Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

| 2008

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For th	he 2008 calendar year, or tax year beginning	, 2008, and	ending			, 20)	
В	Check if a	applicable: Please C Name of organization UPPER CHESAPEA	KE MEDICAL CENTE	R	D Employ	er identific	cation num	ber	
Г	Addr	ress use IRS Doing Business As		7.7	52-1	253920	0		
	7	ne change print or Number and street (or P.O. box if mail is not deliver	red to street address)	Room/suite	E Telepho				
	Initia	type. See 500 UPPER CHESAPEAKE DRIVE		İ	(410) 877-	3700		
	Term	Specific Instruc-		l	1 410	1011	3700		
		ended tions. DET ATD MD 01014			G Gross	eceints \$	170	122	600.
-		lication F Name and address of principal officer: T VT D	CHET DOM		H(a) Is this			Yes	y No
_	pend	520 UPPER CHESAPEAKE DR, STE 405		1014	affiliate H(b) Are al		dudad2	Yes	No
1	Tax-ex	xempt status:		1014	1 ''		t. (see instruc		
J		ite: WWW. UCHS. ORG	(1) 01 1321		H(c) Group		-	,	
ĸ		of organization: X Corporation Trust Association	Other L	Year of format			of legal do	micile:	
Pa	art I	Summary	Outer P		1 <i>991</i>	111 01010	or rogal do		MD
	1	Briefly describe the organization's mission or most significant	t activities:						
		Action vices and							
ည		ACOIE NOOFFIAN CARE							
Governance									
Ve	2	Check this box if the organization discontinued its	porations or disposed of me		of its coop				
ŏ	3	Number of voting members of the governing body (Part VI, Iir						_	4
SS	4	Number of independent voting members of the governing body (rait VI, iii	du/Port\/Llipo.1b\			3			. 4
Activities &	5	Total number of employees (Part V. line 3a)	uy (rait vi, iiile ib)			. 4			1
Ċ	6	Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary)						2,13	32
⋖	1 -		(O)						
	/ a	Total gross unrelated business revenue from Part VIII, line 12,	column (C)			7a			
	D	Net unrelated business taxable income from Form 990-T, line	34			7b			NONE
	8	Contribution and grants (Part VIII line 1h)			Prior Ye			ent Ye	
Ĕ	9	Contribution and grants (Part VIII, line 1h)			4,939	ı			345.
Revenue	1	Program service revenue (Part VIII, line 2g)	• • • • • • • • • • • • •	• • • • ├─≟	55,453		<u>179,</u>		
æ	14	Investment income (Part VIII, column (A), lines 3, 4, and 7d).		• • • •	1,304				052.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,	and 11e)		<u>-5,638</u>				045.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, o			56,058		175,		
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-	"		82	,171.		107,	078.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		• • • •					NONE
Expenses	10	Salaries, other compensation, employee benefits (Part IX, colu	ımın (A), iines 5-10)	• • • • ⊢	67,771	740.	82,	501,	194.
Je n	Ioa	Professional fundraising fees (Part IX, column (A), line 11e)							NONE
X		Total fundraising expenses, Part IX, column (D), line 25)						777	(A) 1222
	17				83,693				172.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column	(A), line 25)	\cdots	51,547		176,		
_ s	19	Revenue less expenses. Subtract line 18 from line 12			4,511				011.
ts or	20	Total counts (Book V. Book 40)			Beginning o			of Ye	
Net Assets Fund Baland	20	Total assets (Part X, line 16)			61,825		247,		
F	21	Total liabilities (Part X, line 26)		1	99,968		245,		
		Net assets or fund balances. Subtract line 21 from line 20.			<u>61,857</u>	064.	2,	013,	121.
Pa	rt II	Signature Block			•				
		Under penalties of perjury, I declare that I have examined this ret and belief, it is true, correct, and complete. Declaration of prepa	um, including accompanying : rer (other than officer) is base	schedules and ed on all info	I statements	and to the	ne best of parer has a	my kno	wledge wledge
6	ign		,		1				
	ere	Signature of officer			Date				
•••	0.0				Duit				
		Type or print name and title							
			Date	Check if	I	Preparer's	identifying	numbe	г
Paid		Preparer's signature		self- employed		(see instru			
Prep	arers	Firm's name (or yours if self-employed)		- Campioyed	EIN		1107	204	
Use	Only	"	OR MACUITAIOMON DE 10004				3-1197		
Mav	the II	address, and ZIP + 4 335 COMMERCE DRIVE - SUITE 201 FOR RS discuss this return with the preparer shown above? (See instance)	structions)		. none no.	21	5-654		
_		cy Act and Paperwork Reduction Act Notice, see the separat					X Ye		(2008)
JSA							ron	550	(2008)
8E10	10 2.00	JO							

