ļ .		
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2010)

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V Part V

	Check it Schedule O contains a response to any question in this Part V			<u> </u>
	.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 53 Enter the number of Forms W 3G included in line 1a Enter 0, if not applicable 1b 0			
	Enter the number of Pornis W-2G included in line 1a. Enter -0- in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 581			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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 bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter 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.			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		Х
`	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
•	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
		7a		Х
	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
		7.0		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		Х
	required to file Form 8282?	7 c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
,	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
ì	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
ı	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
h				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	the organization is licensed to issue qualified health plans			
С	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	140		y
c a	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
c la	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	14b	990	

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

Check if Schedule O contains a response to any question in this Part VI	Х
A Governing Body and Management	

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>			
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 relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	ــــــ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		T
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3.7	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	-
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	X	-
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this is done	12c	X	-
13	Does the organization have a written whistleblower policy?	13	X	-
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Х	
а	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b	Λ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		Х
	with a taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	4 C L		
Sect	the organization's exempt status with respect to such arrangements? ion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶_MDr		. – – –	
18	available for public inspection. Indicate how you make these available. Check all that apply.	o urily)	'	
	Own website Another's website X Upon request			
10		-004		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
20	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MICHELLE LEE 250 W. PRATT STREET, 14TH FL BALTIMORE, MD 21201	IC		
	410-328-1376			

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

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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B)				C)	that ann	sha)	(D) Reportable	(E) Reportable	(F) Estimated
ATTACHMENT 1	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	ਜ਼ੀ Highest compensated at employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) JEFFREY A RIVEST										
DIRECTOR	2.00	Х						0.	956,922	33,922
(2)ALISON G BROWN DIRECTOR	2.00	Х						0.	520,817	28,404
(3)LISA ROWEN DIRECTOR	2.00	Х						0.	464,266.	64,163
(4) REVEREND JOHN SABATELLI									·	· · · · · · · · · · · · · · · · · · ·
LIAISON	2.00	Х						53 , 355.	0.	995
(5) INGRID CONNERNEY DIRECTOR	2.00	Х						185,545.	0.	18,719
(6)KEITH PERSINGER								•		•
CFO & DIRECTOR	2.00	Х		х				0.	570,035	17,062
(7) JONATHAN GOTTLIEB DIRECTOR	2.00	Х						0.	702,998	82,624
(8) SEBLU ZERA YOHANNES DOCTOR & DIRECTOR	40.00							183,816.	0.	8,156
(9) JAMES WARNER VP & CEO	40.00			х				244,599.	0	14,333
(10)JOYCE A SMITH	40.00			7.				244,333.		14,555
VP & CNO	40.00				Х			172 , 799.	0	12,310
(11)TRUDY HALL										
VP-CMO	40.00				Х			279 , 825.	0	27,345
(12)CARLA JONES STAFF COORDINATOR	40.00					Х		125,272.	0	5,145
(13)ERDA YOUNG DIRECTOR OF QUALITY OUTCOMES	40.00					Х		118,814.	0.	15,955
(14)YELENA GERASHCHENKO PA	40.00					Х		97,573.	0.	4,725
(15)EARL JOHNSON MGER-COMM, SAFETY & SECUR	40.00					х		92,865.	0.	21,883
(16)										

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JSA

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(A) (B) (C)					(D)	(E)			(F)			
Name and title	Average hours per week		io trustee		_	that app Highes	Former	Reportable compensation from	Reporta compens from rel	ation ated	am	timated ount of other	f
	(describe hours for related organizations in Schedule O)	Individual trustee or director	tional	r	Key employee	Highest compensated employee	ī	the organization (W-2/1099-MISC)	organiza (W-2/1099		fro orga and	pensation the anization related nization	n d
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
(26)													
(27)													
(28)													
1b Sub-total c Total from continuation sheets to Part VII, S	ection A				_		>	1,554,463. 1,554,463.				55 , 7	741.
d Total (add lines 1b and 1c)	limited to the	nose	liste				o re			n 038	3:	55, /	41.
	·											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,00	0?	If "Y	es,"	complete Sched	ule J for	such	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	fron	n any	uni	related organization	n or indiv	idual	5		X
Section B. Independent Contractors	, 						,						
1 Complete this table for your five highest compensation from the organization.	compensat	ed in	idep	enc	dent	cont	rac	tors that received	d more th	an \$100	0,000	of	
(A) Name and business add	ress							(B) Description of ser	vices	Co	(C) ompens	ation	
ATTACHMENT 2													

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more than \$100,000 in compensation from the organization ▶

17

Total number of independent contractors (including but not limited to those listed above) who received

FOIIII	_					JZ 000ZJI4		Page 3
Par	rt VII	Statement of Revenu	<u>e</u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns	1b 1c 1d ns)1e					
	h	Total. Add lines 1a-1f		<u></u> ▶	0.			
ine				Business Code				
Program Service Revenue	2a b c	PATIENT SERVICE REVENUE		900099	52,511,728.	52,511,728.		
Ε	u							
Jrai	e							
õ	f	All other program service revenue						
	g	Total. Add lines 2a-2f			52,511,728.			
	3 4	Investment income (including of other similar amounts) Income from investment of tax-		>	1,067,401.		0.	1,067,401
	5	Royalties			0.			
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u> ▶</u>	0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities 11,262,723.	(ii) Other				
	b	Less: cost or other basis and sales expenses	10,194,847. 1,067,876.					
	d	Net gain or (loss)		▶	1,067,876.			1,067,876
Other Revenue	1	Gross income from function from events (not including \$ of contributions reported on line See Part IV, line 18 Less: direct expenses	draising					
Ö	С	Net income or (loss) from fundr	aising events .		0.			
	9a	Gross income from gaming active See Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gami	ng activities	▶	0.			
	10a	Gross sales of inventory returns and allowances	a					
		J						
	С	Net income or (loss) from sales			0.			
		Miscellaneous Revenue		Business Code				
	11a	CAFE & VENDING		722210	237,276.			237,276
	b	OTHER MISCELLANEOUS REVENUE		900099	89,155.			89,155
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			326,431.			
	12	Total revenue. See instructions			54,973,436.	52,511,728.	0.	2,461,708.
	· -	Total revenue. See manucions			2.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-2,011,720.	<u> </u>	2,401,700

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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) but are not required to complete columns (B), (C), and (D).

Do	All other organizations must comp o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in	0			
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
·	trustees, and key employees	750 , 578.	452,624.	297,954.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	21,878,884.	19,340,273.	2,538,611.	
8	Pension plan contributions (include section 401(k)	600 550	F.CO. 00.5	50 050	
	and section 403(b) employer contributions)	633,558.	560,306.	73,252.	
9	Other employee benefits	2,895,172. 1,447,723.	2,560,432. 1,280,337.	334,740. 167,386.	
10	Payroll taxes	1,447,723.	1,280,337.	167,386.	
11	Fees for services (non-employees):	0.			
	Management	7,200.		7,200.	
	Legal	33,920.		33,920.	
	Lobbying	5,420.		5,420.	
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.			
	Other	986,977.		986,977.	
12	Advertising and promotion	0.			
13	Office expenses	147,552.	127,620.	19,932.	
14	Information technology	1,243,959.		1,243,959.	
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	1,456.	1,226.	230.	
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	0. 181,989.	27,677.	154,312.	
	Conferences, conventions, and meetings	861,255.	715,901.	145,354.	
20	Interest	001,233.	715,501.	143,334.	
21 22	Payments to affiliates Depreciation, depletion, and amortization	2,347,629.	1,951,422.	396,207.	
23	Insurance	544,900.	503,726.	41,174.	
24	Other expenses. Itemize expenses not covered	•	,	,	
-	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
a	PURCHASED SERVICES	9,418,458.	7,556,009.	1,862,449.	
b	SUPPLIES	6,013,088.	6,013,088.		
	BAD DEBT	4,466,899.	4,466,899.		
•	MEDICAL FEES	2,876,090.	2,876,090.	170 000	
-	UTILITIES	1,451,600.	1,272,662.	178,938.	0.
	All other expenses	50 104 207	40 706 202	0 400 015	0.
	Total functional expenses. Add lines 1 through 24f	58,194,307.	49,706,292.	8,488,015.	0.
26	Joint Costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X **Balance Sheet** Beginning of year End of year 2,947,429. Cash - non-interest-bearing 2,218,893. 1 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 2,732,670. 5,605,967. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net _______ 7 Inventories for sale or use 555,990. 616,346. 8 17,100. Prepaid expenses and deferred charges 24,129. 9 10a Land, buildings, and equipment: cost or 39,552,856. other basis. Complete Part VI of Schedule D 10a 19,528,086. 18,974,042.10c 20,024,770. b Less: accumulated depreciation 10b 3,412,767. 10,235,756. 11 11 5,094,000. 12 1,889,871. 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 582,428. 730,074. 15 15 40,410,879. 35,251,353. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,255,953. 5,856,706. 17 17 18 18 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Pavables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. 22 23 23 24 Unsecured notes and loans payable to unrelated third parties. 24 26,149,130. 23,793,553. 25 25 Total liabilities. Add lines 17 through 25..... 32,005,836. 30,049,506. 26 26 Organizations that follow SFAS 117, check here | X | and complete lines 27 through 29, and lines 33 and 34. Balances 27 8,015,385. 4,794,514. 27 389,658. 407,333. 28 28 Fund 29 29 Organizations that do not follow SFAS 117, check here ▶ ŏ complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Net 8,405,043. 5,201,847. 33 33 Total liabilities and net assets/fund balances 40,410,879. 34 35,251,353.