Form 990 (2008)			52-1253920	Page 2
Part III Stat	tement of Program Service A	Accomplishments (see instruction	s)	
1 Briefly descr	ribe the organization's missior	1:		
ACUTE HO	OSPITAL CARE			

2 Did the orga	anization undertake any sign	ificant program services during	the year which were not listed on	—. —
the prior For	m 990 or 990-EZ?			Yes X N
If "Yes" desc	cribe these new services on So	chedule O.		
3 Did the orga	anization cease conducting, o	r make significant changes in ho	w it conducts, any program	
services?				Yes X No
If "Yes " desc	cribe these changes on Sched			
			nree largest program services by expen	202
			are required to report the amount of g	
				rants and
anocations to	o others, the total expenses, a	and revenue, if any, for each progr	am service reported.	
4a (Code:) (Expenses \$ 131,7	47,832, including grants of \$	107, 078.) (Revenue \$ 173,	683,119.
SEE STAT			,	,
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c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
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NOT THE REAL PROPERTY.	K. M. C.			
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d Other progra	ım services. (Describe in Sche	dule O.)		
(Expenses \$	including gra	ints of \$) (Rev	enue \$)	
		31, 747, 832. (Must equal Par		
A		J1, 141, 032. (mas. squar an	, 20, 00.0 (2).)	Form 990 (2008
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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
		4	Х	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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	complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		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 U.S.?	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 U.S.? If "Yes," complete Schedule F, Part I	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, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Χ
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Х	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Х	
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
_	24b-24d and complete Schedule K. If "No," go to question 25	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		_X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_ X
25a				
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
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		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
JSA	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	000	<u>X</u>
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Part IV Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Χ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II. 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

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Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1 c Х 2a 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 \dots lacksquare2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a b If "Yes," enter the name of the foreign country: ▶_ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c 6a Did the organization solicit any contributions that were not tax deductible?.............. b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . 7 a Χ b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 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: 11a a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against 11b

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Form 990 (2008)