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52-0882914 Page **12** Form 990 (2010)

Pa	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	5	4,9	73,4	436.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	8,1	94,3	307.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	3,2	20,8	871.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,4	05,0	043.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			17,0	675.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
·	column (B))	6		5,2	01,8	847.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		ſ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
b	• • •	• • •	• • • [2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	ıt of	• • • [
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain	in	• • • •			
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	е				
	issued on a separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3 a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	÷	• • •			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

20 10

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Name	of t	he organization							Emplo	yer iden	tification	on num	ber	
UNI	VER	SITY SPECIALT	Y HOSPITAL							52	-088	2914		
Part	1	Reason for Publ	ic Charity Status	s (All organizations mu	ıst con	nplete	this pa	art.) Se	e instr	uctions				
The c	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)					
1		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)					
2		A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	le E.)									
3	Х		•	ervice organization descr			-							
4		A medical researc	h organization op	erated in conjunction wi	ith a h	ospita	l descr	ibed in	sectio	n 170(b)(1)(4)(iii).	Enter	the
_		hospital's name, cit												
5		An organization op	erated for the bei	nefit of a college or univ	ersity	owned	d or ope	erated b	oy a go	vernme	ntal u	ınit de	scribe	ed in
_		section 170(b)(1)(A	A)(iv). (Complete P	Part II.)										
6			_	or governmental unit des										
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
_		described in sectio												
8				on 170(b)(1)(A)(vi). (Com										
9 [_	=	es: (1) more than 331/3%									_	
		· · · · · · · · · · · · · · · · · · ·		exempt functions - sub	-			-						
		· ·		ome and unrelated busi						n 511	tax) f	rom b	usine	sses
	_	· · · · · ·		ne 30, 1975. See section						_				
10				ted exclusively to test for	•	•				•				
11 [=	-	rated exclusively for the			-							
				ipported organizations de					-				e sec	tion
				es the type of supporting	_			-	lines 1		¬ī		\thor	
٦		a Type I	b Type	II c Type the organization is not			-	-	iroothy			e III - C		lifiod
e			=	gers and other than one			_		-	-			-	
		509(a)(1) or section		gers and other than one	01 1110	re pur	niciy su	ipportet	ı organ	izations	uesi	JIDEU	11 50	JUUII
£		` ' ' '	` ' ' '	n determination from th	o IDC	that it	ic o T	vno I I	Type II	or Type	^ III ^	unnar	ina	
f		organization, check		ii determination nom tii	C IIVO	tiiat it	is a i	уре і, і	ype II,	от тур	C III 3	ирроп	.ii ig	\neg
~				nization accepted any gif	t or cou	otributi	ion from	any of	the				!	
g		following persons?	ooo, nas the organ	inzation accepted any gir	. 01 001	itiibuti	1011 11011	i ally of	uic					
			directly or indire	ectly controls, either alor	ne or t	oaethe	≏r with	nerson	s desc	rihed in	(ii)		Yes	No
				dy of the supported organ			J. W .t	porcor	4000		(,	11g(i)		
				scribed in (i) above?		•						11g(ii)		
				on described in (i) or (ii) a	bove?							11g(iii)	_	
h		• •		ut the supported organization).								
	(i) Na	ame of supported	(ii) EIN	(iii) Type of organization	T	ls the	(v) Did	you notify	(vi)	ls the	(\	/ii) Amo	unt of	
		organization	, ,	(described on lines 1-9	organi	zation in listed in	the org	anization	organiz	zation in	`	supp		
				above or IRC section (see instructions)	your go	overning ment?		I. (i) of upport?		rganized U.S.?				
					Yes	No	Yes	No	Yes	No				
(A)														
(D)														
(B)														
(C)														
(C)														
(D)													_	
(D)														
(E)														
(-)														
Total														

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

Schedule A (Form 990 or 990-EZ) 2010

52-0882914 Schedule A (Form 990 or 990-EZ) 2010

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
•	Not income from constated business						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2010 (li	ne 6, column (f) divided by line	11, column (f))		14	%
15	Public support percentage from 2009	Schedule A, Pa	art II, line 14			15	%
16a	331/3% support test - 2010. If the o	rganization did	not check the	box on line 13	, and line 14 is	331/3 % or mo	re, check
	this box and stop here. The organization	on qualifies as a	a publicly suppo	rted organization	on		▶ 📖
b	331/3% support test - 2009. If the o	organization did	I not check a b	ox on line 13	or 16a, and line	e 15 is 331/3%	or more,
	check this box and stop here. The orga	anization qualifi	es as a publicly	supported orga	nization		▶ 🗀
17a	10%-facts-and-circumstances test - 2	010. If the orga	anization did no	t check a box o	n line 13, 16a o	r 16b, and line 1	14 is 10%
	or more, and if the organization me	eets the "facts	-and-circumstar	nces" test, che	ck this box an	d stop here . E	Explain in
	Part IV how the organization meets t	he "facts-and-o	circumstances" t	est. The organ	ization qualifies	as a publicly s	supported
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2	2009. If the or	ganization did r	not check a box	on line 13, 16	a, 16b, or 17a,	, and line
	15 is 10% or more, and if the orga	anization meets	s the "facts-an	d-circumstances	" test, check t	his box and st	op here.
	Explain in Part IV how the organzation	on meets the "	facts-and-circur	nstances" test.	The organization	n qualifies as a	a publicly
	supported organization						▶ 🔲
18	Private foundation. If the organization						and see
	instructions						▶ 🔲
		_					

Schedule A (Form 990 or 990-EZ) 2010

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52-0882914 Page 3 Schedule A (Form 990 or 990-EZ) 2010

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.)

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	_					
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	<u> </u>					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge]					
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	<u></u>					
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 0000	#1.0007	4) 0000	(1) 0000	() 0040	(0 T. (.)
Ca	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
ıva	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	and 12.) First five years. If the Form 990 is for	the organization	n'e firet eacond	third fourth or	fifth tay year a	s a section 501	(c)(3)
	organization, check this box and stop here	•			-		
Sac	tion C. Computation of Public Sup						
15	Public support percentage for 2010 (line 8			mn (f))		15	%
16	Public support percentage from 2009 Sche					16	<u> </u>
	tion D. Computation of Investmen					10	/0
<u> 17</u>	Investment income percentage for 2010 (li			13 column (f))		17	%
18	Investment income percentage from 2009					18	
	331/3% support tests - 2010. If the org						
ıJd	17 is not more than 331/3%, check th						. \square
h	331/3% support tests - 2009. If the orga		_				
D	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			H-1
				,	,		

JSA 0E1221 1.000 Schedule A (Form 990 or 990-EZ) 2010 4235CV 700P V 10-8.3PAGE 16 513485

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Schedule A (Form 990 or 990-EZ) 2010

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Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See

Schedule A (Form 990 or 990-EZ) 2010

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

|--|

	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.			
Nam	e of organization			Employer identif	ication number
UNI	VERSITY SPECIALTY H			52-08	
Pa	rt I-A Complete if the o	rganization is exempt under s	section 501(c) or is	s a section 527 organ	ization.
1 2	candidates for public office i	organization's direct and indirect pin Part IV.			
3					
Pai	t I-B Complete if the o	rganization is exempt under s	ection 501(c)(3).		
1 2 3	Enter the amount of any exc If the organization incurred a	cise tax incurred by the organization is tax incurred by organization made section 4955 tax, did it file Form	anagers under section 4720 for this year?	on 4955 ▶ \$	Yes No
4a b	If "Yes," describe in Part IV.				Yes No
		rganization is exempt under s	section 501(c), ex	cept section 501(c)(3)	l.
1	Enter the amount directly ex	spended by the filing organization	for section 527 exe	mpt function	
	activities			▶ \$	
2		g organization's funds contributed t	_	_	
•		es			
3		nditures. Add lines 1 and 2. Ente			
4 5	Did the filing organization file Enter the names, addresses organization made payments the amount of political contri	e Form 1120-POL for this year? s and employer identification numbers. For each organization listed, entributions received that were prompted or a political action committee (F	ber (EIN) of all sect er the amount paid otly and directly deli	tion 527 political organ from the filing organiza vered to a separate poli	izations to which filing tion's funds. Also enter tical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2010