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management For each "Yes" response to lines 2-15 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions. 1a. Enter the number of voting members of the governing body b. Enter the number of voting members that are independent. 1b. 11. 11. 11. 11. 11. 11. 11. 11. 11.		990 (2008) 52-1253920			Page 6
Section A. Governing Body and Management For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the oricinamstances, process; or changes in Schedule O. See instructions 1a. Enter the number of voting members of the governing body b. Enter the number of voting members that are independent 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 employees? 3 Did the organization dispate 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 preson? 4 Did the organization have members or stockholders or a management company or other preson? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Does the organization have members or stockholders? 9 Description of the governing body subject to approval by members, stockholders, or other persons? 10 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 10 Description of the governing body subject to approval by members, stockholders, or other persons? 11 Description of the governing body subject to approval by members, stockholders, or other persons? 12 Description of the governing body subject to approval by members, stockholders, or other persons? 13 Description of the governing body? 14 Description of the governing body? 15 Description of the organization have boat organization have for governing body? 16 Description of the governing body? 17 Description of the governing body? 18 Description of the governing body? 19 Description of the governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization was one subject to the governing body before it was	Par	Governance, Management, and Disclosure (Sections A, B, and C request information about polymorphisms by the Information about polymorphisms and Disclosure (Sections A, B, and C request information about polymorphisms).	icies	not	
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule 0. See instructions. I fall 14	Saa				~
For each "Yes" response to lines 2-7b below, and for a "Not" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions. 1a Enter the number of voting members of the governing body. b Enter the number of voting members that are independent. 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? 3 Did the organization diselegate 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 Did the organization begate to surplease to its organizational documents since the price Foren 950 was filed? 4 X Solid the organization have members, stockholders? 5 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Draw of the governing body subject to approval by members, stockholders, or other persons? 7 Tab X 8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 9 Lead to memittee with authority to act on behalf of the governing body? 9 Lead to memittee with surplease to the organization have local chapters, branches, or affiliates? 10 Was a copy of the Form 990 provided to the organization is governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization was one with the promise of the organization was a written conflict of interest policy? If "Yes," describe in Schedule O the process, if any, the organization was one with the promise of the organization have a written conflict of interest policy?	360	uon A. Governing Body and Management		Vac	No
circumstances, process, or changes in Schedule O. See instructions. 1		For each "Yes" response to lines 2-7h below, and for a "No" response to lines 8 or 9h below, describe the		168	NU
tal Enter the number of voting members of the governing body be Enter the number of voting members that are independent 1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management own any other officer director, trustees, or key employees to a management company or other person? 3 Not be organization feed any significant changes to its organizational documents since the prior form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization have members or stockholders? 5 Does the organization have members or stockholders? 6 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 10 Des the organization have members or stockholders, or other persons who may elect one or more members of the governing body subject to approval by members, stockholders, or other persons? 7 Does the organizations thave members, stockholders, or other persons who may elect one or more members of the governing body? 2 Des and 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 hapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 3 Des the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 4 Des the organization in Schedule O the organization's governing body before it was filed? All organizations must describe in Schedule O the process if any, the organization uses to review the Form 990. 5 Des the organization in a maling address? If "Yes," provid					
b Enter the number of voting members that are independent. 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? 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? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 7a Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Ave any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b L X 8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Does the organization so on behalf of the governing body? 9 Does the organization have written policles and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organizations must describe in Schedule O the process, if any, the organization so governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Was a copy of the Form 990 provided to the organization so governing body before it was filed? 11 Veschool Process in Schedule O thow this is done 12a Does the organization have a written conflict of interest policy? If *No," go to line 13 15 Des the organization have a written conflict of interest policy? If *No," go to line	1a				M 0
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustee, or key employee? 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? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 9 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 The X 8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Does the organization have written policies and procedures governing the activities of such chapters, affiliates? 9 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 organizations must describe in Schedule O the process, if any, the organization is governing body before it was filed? All organizations must describe in Schedule O the process. if any, the organization is governing body before it was filed? All organizations must describe in Schedule O the process. if any, the organization is soverning body before it was filed? All organizations must describe in Schedule O the process. if any, the organization is soverning body before it was filed? All organizations must be soverning to the process of trustees, and key employees required to disclose annually interests		Enter the number of voting members that are independent			
any other officer, director, trustee, or key employee? 2	-	Did any officer director trustee or key employee have a family relationship or a business relationship with			
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Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ▶MR. JOSEPH E. HOFFMAN, III 520 UPPER CHESAPEAKE DRIVE, BEL AIR, MD 21014

Form **990** (2008)

policy, and financial statements available to the public.