JSA 0E1264 0.040

Scl	hedule C (Form 990 or 990-EZ) 2010			52-08	82914		Page 2	
Р	art II-A Complete if the consection 501(h)).	organization is ex	empt under sectio	n 501(c)(3) and t	filed Form 5768 (ele	ection under		
			to an affiliated groud box A and "limited		ns apply.			
	Lim (The term "expen	its on Lobbying Exp ditures" means am	enditures ounts paid or incurred	I.)	(a) Filing organization's totals	(b) Affiliated group totals		
1 a	3 - 1							
b								
C								
C								
e	and the property of the							
f	Lobbying nontaxable amount columns.	. Enter the amount i	rom the following tabl	e in both				
	If the amount on line 1e, column	ı (a) or (b) is: The lobb	ying nontaxable amount	is:				
	Not over \$500,000		ne amount on line 1e.					
	Over \$500,000 but not over \$1,0	000,000 \$100,000	plus 15% of the excess	over \$500,000.				
	Over \$1,000,000 but not over \$1	,500,000 \$175,000	plus 10% of the excess	over \$1,000,000.				
	Over \$1,500,000 but not over \$1	17,000,000 \$225,000	plus 5% of the excess	over \$1,500,000.				
_	Over \$17,000,000	\$1,000,0						
Q	Grassroots nontaxable amou							
	Subtract line 1g from line 1a.							
i					4700			
J	If there is an amount other the section 4911 tax for this year			•		Yes	No	
	section 4911 tax for this year	<u>:</u>				, res	NO	
		ations that made a	veraging Period Unde section 501(h) electi he instructions for li	on do not have to		ive		
		Lobbying Ex	penditures During 4-\	ear Averaging Per	riod			
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Tota	ıl	
2 a	Lobbying nontaxable amount							
k	Lobbying ceiling amount (150% of line 2a, column (e))							
_	Total lobbying expenditures							
c	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2010

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

	(crossion ander section of (iii)).	(a)		(b)			
		Yes	No		Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:		37				
a	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X				
b C	•		X				
d	Mailings to members legislators or the public?		X				
e	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
i	Other activities? If "Yes," describe in Part IV	Х					,420
j	Total. Add lines 1c through 1i					5,	,420
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	ectio	n		
	501(c)(6).	(0)(0)	, 01 3	CCLIO	'11		
	, , , ,					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?						
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?						
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."	, iine	s is a	nswe	erea		
1	Dues assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		al				
_	expenses for which the section 527(f) tax was paid).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2 c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible	obbyir	ıg				
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)			5			
	rt IV Supplemental Information			3			
Con	pplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, complete this part for any additional information.	, line s	5; and	Part	II-B, I	ine 1i	

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 Page **4**

Part IV Supplemental Information (continued)

OTHER ACTIVITIES

SCHEDULE C, PART II-B, LINE 1I

THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 8.65% AND 24.42% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Cumplement identification u

	te of the organization	Employer identification number
	IVERSITY SPECIALTY HOSPITAL	52-0882914
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or organization answered "Yes" to Form 990, Part IV, line 6.	r Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in d	onor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun used only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	ds can be
	purpose conferring impermissible private benefit?	
Pa	Conservation Easements. Complete if the organization answered "Yes" to F	form 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
-		of an historically important land area
		of a certified historic structure
	Preservation of open space	or a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
-	easement on the last day of the tax year.	The form of a conservation
	Substitution and task day of the task year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
u	historic structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terming	
•	tax year ►	iated by the organization during the
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, have	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	
		semente during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	ents during the year
-	►\$	raming and year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of so	ection 170(h)(4)(B)
	(i) and 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue an	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	
	organization's accounting for conservation easements.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of
h	public service, provide, in Part XIV, the text of the footnote to its financial statements that de	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its a works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
а	Revenues included in Form 990, Part VIII, line 1	 ▶ \$
<u>b</u>	Assets included in Form 990, Part X	▶\$

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

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Par	t III Organizations Maintain	ing Colle	ctions of	Art, Hist	orical	Treasures	s, or	Other Similar A	ssets (d	continue	d)	
_												
3	Using the organization's acquisiti		sion, and c	other rec	ords, c	heck any o	of the	following that a	re a sigr	nificant us	se of	its
	collection items (check all that app	у у).										
a	Public exhibition			d				ge programs				
b	Scholarly research			е		Other						-
C 4	Preservation for future go		collections	and over	aloin h	our thour fur	rthor	the organization!	o ovomn	t nurnooc	in D	ort
4	Provide a description of the orga XIV.	nizations	collections	and exp	nam no	ow they ful	mer	the organization:	s exemp	t purpose	in Pa	arı
_		on colicit c	ar rogojyo d	lonations	of ort	historical tr	.00011	ros or other simila	or			
5	During the year, did the organizati assets to be sold to raise funds rat								_	Yes		AI.a
Dor	t IV Escrow and Custodial											No
rai	line 9, or reported an a						ı ans	wered res to	TOITII 98	o, Fait i	ν,	
	inte e, er reperted arrai	TIOUTIC OII	1 01111 000	, r are / c	, 11110 2							—
1a	Is the organization an agent, truste	e custodi	an or other	r interme	diary fo	r contributi	ons d	or other assets no	t			
	included on Form 990, Part X?				-				_	Yes		No
h	If "Yes," explain the arrangement i										Ш.	••
~	ii roo, oxpiaii iio arrangement	iii ait iii	ana compi	010 110 11	J	, table.		Α	mount			
С	Beginning balance						1 c	, ,				
	Additions during the year						1d					—
Δ.	Distributions during the year						1e					—
f	Ending balance											—
	Did the organization include an an						$\overline{}$			Yes		No
	If "Yes," explain the arrangement i			art A, iiii	C 21:						Ш'	10
	art V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.											
rai	Endowment i unus. Con	(a) Curr		(b) Prior		(c) Two ye		<u> </u>		(e) Four y	ears ha	
1a	Beginning of year balance	(u) our	crit year	(6) 1 1101	year	(c) two ye	,a13 ba	(a) Thice yes	II S DUCK	(C) i oui y	cars ba	
	Contributions											
	Net investment earnings, gains,											
·	and losses											
ч	Grants or scholarships											
e	Other expenditures for facilities											
·	and programs											
f	Administrative expenses											
	End of year balance											
g	Provide the estimated percentage	of the vee	r and halar	ann hold a								
2	Board designated or quasi-endow	•	ir end balar	o/	iS.							
				_ 70								
	Permanent endowment											
	Term endowment ►Are there endowment funds not in	_% . the need	anden of th		antion t	hat are hal	d 004	d administered for	tha			
Ja		the posse	2551011 01 11	ie organi.	Zalioni	nat are ner	u and	a administered for	uie	V	es N	
	organization by:									3a(i)	es	No_
	(i) unrelated organizations											—
h	(ii) related organizations									3a(ii) 3b		
	If "Yes" to 3a(ii), are the related or									30		
4	Describe in Part XIV the intended											—
Par	t VI Land, Buildings, and Eq	uipment.										—
	Description of investment		(a) Cost or (invest		(b) C	ost or other ba (other)	asis	(c) Accumulated depreciation	(0	d) Book valu	е	
12	Land					915,1	84			91 -	5,18	<u> </u>
1a b		L				6,678,3	_	12,486,329.		14,192		
ņ	Leasehold improvements)	221,0		221,051.		11,172	-, 07	· •
d	Equipment	H H				1,683,3		6,771,409		4,911	1 . 90	
u	Other	- F			$\frac{1}{2}$	54,9		49,297			5,63	
E Tota	I. Add lines 1a through 1e. (Columi		equal Form						·	20,024		_
ıota	i. Add iiiles Ta tiilougii Te. (Columi	i (u) must	equal FUIII	ı əəu, Fai	ι Λ, CO	ынн (Б) , Ш	i c 10((<i>\(\)</i>	Cabad	ule D (Form		
									Julied	UIC D (FUIII		-U I U

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Part VII Investments - Other Securities. See Form 9	990, Part X, line	12.
	b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	1,889,871.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<u>(l)</u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,889,871.	
Part VIII Investments - Program Related. See Form		13.
	b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, line 15		
(a) Descr	iption	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · · · · · · · · · · · · · · ·
Part X Other Liabilities. See Form 990, Part X, line		
1. (a) Description of liability	(b) Amount	_
(1) Federal income taxes	4 606 76	27
(2) 3RD PARTY ADVANCES	4,696,78	
(3) OTHER CURRENT LIABILITIES	2,439,34 16,270,47	
(4) DUE TO AFFILIATES		
(5) CAPITAL LEASE LIABILITY	386,94	15.
(6)		_
(7)		
(8)		
(9)		
(10)		
(11)	22 702 55	52
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	23,793,55	13.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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Part	Reconciliation of Change in Net Assets from Form 990 to Audi	ted Financial Statemer	nte
1	Total revenue (Form 990, Part VIII, column (A), line 12)		113
2	Total expenses (Form 990, Part IX, column (A), line 12)		
3			
	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses	6	
7	Prior period adjustments		
8 9	Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8	8	
9 10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	
Part			
			1
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1
2		2a	
a	Net unrealized gains on investments		
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c 2d	
d	Other (Describe in Part XIV.)	20	20
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3
4		4.0	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	
b	Other (Describe in Part XIV.)		4c
С 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12</i> .)		5
	Reconciliation of Expenses per Audited Financial Statements W		
1	T		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
a	55 1111	2a	
b	Delanasana diseterante	2b	
C	Other leades	2c	
d		2d	
e	Other (Describe in Part XIV.) Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
	Add lines 4a and 4b	40	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part			
Part V,	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 3, 5, and 9; Part II, lines 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines ditional information.		
SEE	PAGE 5		

Part XIV Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE PER AUDIT REPORT

THE ORGANIZATION IS A SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE CORPORATION). THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN THE INCOME TAXES (FIN 48) ON JULY 1, 2007. THE FOOTNOTE RELATED TO ASC 740 IN THE CORPORATION'S AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS:

THE CORPORATION FOLLOWS A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR

RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE

TAKEN IN A TAX RETURN. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY

UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECOGNIZED.

Page 5

SCHEDULE H (Form 990)

Hospitals

OMB No. 1545-0047
2010

Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
 ► Attach to Form 990.
 ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY SPECIALTY HOSPITAL

Employer identification number

52-0882914

Par	tl Financial Assis	tance and	Certain C	Other Community Ber	efits at Cost					
								Yes	No	
1a	Did the organization have	ve a financi	ial assistar	ice policy during the tax	vear? If "No " skip to gu	estion 6a	1a	Х		
b	If "Yes," was it a written						1b	Х		
2	If the organization had the financial assistance	multiple h	ospital fac	ilities, indicate which o	f the following best de					
	Applied uniformly	•			Applied uniformly to	most hospital facilities				
	Generally tailored									
3	Answer the following the organization's patier				riteria that applied to	the largest number of				
а	Did the organization use	Federal Po	verty Guide	lines (FPG) to determine	eligibility for providing f	ree care to low income				
	individuals? If "Yes," indicat	0% X	200%	Other	%		3 a	Х		
b	Did the organization us									
	"Yes," indicate which of	37	ng was the _{300%}	family income limit for 350% 400		d care:%	3b	Х		
С	c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for									
	determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.									
4	Did the organization's			_	•					
-	tax year provide for free						4	Х		
5a	Did the organization budge						5a	Х		
b	If "Yes," did the organiz						5b			
c	If "Yes" to line 5b, as a			•	_			Х	1	
Ŭ	care to a patient who wa		-		•		5 c		Х	
6a	•	•					6a	Х		
6a Did the organization prepare a community benefit report during the tax year?b If "Yes," did the organization make it available to the public?								Х		
-	Complete the following			•						
	these worksheets with t			p						
7	Financial Assistance a	and Certai	n Other C		Cost					
	inancial Assistance and eans-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	•	Perconstant of total expense	al	
а	Financial Assistance at cost									
	(from Worksheets 1 and 2)			1,973,010.		1,973,010.		3	.39	
b	Unreimbursed Medicaid (from									
	Worksheet 3, column a)									
С	Unreimbursed costs - other means- tested government programs (from Worksheet 3, column b)									
d	Total Financial Assistance and Means-Tested Government									
	Programs Programs			1,973,010.		1,973,010.		3	.39	
	Other Benefits									
е	Community health improvement									
	services and community benefit operations (from Worksheet 4)			4,849.		4,849.			.01	
f	Health professions education									
-	(from Worksheet 5)			55,351.		55,351.			.10	
g	Subsidized health services (from									
-	Worksheet 6)									
h	Research (from Worksheet 7)									
i	Cash and in-kind contributions to community groups (from			9,441.		9,441.			.02	
i	Worksheet 8) Total. Other Benefits			69,641.		69,641.			.13	
J K	Total. Add lines 7d and 7j			2,042,651.		2,042,651.		3	.52	

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

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
_1	Physical improvements and housing						
2	! Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and						
	training for community members						
6	Coalition building						
7	Community health improvement						
	advocacy						
8	Workforce development			289.		289.	
9	Other						
10) Total			289.		289.	

Part III Bad Debt, Medicare, & Collection Practices

Sec	tion A. Bad Debt Expense		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management			
	Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense (at cost)			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable			
	to patients eligible under the organization's financial assistance policy			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt			
	expense. In addition, describe the costing methodology used in determining the amounts reported on lines			
	2 and 3, and rationale for including a portion of bad debt amounts in community benefit.			
Sec	tion B. Medicare			
5				
6	Enter Medicare allowable costs of care relating to payments on line 5			
7	Subtract line 6 from line 5. This is the surplus (or shortfall)			
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.			
	Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.			
	Check the box that describes the method used:			
	Cost accounting system X Cost to charge ratio U Other			
Sec	tion C. Collection Practices			
9 a	Does the organization have a written debt collection policy during the tax year?	9a	Х	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the			
	collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Х	

Part IV **Management Companies and Joint Ventures** (c) Organization's profit % or stock (b) Description of primary (d) Officers, directors, (e) Physicians' (a) Name of entity profit % or stock ownership % trustees, or key employees' profit % activity of entity ownership % or stock ownership % 2 3 4 5 6 7 8 9 10 11 12

13

Schedule H (Form 990) 2010 52-0882914 Page **3**

Part V Facility Information									
Section A. Hospital Facilities		0	0	-	C	מ	Ш	ш	
(list in order of size, measured by total revenue per facility, from largest to smallest) How many hospital facilities did the organization operate during the tax year?1	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	
Name and address		ica							Other (describe)
1 UNIVERSITY SPECIALTY HOSPITAL									Other (describe)
601 SOUTH CHARLES STREET	1								
BALTIMORE MD 21230	Х								
2									
3									
	-								
4									
4	1								
	1								
5									
	1								
6									
7									
8	-								
	-								
9									
	1								
10									
11									
	-								
40									
12	-								
	1								
13									
14									
15	1								
	1								
16	-								
16	1								
	1								

Schedule H (Form 990) 2010 Page 4

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Line Number of Hospital Facility (from Schedule H, Part V, Section A): ___1 Yes Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)

1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs	4		
	assessment (Needs Assessment)? If "No," skip to line 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply):			
а	A definition of the community served by the hospital facility			
b	Demographics of the community			
С	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	How data was obtained			
е	The health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,			
	and minority groups			
g	The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	The process for consulting with persons representing the community's interests			
i	Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j	Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from			
	persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the			
	hospital facility took into account input from persons who represent the community, and identify the persons			
	the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes,"			
	list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
а	Hospital facility's website			
b	Available upon request from the hospital facility			
С	Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate			
	how (check all that apply):			
a	Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b	Execution of the implementation strategy Participation in the development of a community-wide community benefit plan			
c d	Participation in the development of a community-wide community benefit 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 Needs Assessment			
g	Prioritization of health needs in its community			
h	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment?			
	If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such			
	needs	7		
inar	ncial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted			
	care?	8	Х	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income			
	individuals?	9	X	l

F If "Yes," indicate the FPG family income limit for eligibility for free care: $2 \ 0 \ \%$ JSA 0E1287 2.000 Schedule H (Form 990) 2010