443-643-3340

Form 990 (2008) 52-1253920 Page **7**

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. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not com	ipensate ar	ny om	сег,	aire	ecto	r, trus	stee	, or key employee.		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (check all that app					ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated 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
SEE SCHEDULE J-2				3						

Form 990 (2008)

	(A) Name and title	(B) Average			((C)	that app		(D) Reportable	(E) Reports		(F) Estimated
	Ivalile and tide	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compens from reli organiza (W-2/1099	ation ated tions	amount of other compensation from the organization and related organizations
											···	
	Il number of individuals (including those nization ► 89							nan	1,623,647. \$100,000 in rep	2,184, portable co		402,949 ation from the
emp	the organization list any former offic loyee on line 1a? If "Yes," complete Schedu	ile J for suc	ch indi	ividu	ıal	• •						3
the	any individual listed on line 1a, is the organization and related organizations vidual	greater th	an \$	150	,00	0?	If "Ye	es,"	complete Sched	ule J for :		4 X
	any person listed on line 1a receive ices rendered to the organization? If "Yes,"											5 x
	B. Independent Contractors											
	plete this table for your five highest opensation from the organization.	compensate	ed in	dep	end	lent	cont	ract	tors that received	more tha	an \$10	0,000 of
	(A) Name and business addr	ess							(B) Description of ser	vices	C	(C) compensation
SEE ST	PATEMENT 5											
								-				
	I number of independent contractors (in pensation from the organization ▶	ncluding th	iose i	in 1) w	vho	rece	iveo	I more than \$10	0,000 in	E A	

rt VI	Statement of Reven	iue		5	52-1253920		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512, 513, or 5
1a	Federated campaigns	1a					
ь	Membership dues	1b			i i		
c							
d		1 1	465, 345.				
e	Government grants (contribu	utions) 1e					
f		·					
	and similar amounts not include	امما					
g							
h	Total. Add lines 1a-1f		I	465, 345.			
			Business Code				
2a	NET PATIENT SERVICE REVEN	NUE	621110	1-9,987,081.	179,98~,081.		
ь							Name of the Salar Control
c							
d							
e							
f	All other program service rev	venue					
g	Total. Add lines 2a-2f			179,987,081.			
3	Investment income (includin		į.				
	other similar amounts)		1	1,549,052.			1,549,05
4	Income from investment of	tax-exempt bond	proceeds ▶	NONE			
5	Royalties			NONE			
	•	(i) Real	(ii) Personal				
6a	Gross Rents	1,553,593.					
b	Less: rental expenses	3,030,167.			SALE SALES		
С	Rental income or (loss)	-1,476,574.					
d	Net rental income or (loss).	<u>, , , , , , , , , , , , , , , , , , , </u>		-1, 476, 574.		CONTRACTOR OF THE STATE OF THE	-1,476,57
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
1.0	assets other than inventory						
b	Less: cost or other basis						
	and sales expenses						
С	Gain or (loss)						
d	Net gain or (loss)			NONE			
8a	Gross income from f	undraising					
	events (not including \$						
	of contributions reported on	line 1c).	1				
	See Part IV, line 18	a				n 2	
b	Less: direct expenses		199				A STATE OF THE STA
С	Net income or (loss) from ful	ndraising events .		NONE			
9 a	Gross income from gaming a	activities.					
	See Part IV, line 19	a					
b			199				
С	Net income or (loss) from ga	aming activities	<u> </u>	NONE			
10a	Gross sales of invento	ory, less					
	returns and allowances	а					
b	Less: cost of goods sold	b					
С	Net income or (loss) from sal		T	NONE			
	Miscellaneous Reven	ue	Business Code				
11a	CAFETERIA SALES		900099	1,084,634.			1,084,63
b	VENDING MACHINES		900099	14,982.			14,98
¢	LOSS ON EARLY RETIREMENT	OF DEBT	523000	-6, 303, 962.	-6, 303, 962.		
d	All other revenue		900099	72,875.			72,87
е	Total. Add lines 11a-11d .			-5, 131, 471.			
12	Total Revenue. Add lines 1h	, 2g, 3, 4, 5, 6d.	7d, 8c,				
			· · · · · • •	175, 393, 433.	173,683,119.		1,244,96

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).