Νo

Schedule H (Form 990) 2010 Page **5**

Part	V	Facility Information (continued) UNIVERSITY SPECIALTY HOSPITAL			- 5 -
				Yes	No
10	Used	FPG to determine eligibility for providing discounted care to low income individuals?	10	Х	
		s," indicate the FPG family income limit for eligibility for discounted care: $\frac{3}{2}$ $\frac{0}{2}$ %			
11	Expla	ined the basis for calculating amounts charged to patients?	11	Х	
	If "Ye:	s," indicate the factors used in determining such amounts (check all that apply):			
а	X	Income level			
b	Х	Asset level			
c	Х	Medical indigency			
d	Х	Insurance status			
e	Х	Uninsured discount			
f	X	Medicaid/Medicare			
g	Х	State regulation			
h		Other (describe in Part VI)			
12	Expla	ined the method for applying for financial assistance?	12	Х	
13		ed measures to publicize the policy within the community served by the hospital facility?	13	Х	
		s," 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			
c	Х	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	Х	The policy was posted in the hospital facility's admissions offices			
е	Х	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)			
	n and	Collections			
14		e hospital facility have in place during the tax year a separate billing and collections policy, or a written			
		ial assistance policy that explained actions the hospital facility may take upon non-payment?	14	Х	
15		call of the following collection actions against a patient that were permitted under the hospital facility's			
	policie	es at any time during the tax year:			
а		Reporting to credit agency			
b	X	Lawsuits			
С		Liens on residences			
d		Body attachments			
е		Other actions (describe in Part VI)			
16	Did th	e hospital facility engage in or authorize a third party to perform any of the following collection actions			
	during	the tax year?	16	Х	
		s," check all collection actions in which the hospital facility or a third party engaged (check all that			
	apply)	:			
а		Reporting to credit agency			
b	X	Lawsuits			
С	Ш	Liens on residences			
d		Body attachments			
е		Other actions (describe in Part VI)			
17		te which actions the hospital facility took before initiating any of the collection actions checked in line			
		neck all that apply):			
а	X	Notified patients of the financial assistance policy on admission			
b	X	Notified patients of the financial assistance policy prior to discharge			
С		Notified patients of the financial assistance policy in communications with the patients regarding the			
		patients' bills			
d	X	Documented its determination of whether a patient who applied for financial assistance under the			
		financial assistance policy qualified for financial assistance			
е		Other (describe in Part VI)			

Page 6 Schedule H (Form 990) 2010

Part '	Facility Information (continued) UNIVERSITY SPECIALTY HOSPITAL			
Polic	y Relating to Emergency Medical Care			
			Yes	No
18	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?	18		Х
a b c	If "No," indicate the reasons why (check all that apply): The hospital facility did not provide care for any emergency medical conditions The hospital facility did not have a policy relating to emergency medical care The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d	Other (describe in Part VI)			
Char	ges for Medical Care			
19 a	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply): The hospital facility used the lowest negotiated commercial insurance rate for those services at the			
b c d	hospital facility The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility The hospital facility used the Medicare rate for those services Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	20		х
21	If "Yes," explain in Part VI. Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?	21	х	

 Schedule H (Form 990) 2010
 Page 7

Part V Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization ope	erate during the tax year?	
Name and address		Type of Facility (describe)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Schedule H (Form 990) 2010 Page 8

Part VI Supplemental Information

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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

- 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 hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- **6** Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- **7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RELATED ORGANIZATION REPORT
SCHEDULE H, PART I, LINE 6A
USH IS NOT REQUIRED TO FILE A COMMUNITY BENEFIT REPORT WITH THE STATE OF
MARYLAND'S HEALTH SERVICES COST REVIEW COMMISSION. THAT REQUIREMENT ONLY
APPLIES TO ACUTE CARE HOSPITALS. USH DOES, HOWEVER, PREPARE SUCH A REPORT
FOR INTERNAL USE AND REVIEW.
COSTING METHODOLOGY
SCHEDULE H, PART I, LINE 7
SCHEDULE H, LINE 7A, COLUMN (D) - MARYLAND'S REGULATORY SYSTEM CREATES A
UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE
NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES
PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING
GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED
AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A
METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH
DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE
RELATED TO UNCOMPENSATED CARE.

Schedule H (Form 990) 2010

JSA 0E1326 1.000 Schedule H (Form 990) 2010 Page 8

Part VI Supplemental Information

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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

SCHEDULE H, LINE 7B, COLUMNS (C) THROUGH (F) - MARYLAND'S REGULATORY
COMPONE IT THE TOTAL CONTINUE OF THE CONTINUE
SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM
THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION,
(HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS,
INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES
DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM
INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS'
RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY
OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT
EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET
EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT
THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.
SCHEDULE H, LINE 7F COLUMN (C) - MARYLAND'S REGULATORY SYSTEM CREATES A
UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE
NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES

Part VI Supplemental Information

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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

- 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 hospitals 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.

PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS. INCLUDING

GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED
AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A
METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH
DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE
RELATED TO UNCOMPENSATED CARE.
SCHEDULE H, LINE 7F COLUMN (D) - MARYLAND'S REGULATORY SYSTEM CREATES A
UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE
NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES
PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING
GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED
AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A
METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH
DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE
RELATED TO UNCOMPENSATED CARE.

Part VI Supplemental Information

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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

- 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 hospitals 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.

BAD DEBT EXPENSE SCHEDULE H, PART III, LINE 4 PART III, LINE 3: THE ORGANIZATION DOES NOT CODE CHARITY CARE AND BAD DEBT EXPENSE INTO THE SAME GENERAL LEDGER ACCOUNT. CHARITY CARE IS BOOKED TO A SEPARATE ACCOUNT AND IS CLASSIFIED AS A "DEDUCTION FROM REVENUE." AS SUCH IT IS NETTED AGAINST TOTAL PATIENT REVENUE IN ARRIVING AT NET PATIENT REVENUE ON THE ENTITY'S INCOME STATEMENTS. BAD DEBT EXPENSE IS BOOKED TO A SEPARATE ACCOUNT ON THE GENERAL LEDGER AND DOES NOT INCLUDE ANY OTHER UNCOMPENSATED CARE AMOUNTS. PART III, LINE 4: THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE

Part VI Supplemental Information

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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

- 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 hospitals 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.

RECEIVABLES. AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE
CORPORATION FOLLOWS INTERNAL GUIDELINES FOR PLACING CERTAIN PAST DUE
BALANCES WITH COLLECTION AGENCIES.
MEDICARE COST REPORT
SCHEDULE H, PART III, LINE 8
IN MARYLAND, THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED
SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES
APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A
WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO
BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL. MEDICARE
REIMBURSES MARYLAND HOSPITALS ACCORDING TO RATES ESTABLISHED BY THE HSCRC
AS LONG AS THE STATE CONTINUES TO MEET A TWO-PART TEST. THIS TWO-PART
WAIVER TEST ALLOWS MEDICARE TO PARTICIPATE IN THE MARYLAND SYSTEM AS LONG
AS TWO CONDITIONS ARE MET.
- ALL OTHER PAYERS PARTICIPATING IN THE SYSTEM PAY HSCRC SET RATES AND
- THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND HOSPITALS FROM
1981 TO THE PRESENT IS NOT GREATER THAN THE RATE OF GROWTH IN MEDICARE

Part VI Supplemental Information

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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

COLLECTION PRACTICES SCHEDULE H, PART III, LINE 9B THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO FINANCIAL ASSISTANCE IS ALL PATIENTS REGARDLESS OF ABILITY TO PAY. AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF ASSISTANCE POLICY. AGE, RACE, CREED, SEX OR ABILITY TO PAY. PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS.

Part VI Supplemental Information

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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

UNIVERSITY SPECIALTY HOSPITAL 1
SCHEDULE H, PART V, SECTION B
LINE 19D - ALL PATIENTS ARE CHARGED THE STATE REGULATED RATES, REGARDLESS
OF THEIR ABILITY TO PAY.
LINE 21 - DUE TO STATE REGULATIONS, CHARGES ARE NOT REDUCED FOR ANY
PAYER, INCLDUING COMMERCIAL INSURANCE, GOVERNMENT PAYERS, OR UNINSURED
PATIENTS. ALL CHARGES ARE GROSS CHARGES.
COMMUNITY HEALTH CARE NEEDS ASSESSMENT
SCHEDULE H, PART VI, LINE 2
UNIVERSITY SPECIALTY HOSPITAL IN PARTNERSHIP WITH THE UNIVERSITY OF
MARYLAND MEDICAL SYSTEM USES A VARIETY OF RESOURCES TO IDENTIFY COMMUNITY
HEALTH NEEDS. FOR THE PURPOSES OF THE FY 11 REPORT, THE 2010 BALTIMORE
CITY HEALTH DISPARITIES REPORT CARD WAS REVIEWED TO DESIGN THE STRATEGIC
COMMUNITY BENEFIT PLAN FOR THE HOSPITAL. IN ADDITION, ONE PREVALENT
SOURCE OF INFORMATION FOR BALTIMORE CITY WAS THE 2008 BALTIMORE CITY
HEALTH STATUS REPORT, WHICH IS PRODUCED BY THE BALTIMORE CITY HEALTH

Part VI Supplemental Information

DEPARTMENT.