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	18,763.	18,763.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	88,315.	88,315.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE		5 5	
5	Compensation of current officers, directors,			1	
	trustees, and key employees	1,623,647.	1,623,647.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)	NONE			7.72
7	Other salaries and wages	66,549,429.	51,497,477.	15,051,952.	47.15-
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)	1,334,499.	1,039,855.	294,644.	
9	Other employee benefits	7,575,634.	5,883,509.	1,692,125.	
0	Payroll taxes	5,417,985.	4,221,747.	1,196,238.	
1	Fees for services (non-employees):	1 1 1	,		
	Management	NONE			
	Legal	NONE			
	Accounting	4,631.		4,631.	
	Lobbying	12,523.		12,523.	
	Professional fundraising services. See Part IV, line 17	NONE		12,025.	
	Investment management fees	25,000.		25,000.	
	Other	4,816,825.	4,184,763.	632,062.	
9 2	Advertising and promotion	747,310.	4,104,703.	747,310.	
3	· · · · · · · · · · · · · · · · · · ·		35,018,926.		
	Office expenses	38, 787, 859.	33,010,920.	3,768,933.	
4	Information technology	NONE			
5	Royalties	NONE		0.506.001	
6	Occupancy	2,536,201.	17.206	2,536,201.	
7	Travel	31,836.	17,326.	14,510.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
9	Conferences, conventions, and meetings	92,690.	63,077.	29,613.	
	Interest	6,840,354.	5,062,987.	1,777,367.	
1	Payments to affiliates	NONE			*
2	Depreciation, depletion, and amortization	6,735,013.	5,109,562.	1,625,451.	
3	Insurance	2,215,539.	1,726,370.	489,169.	
4	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
	MANAGEMENT FEE - UCHS	5,312,493.		5, 312, 493.	
	PROVISON_FOR_BAD_DEBTS	9,636,742.	9,636,742.		
С	CONTRACT_MANAGEMENT	1,187,924.	94,282.	1,093,642.	
d	PURCHASED_SERVICES	3,748,446.	1,941,598.	1,806,848.	
е	TEMPORARY_STAFFING	2,632,500.	2,469,434.	163,066.	
	All other expenses	8, 336, 286.	2,049,452.	6, 286, 834.	
	Total functional expenses. Add lines 1 through 24f	176, 308, 444.	131,747,832.	44,560,612.	
	Joint Costs. Check here ▶ If following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

For	m 990 ((2008)	2-1253920			P	Page 11
Pa	art X	Balance Sheet					
			(A) Beginning of year		End	(B) of yea	ar
	1	Cash - non-interest-bearing	6,094,854.	1	11,	530,	487
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	21,730,250.	4	20,	860,	817.
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II		1-			
		of Schedule L		6			
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use	2,607,604.	8	3,	762,	200.
4	1 3	Prepaid expenses and deferred charges	355,825.	9		409,	434.
		Land, buildings, and equipment: cost basis 10a 204, 088, 868.					
	b	Less: accumulated depreciation. Complete		- 4			
		Part VI of Schedule D	139,210,821.	10c	152,	<u>653,</u>	989.
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·	12,954,978.	11	13,	330,	020.
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12			
	13	Investments - program-related. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13			
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·	1,022,643.	14		862,	818.
	15	Other assets. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	77,848,734.	15	43,	969,	567.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	261,825,709.	16	247,	<u>379,</u>	332.
	17	Accounts payable and accrued expenses	20,758,811.	17	24,	198,	652.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	153,859,374.	20	150,	135 <u>,</u>	939.
es	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
jab		highest compensated employees, and disqualified persons. Complete Part II					
		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D	25,350,460.				620.
	26	Total liabilities. Add lines 17 through 25	199,968,645.	26	245,	<u>366,</u>	211.
ces		Organizations that follow SFAS 117, check here ▶ 💢 and complete lines 27 through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets	61,857,064.	1	2,	<u>013,</u>	121.
Ba	28	Temporarily restricted net assets		28	•		
п	29	Permanently restricted net assets		29			
or Fund Baland		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.					
Assets	30	Capital stock or trust principal, or current funds		30			
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
ř.	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	61,857,064.	33	2,	013,	121.
	34	Total liabilities and net assets/fund balances	261,825,709.	34	247,	<u>379,</u>	332.
Pa	rt XI	Financial Statements and Reporting				,	
						Yes	No
1		unting method used to prepare the Form 990: Cash X Accrual Othe			786		
2a		the organization's financial statements compiled or reviewed by an independent account				<u> </u>	Х
b		the organization's financial statements audited by an independent accountant?			· · 2b	<u> </u>	Х
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	_				
_		review, or compilation of its financial statements and selection of an independent account			· • 2c	<u> </u>	
3a		result of a federal award, was the organization required to undergo an audit or audits as s					
		ingle Audit Act and OMB Circular A-133?		• • • •		ļ	X
b	It "Ye	s." did the organization undergo the required audit or audits?			3h	1	1

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047 200**08** Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number UPPER CHESAPEAKE MEDICAL CENTER 52-1253920 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II c | Type III - Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No Yes and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col. (i) listed in your organization (described on lines 1-9 the organization in organization in col. support above or IRC section (i) organized in the governing document? col. (i) of your (see instructions)) **U.S.?** support? Yes Yes No Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2008

Part II

	(Complete only if you che	cked the box o	on line 5, 7, or	8 of Part I.)			
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3						
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.			10 10 10 10 10 10 10 10 10 10 10 10 10 1	- Winderland		
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
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. (\$	See instructions.)				12	
13	First five years. If the Form 990 is for the						. \square
500	organization, check this box and stop here tion C. Computation of Public Sup	nort Porcenta	<u> </u>			<u> </u>	<i>.</i> ▶ _
							0/
14	Public support percentage for 2008 (li						<u>%</u> %
15	Public support percentage from 2007 33 1/3% support test - 2008. If the o						
IVa	and stop here. The organization qualif						
b	33 1/3% support test - 2007. If the o						
-	box and stop here. The organization q						
17a	10%-facts-and-circumstances test -						
	is 10% or more, and if the organization						
	in Part IV how the organization meets			· ·		• .	
	organization			-	•		., , , ,
b	10%-facts-and-circumstances test - 2	2007. If the orga	inization did not	t check a box or	n line 13, 16a, 16	6b, or 17a, ar	nd line
	15 is 10% or more, and if the organiza	_					
	Explain in Part IV how the organization						blicly
	supported organization						
18	Private foundation. If the organization						
	instructions	<u> </u>					<u></u> ∟
					Sci	hedule A (Form	990 or 990-E7\ 2008

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.)

Sec	tion A. Public Support			,			
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and		(1,)	(-,		(0,-000	(7)
•	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise			 	 		
-	sold or services performed, or facilities					1	
	·						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		İ		İ		
	its behalf					ļ	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				<u> </u>		
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000	L					
С	Add lines 7a and 7b				9		
8	Public support (Subtract line 7c from						
	line 6.)		'' or ' = 25;=	indu military.]
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ı		H			
	acquired after June 30, 1975	ı					
c	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,	ı					
	whether or not the business is regularly	ı					
42	Other income. Do not include gain or			 			
12	loss from the sale of capital assets		1				
	•						
12	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11,			 		+	<u>-</u>
13	ſ	2.1.42.=0		I SAN OF AN HIL	7619; -a., r.	W	
	and 12.)	4h		Abital Sandh	CO	F04	
14	First five years. If the Form 990 is for	•		•	•		```'
800	organization, check this box and stop here			 			
	tion C. Computation of Public Sup			(6)		11	
15	Public support percentage for 2008 (line 8,					15	<u>%</u>
16	Public support percentage from 2007 Sche					16	%
	tion D. Computation of Investmer			40		1 1	
17	Investment income percentage for 2008 (lin					17	<u>%</u>
18	Investment income percentage from 2007					18	%
19a	33 1/3% support tests - 2008. If the org					· · · · · · · · · · · · · · · · · · ·	d line
	17 is not more than 33 1/3 %, check this box						▶ 🗀
b	33 1/3% support tests - 2007. If the orga						
	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did r	not check a box o	on line 14, 19a, o	r 19b, check this I	oox and see instru	ctions	▶ 📘