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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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- **6** Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

ADDITIONAL REPORTS, DATA, ALERTS, PUBLIC HEALTH TRENDS REVIEW

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

IN WHICH THE CENTERS FOR DISEASE CONTROL, US DEPT OF HEALTH AND HUMAN
SERVICES, AND LOCAL AGENCIES ALSO STANDS AS PRIMARY SOURCES OF INFORMATION
IN ORDER TO IDENTIFY NEEDS. UNIVERSITY SPECIALTY HOSPITAL IN PARTNERSHIP
WITH THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, CONSULTED WITH BALTIMORE
CITY HEALTH DEPARTMENT, REPRESENTATIVES FROM BALTIMORE AREA FAITH-BASED
GROUPS AND COMMUNITY BASED ORGANIZATIONS IN SEEKING INFORMATION ABOUT
COMMUNITY HEALTH NEEDS.
ELIGIBILITY EDUCATION
SCHEDULE H, PART VI, LINE 3
USH FINANCIAL CLEARANCE PROGRAM POLICY IS A CLEAR, COMPREHENSIVE POLICY
ESTABLISHED TO ASSESS THE NEEDS OF PARTICULAR PATIENTS THAT HAVE INDICATED
A POSSIBLE FINANCIAL HARDSHIP IN OBTAINING AID WHEN IT IS BEYOND THEIR
FINANCIAL ABILITY TO PAY FOR SERVICES RENDERED. USH MAKES EVERY EFFORT TO
MAKE FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO OUR PATIENTS INCLUDING,
BUT NOT LIMITED TO SIGNAGE IN MAIN ADMITTING AREAS OF THE HOSPITAL AND
BROCHURES EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL

Part VI Supplemental Information

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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

PATIENT CARE AREAS.
DESCRIPTION OF COMMUNITY SERVED
SCHEDULE H, PART VI, LINE 4
IN FY 11, 40% OF USH PATIENTS RESIDED IN BALTIMORE CITY. THE DEMOGRAPHICS
FOR USH PATIENTS IN FY11 INCLUDED 50% AFRICAN AMERICAN, 41% CAUCASIAN,
1.8% HISPANIC; OTHER ETHNICITIES INCLUDED ASIAN AND AMERICAN INDIAN.
FIFTY- NINE PERCENT OF PATIENTS AT USH IN FY 11 WERE MALE AND FORTY-ONE
PERCENT WERE FEMALE. FORTY-SIX PERCENT OF PATIENTS IN FY 11 WERE MEDICAID
RECIPIENTS. PATIENT AGE RANGES OF 36-55 YEARS REPRESENTED 38.5% OF THE
PATIENT POPULATION IN FY 11.
PROMOTING THE HEALTH OF THE COMMUNITY
SCHEDULE H, PART VI, LINE 5
UMMS CREATED THE UNIVERSITY OF MARYLAND COMMUNITY OUTREACH AND ADVOCACY
TEAM THAT MEETS BI-MONTHLY TO ADDRESS THE HEALTH CARE NEEDS OF THE WEST
BALTIMORE COMMUNITY. THREE ANNUAL UMMS OUTREACH ACTIVITIES INCLUDES, FALL
BACK INTO GOOD HEALTH, TAKE A LOVED ONE TO THE DOCTOR DAY AND THE HEALTHY,

Part VI Supplemental Information

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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

WEALTHY, WISE AND BEAUTIFUL WOMEN'S CONFERENCE IN PARTNERSHIP WITH HEART
AND SOUL MAGAZINE. USH PARTICIPATION IS ACTIVE ON THE UNIVERSITY OF
MARYLAND COMMUNITY OUTREACH AND ADVOCACY TEAM.
AFFILIATED HEALTH CARE SYSTEM ROLES
SCHEDULE H, PART VI, LINE 6
USH IS A PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) AND
PARTICIPATES ON THE UMMS COMMUNITY HEALTH OUTREACH AND ADVOCACY TEAM.
UMMS CREATED THE UNIVERSITY OF MARYLAND COMMUNITY HEALTH OUTREACH AND
ADVOCACY TEAM TO ADDRESS THE HEALTH CARE NEEDS OF THE WEST BALTIMORE
COMMUNITY. THE GROUP IS COMPRISED OF COMMUNITY OUTREACH MANAGEMENT AND
STAFF, SOCIAL WORKERS, DIRECTORS, VICE PRESIDENTS, AND PHYSICIANS FROM
UMMS SYSTEM HOSPITALS. THE GROUP DETERMINES WHAT NEEDS ARE ADDRESSED AS
WELL AS COMMUNITY INVOLVEMENT AND ACTIVITIES EACH YEAR. UMMC PARTICIPATES
IN THIS ADVOCACY TEAM AND REPRESENTATIVES IN ADDITION TO THE IDENTIFIED
UMMS PRIORITIES, USH SENIOR LEADERS AND COMMUNITY OUTREACH STAFF MEET TO
DETERMINE ANNUAL GOALS AND ACTIVITIES. USH IN PARTNERSHIP WITH UMMS, WAS
A MAJOR PARTICIPANT AND SPONSOR IN MAJOR ANNUAL OUTREACH EFFORTS.

Part VI Supplemental Information

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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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COMMUNITY BENEFIT REPORT STATE FILINGS
SCHEDULE H, PART VI, LINE 7
USH IS NOT REQUIRED TO FILE A COMMUNITY BENEFIT REPORT WITH THE STATE OF
MARYLAND'S HEALTH SERVICES COST REVIEW COMMISSION. THAT REQUIREMENT ONLY
APPLIES TO ACUTE CARE HOSPITALS. USH DOES, HOWEVER, PREPARE SUCH A
REPORT FOR INTERNAL USE AND REVIEW.

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 **Open to Public**

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY SPECIALTY HOSPITAL

Employer identification number 52-0882914

Part	Questions Regarding Compensation			
			Yes	No
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 use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
-	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b	Х	
2	explain			
_	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	х	
		_		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
•	organization or a related organization: Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Х
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b	Х	- 11
0	Participate in, or receive payment from, a supplemental hondulamiled retirement plant: Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The to any of miles to o, not the persons and provide the applicable amounts for each from in fact in.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	i '	

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

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

-		(B) Breakdown	of W-2 and/or 1099-MIS0	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
	(i)	0.	0.	0.	0.	0.	0.	0.	
1 JEFFREY A RIVEST	(ii)	584,775.	260,533.	111,614.	7,939.	25 , 983.	990,844.	0.	
	(i)	0.	0.	0.	0.	0.	0.	0.	
2 ALISON G BROWN	(ii)	323,281.	143,350.	54,186.	8,985.	19,419.	549,221.	0.	
	(i)	0.	0.	0.	0.	0.	0.	0.	
3 LISA ROWEN	(ii)	319,054.		11,052.		19,418.		0.	
	(i)	155 , 179.	29 , 587.	779.	6,241.	12,478.	204,264.	0.	
4 INGRID CONNERNEY	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	0.	0.	0.	0.	0.	0.	0.	
5 KEITH PERSINGER	(ii)	362 , 889.	-	46,146.	· · · · · · · · · · · · · · · · · · ·	8 , 137.	· ·	0.	
	(i)	0.	0.	0.	0.	0.	0.	0.	
6 JONATHAN GOTTLIEB	(ii)	477,942.		5,176.		16,114.		0.	
	(i)	183,196.		370.		1,251.		0.	
7 SEBLU ZERA YOHANNES	(ii)	0.	- 1	0.	0.	0.	0.	0.	
	(i)	179,830.		14,369.		7,498.		0.	
8 JAMES WARNER	(ii)	0.	- 1	0.	0.	0.	0.	0.	
	(i)	134,885.				7,191.		0.	
9 JOYCE A SMITH	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	234,942.		757.	25,263.	2,082.		0.	
10 TRUDY HALL	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
_13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

513485

Part | Supplemental Information

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

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

SCHEDULE J, PART I, LINE 1A

UMMS EXECUTIVES RECEIVE A BENEFIT PACKAGE WIHICH MAY BE USED TOWARDS

HEALTH CLUB DUES OR OTHER HEALTH MAINTENANCE PROGRAMS. SUCH BENEFITS ARE

CAPPED AT \$7,000, \$5,000 OR \$3,000 DEPENDING ON JOB TITLE AS DESCRIBED IN

THE PROGRAM DOCUMENTS.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

DURING THE FISCAL YEAR END JUNE 30, 2011, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED PLAN. THE INDIVIDUALS, LISTED BELOW HAVE NOT VESTED IN THE PLAN THEREFORE THE ACCRUED CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED ON SCHEDULE J PART II COLUMN (C), RETIREMENT AND OTHER DEFERRED COMPENSATION.

LISA ROWEN, JONATHAN GOTTLIEB

DURING THE FISCAL YEAR END JUNE 30, 2011, CERTAIN OFFICERS AND KEY

Schedule J (Form 990) 2010

513485

Schedule J (Form 990) 2010 52-0882914 Page **3**

Part | Supplemental Information

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

EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM

(UMMS) SUPPLEMENTAL NONQUALIFIED PLAN. THE OFFICERS AND KEY EMPLOYEES LISTED BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, COLUMN (BIII), OTHER REPORTABLE COMPENSATION.

JOYCE SMITH, JAMES WARNER, ALISON BROWN, KEITH PERSINGER, JEFFREY RIVEST

Schedule J (Form 990) 2010

513485

SCHEDULE O (Form 990 or 990-EZ)

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

UNIVERSITY SPECIALTY HOSPITAL

Employer identification number 52-0882914

MEMBERS OR STOCKHOLDERS/DECISIONS SUBJECT TO APPROVAL

FORM 990, PART VI, LINES, 6, 7A, AND 7B

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) IS THE SOLE

MEMBER OF UNIVERSITY SPECIALITY HOSPITAL (USH). UMMS MAY ELECT ONE OR MORE

BOARD MEMBERS OF THE GOVERNING BODY AND ALL DECISIONS OF THE GOVERNING

BODY MUST BE APPROVED BY UMMS.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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

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

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

CFO, WHO SIGNS THE RETURN.

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

PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN,
TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN OR
OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM
990. AT THE DISCRETION OF THE REVIEWING BOARD MEMBER, SUCH MEMBER WILL
BRING ANY ISSUES OR QUESTIONS RELATED TO THE COMPLETED IRS FORM 990 TO
THE ATTENTION OF THE BOARD. NOTWITHSTANDING THE ABOVE, A BOARD
RESOLUTION IS NOT REQUIRED FOR THE FILING OF THE ORGANIZATION'S IRS FORM
990. EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FINAL IRS FORM 990
BEFORE FILING.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STAFF

MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL

CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS

OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL

PART BY THE ORGANIZATION.

A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS
DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE

GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMSC) REVIEWS THE RESPONSES FOR UMMSC, UNIVERSITY SPECIALTY HOSPITAL AND JAMES LAWRENCE KERNAN HOSPITAL. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES.

THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF

NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED FOR UMMSC,

UNIVERSITY SPECIALTY HOSPITAL AND JAMES LAWRENCE KERNAN HOSPITAL. WITH

RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL

SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT. IF SO, THE

GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY.

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

ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE
THE FOLLOWING PROVISION: ANY VENDOR, SUPPLIER OR CONTRACTOR MUST
DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION
OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING

FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

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

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A

THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS

EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:

EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE

BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF

INTEREST.

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

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

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

Employer identification number

52-0882914

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

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

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

REQUESTS FOR FORM 990 AND FORM 1023:

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

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

WRITTEN REQUESTS FOR AN ENTITY'S FORM 990 OR FORM 1023 ARE DIRECTED IMMEDIATELY TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION. THE REQUESTED COPIES ARE MAILED WITHIN 30 DAYS OF THE REQUEST. REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE REQUESTOR.

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

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

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 5

CHANGE IN ECONOMIC INTEREST OF UMMS FOUNDATION

TAX EXEMPT BOND ISSUE

PART IV, LINE 24A

PURSUANT TO A MASTER LOAN AGREEMENT DATED JUNE 20, 1991 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE "CORPORATION") AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATION FACILITY AUTHORITY (THE "AUTHORITY"). AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A

52-0882914

SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN

AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE

THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF

ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND

RESTRICT THE DISPOSITION OF ASSETS.

THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES THE CORPORATION, UNIVERSITY SPECIALTY HOSPITAL, INC., THE JAMES LAWRENCE KERNAN HOSPITAL, INC., MARYLAND GENERAL HOSPITAL, INC., BALTIMORE WASHINGTON MEDICAL CENTER, INC., SHORE HEALTH SYSTEM, INC., CHESTER RIVER HEALTH SYSTEM, INC. AND THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION, INC. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S \$974,450,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2011.

ALL OF THE BONDS WERE ISSUED IN THE NAME OF THE UNIVERSITY OF MARYLAND
MEDICAL SYSTEM CORPORATION AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990

HOURS ON RELATED ENTITIES

THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) IS A MULTI-ENTITY HEALTH CARE SYSTEM INCLUDING 8 ACUTE CARE HOSPITALS, 3 SPECIALTY HOSPITALS AND VARIOUS SUPPORTING ENTITIES. A NUMBER OF INDIVIDUALS PROVIDE SERVICES TO VARIOUS ENTITIES WITHIN THE SYSTEM. IN GENERAL, THE OFFICERS AND KEY EMPLOYEES OF UMMS AVERAGE IN EXCESS OF 40 HOURS PER WEEK SERVING THE DIFFERENT ENTITIES THAT COMPRISE UMMS.

Name of the organization	Employer identification number
UNIVERSITY SPECIALTY HOSPITAL	52-0882914
	ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION	
JEFFREY A RIVEST		
DIRECTOR	40.00	
ALISON G BROWN		
DIRECTOR	40.00	
LISA ROWEN		
DIRECTOR	40.00	
REVEREND JOHN SABATELLI		
LIAISON	40.00	
INGRID CONNERNEY		
DIRECTOR	40.00	
KEITH PERSINGER		
CFO & DIRECTOR	40.00	
JONATHAN GOTTLIEB		
DIRECTOR	40.00	

ATTACHMENT	2	

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

NAME AND ADDRESS_	DESCRIPTION OF SERVICES	COMPENSATION
ARAMARK SERVICES INC. 1101 MARKET ST PHILADELPHIA, PA 19107	FOOD SERVICES	593,311.
HOSPITALIST MEDICINE PHYSICIANS OF MD PC 5410 MARYLAND WAY BRENTWOOD, TN 37027	PHYSICIAN SVC	840,000.
SLEEP SERVICES OF AMERICA P.O. BOX 198320 ATLANTA, GA 30384-8320	MEDICAL SVC	1,105,968.
INDEPENDENT DIALYSIS CORP 840 HOLLINS STREET BALTIMORE, MD 21201	MEDICAL SVC	635,100.
TRANSCARE 1125 DESOTO ROAD BALTIMORE, MD 21223	AMBULANCE SVC	806,979.
TOTAL COMPENSAT	TION	3,981,358.

0E1228 2.000 4235CV 700P

V 10-8.3

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Part I

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

Name of the organization

► See separate instructions.

Employer identification number UNIVERSITY SPECIALTY HOSPITAL 52-0882914

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

(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cor enti	ntrolling
(1)			3,7				•
(2)							
(3)							
(4)							
(5)							
(6)							
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations during (a) Name, address, and EIN of related organization	(Complete if the the tax year.) (b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) Public charity status (if section 501(c)(3))	V, line 34 becaus (f) Direct controlling entity	Section 5	
one or more related tax-exempt organizations during (a) Name, address, and EIN of related organization	the tax year.) (b) Primary activity	(c) Legal domicile (state	(d)	(e) Public charity status	(f) Direct controlling	Section 5	olled
one or more related tax-exempt organizations during (a) Name, address, and EIN of related organization	the tax year.) (b) Primary activity	(c) Legal domicile (state	(d)	(e) Public charity status	(f) Direct controlling	Section 5 contr ent	olled ity?
one or more related tax-exempt organizations during (a) Name, address, and EIN of related organization (1) BALTIMORE WASHINGTON EMERGENCY PHYS, INC 52-1756326 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	the tax year.) (b) Primary activity HEALTH CARE	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr ent	rolled ity?
one or more related tax-exempt organizations during (a) Name, address, and EIN of related organization (1) BALTIMORE WASHINGTON EMERGENCY PHYS, INC 52-1756326 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 (2) BALTIMORE WASHINGTON HEALTHCARE SERVICES 52-1830243 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	the tax year.) (b) Primary activity HEALTH CARE HEALTH CARE	(c) Legal domicile (state or foreign country) MD	(d) Exempt Code section 501 (C) (3) 501 (C) (3)	(e) Public charity status (if section 501(c)(3)) 11	Direct controlling entity BWMS BWMS	Section 5 contr ent	No X X
one or more related tax-exempt organizations during (a) Name, address, and EIN of related organization (1) BALTIMORE WASHINGTON EMERGENCY PHYS, INC 52-1756326 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 (2) BALTIMORE WASHINGTON HEALTHCARE SERVICES 52-1830243 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 (3) BALTIMORE WASHINGTON MEDICAL CENTER, INC 52-0689917	the tax year.) (b) Primary activity HEALTH CARE HEALTH CARE HEALTH CARE	(c) Legal domicile (state or foreign country) MD	(d) Exempt Code section 501 (C) (3)	(e) Public charity status (if section 501(c)(3))	Direct controlling entity	Section 5 contr ent	No

HEALTH CARE

REAL ESTATE

REAL ESTATE

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

301 HOSPITAL DRIVE

301 HOSPITAL DRIVE

301 HOSPITAL DRIVE

(7) NORTH COUNTY CORPORATION

(6) NORTH ARUNDEL DEVELOPMENT CORPORATION

Schedule R (Form 990) 2010

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Х

Х

BWMS

BWMS

BWMS

GLEN BURNIE, MD 21061

GLEN BURNIE, MD 21061

GLEN BURNIE, MD 21061

52-1318404

52-1591355

MD

MD

MD

501(C)(3)

501(C)(2)

501(C)(2)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

See separate instructions.

Name of the organization

UNIVERSITY SPECIALTY HOSPITAL

Employer identification number 52-0882914

Part I	Identification of Disregarded Entities (Complete if the organization	n answered "Yes" o	on Form 990, Part	IV, line 33.)		
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
_(1)						
(2)						
(3)						
(4)						
_(5)						
<u>(6)</u>						
	Identification of Polated Tay Evenuet Oppositions (Complete if			000 David	N/ 15- 24 b	

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

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

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

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

See separate instructions.

Employer identification number Name of the organization UNIVERSITY SPECIALTY HOSPITAL 52-0882914

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (c) Legal domicile (state (e) End-of-year assets Name, address, and EIN of disregarded entity Total income Direct controlling Primary activity or foreign country)

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

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

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

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

▶ See separate instructions.
 Open to Publication
 Inspection

Name of the organization
UNIVERSITY SPECIALTY HOSPITAL

Employer identification number 52-0882914

	(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling
				or foreign country)			entity
1)							
2)							
3)							
<u> </u>							
5)							
6)							
							9.1. 1
Part II	Identification of Related Tax-Exempt Organizations (of one or more related tax-exempt organizations during the	Complete if the e tax year.)	organization ar	nswered "Yes" on F	orm 990, Part N	V, line 34 becaus	se it had

(a) Name, address, and EIN of related organization	, ,				(f) Direct controlling entity	Section s	g) 512(b)(13) rolled tity?
						Yes	No
(1) JAMES LAWRENCE KERNAN HOSPITAL, INC. 52-0591639							
2200 KERNAN DRIVE BALTIMORE, MD 21207	HEALTH CARE	MD	501(C)(3)	03	UMMSC		Х
(2) SHIPLEY'S CHOICE MEDICAL PARK, INC. 04-3643849							
22 SOUTH GREENE STREET BALTIMORE, MD 21201	REAL ESTATE	MD	501(C)(2)		UMMSC		Х
(3) UMMS FOUNDATION, INC. 52-2238893							
22 SOUTH GREENE STREET BALTIMORE, MD 21201	FUNDRAISING	MD	501(C)(3)	11	UMMSC		Х
(4) UNIVERSITY OF MD MEDICAL SYSTEM CORP 52-1362793							
22 SOUTH GREENE STREET BALTIMORE, MD 21201	HEALTH CARE	MD	501(C)(3)	03	UMMSC		Х
_(5)							

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

Schedule R (Form 990) 2010 52-0882914 Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e). Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropo allocat	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging	(k) Percentage ownership
							Yes	No	, ,	Yes	No	
(1) ARUNDEL PHYSICIANS ASSOCIATES,												
301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A		0.	0.						
(2) CENTRAL MARYLAND RADIOLOGY ONC												
10710 CHARTER DRIVE	HEALTH CARE	MD	N/A									
(3) HELEN P. DENIT CANCER TREATMEN												
22 SOUTH GREENE STREET	HEALTH CARE	MD	N/A		0.	0.						
(4) INNOVATIVE HEALTH, LLC 52-1997												
29165 CANVASBACK DRIVE, SUITE	BILLING	MD	N/A		0.	0.						
(5) NORTH ARUNDEL PET CENTER, LLC												
301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A		0.	0.						
(6) NORTH ARUNDEL SENIOR LIVING, L												
301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A		0.	0.						
(7) NAH/SUNRISE OF SEVERNA PARK, L												
301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A		0.	0.						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ARUNDEL PHYSICIANS ASSOCIATES, INC. 52-1992649							
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	N/A	C CORP			
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES 52-1936656							
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	N/A	C CORP			
(3) BW PROFESSIONAL SERVICES, INC. 52-1655640							
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	N/A	C CORP			
(4) COUNCIL OF UNIT OWNERS OF MD GEN PC 52-1891126							
827 LINDEN AVENUE BALTIMORE, MD 21201	REAL ESTATE	MD	N/A	C CORP			
(5) SHORE HEALTH ENTERPRISES, INC. 52-1363201							
219 SOUTH WASHINGTON STREET EASTON, MD 21601	REAL ESTATE	MD	N/A	C CORP			
(6) UNIVERSITY LITHOTRIPTER, INC. 52-1451021							
22 SOUTH GREENE STREET BALTIMORE, MD 21201	HEALTH CARE	MD	N/A	C CORP			
(7) UMMS SELF INSURANCE TRUST 52-6315433							
22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORP			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		,,,		,			Yes	No	(' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Yes	No	
(1) SHIPLEY'S IMAGING CENTER, LLC												
22 SOUTH GREENE STREET	HEALTH CARE	MD	N/A		0.	0.						
(2) UNIVERSITYCARE, LLC 52-1914892												
22 SOUTH GREENE STREET	HEALTH CARE	MD	N/A		0.	0.						
_(3)												
<u>(4)</u>												
(5)												
<u>(6)</u>												
(7)												

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

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
INSURANCE	CJ	N/A	C CORP			
REAL ESTATE	MD	N/A	C CORP			
_						
_						
_						
_						
	Primary activity - INSURANCE	Primary activity Legal domicile (state or foreign country) INSURANCE CJ	Primary activity Legal domicile (state or foreign country) Direct controlling entity entity n/A	Primary activity Legal domicile (state or foreign country) Direct controlling entity (C corp, S corp, or trust) INSURANCE CJ N/A C CORP	Primary activity Legal domicile (state or foreign country) Direct controlling entity C corp, S corp, or trust) Share of total income (C corp, S corp, or trust)	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Primary activity Share of total income end-of-year assets Primary activity Share of total income end-of-year assets

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

	—————————————————————————————————————			
No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	١	Yes I	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
а		1a		X
h	Gift, grant, or capital contribution to other organization(s)	1b		X
C	Gift, grant, or capital contribution from other organization(s)	1c		X
ď		1d		X
۵		1e		X
·	Loans of loan guarantees by suici signification(s)			
f	Sale of assets to other organization(s)	1f		Х
a		1g		У
9 h		1h		×
ï	=		Х	
٠	Lease of facilities, equipment, of other assets to other organization(s).			
i	Lease of facilities, equipment, or other assets from other organization(s)	1i		Х
J k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		У
ı	Tenomianoe of services of membership of fundrationing constitutions for other organization (o)		Х	
ı m		1 m		У
	orialing of facilities, equipment, maining itse, or other assets in interest in interest in interest in the property of the pr		Х	
"	Sharing of paid employees			
0	Reimbursement paid to other organization for expenses	10	Х	Т
'n	Troumbardoment paid to differ organization for expenses 1111111111111111111111111111111111	1 p		X
Р	Neimbursement paid by other organization for expenses			
~	Other transfer of cash or property to other organization(s)	1q		Х
ч r		1r		- X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh			
		(d)		
	Name of other organization Transaction Amount involved Method of	deten	minina	i

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
(4)			
_(5)			
(6)			

0E1309 1.000 4235CV 700P

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all sec	d) partners ction (c)(3) zations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	
<u>(1)</u>			Yes	No		Yes	No		Yes	No
										<u> </u>
(2)										
<u>(3)</u>										
<u>(4)</u>										
(5)										
<u>(6)</u>										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII

Supplemental Information

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