Schedule A (Form 990 or 990-EZ) 2	008		52-1253920	Page 4
Part IV	Supplemental Part II, line 17a	Information. Complete the or 17b; or Part III, line 12.	is part to provide t Provide any other ac	he explanation required by Iditional information. (see ins	Part II, line 10; tructions)
				~~~~~	
					****
~~~~~~			من بين بين بين بين بين بين بين بين بين بي		
					** ** ** = *d ** ** ** * *
			ه ملي سنة وجيد فيدو الله الله الله الله الله الله الله الل		
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization		Employer identification number		
UPPER CHESAPEAKE MEDI	ICAL CENTER	50 105000		
Organization type (check one):	:	52-1253920		
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ion		
	501(c)(3) taxable private foundation			
	overed by the General Rule or a Special Rule . (Note . Only a section 501(c)(for both the General Rule and a Special Rule. See instructions.)	7), (8), or (10)		
General Rule				
-	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or ne contributor. Complete Parts I and II.	more (in money or		
Special Rules				
For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.				
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)				
990-EZ, or 990-PF), but they m	e not covered by the General Rule and/or the Special Rules do not file Sche ust answer "No" on Part IV, line 2 of their Form 990, or check the box in the neir Form 990-PF, to certify that they do not meet the filing requirements of	he heading of their		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule	В	(Form 990)	990-EZ,	or 990-PF)	(2008)

Page	of	of Part I

Name of o	rganization UPPER CHESAPEAKE MEDICAL CENTER	Employer identification number 52-1253920		
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1	UPPER CHESAPEAKE HEALTH FOUNDATION, INC. 520 UPPER CHESAPEAKE DRIVE, SUITE 405 BEL AIR, MD 21014	- - \$ 465,345.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		- \$ - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

JSA 8E1253 1.000 Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

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

	e organization answered "Ye	s," to Form 990, Part IV, line 5 (Proxy Torganizations: Complete Part III.		r(n)): Complete Part II-B. Do no	ot complete Part II-A.
	ame of organization	organizations. Complete Part III.		Employer identi	fication number
	PER CHESAPEAKE MEDI	ICAI CENTED		• •	
	rt I-A To be complete	ed by all organizations exemp	t under section 50	01(c) and section 527 o	253920 rganizations
		ons for Schedule C for details.		1(0) 4114 0004011 021	. 94
1	Provide a description of ti	he organization's direct and indirec	t political campaign	activities in Part IV	
2					
3					
Pa	rt I-B To be complete	ed by all organizations exempt	under section 50	1(c)(3)	
, i a		ons for Schedule C for details.	under Scotton oo		
1	Enter the amount of any e	excise tax incurred by the organizat	ion under section 4	955 ▶ \$	
2	Enter the amount of any e	excise tax incurred by organization	managers under se	ection 4955 🕨 \$	
3		d a section 4955 tax, did it file Forr			
4a	Was a correction made? If "Yes," describe in Part IV				Yes No
b Pa	rt I-C To be complete	ed by all organizations exemp	t under section 5	01(c), except section 50)1(c)(3).
		ons for Schedule C for details.		(-/,	
1		expended by the filing organizatio			
				▶ \$	···
2		ling organization's funds contributed			
_		vities			
3		t exempt function expenditures. Ad			
4	on Form 1120-POL, line 1	7b	• • • • • • • • • • •		<u> </u>
4 5		file Form 1120-POL for this year? .es and employer identification numl			
9		nount paid and indicate if the amo			
		d promptly and directly delivered to			
		ittee (PAC). If additional space is ne			-p
	(a) Name	(b) Address	(c) ⊟N	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. JSA 8E1264 1.000

Schedule C (Form 990 or 990-EZ) 2008

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

	Lobbying Expen	ditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount		-			
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					100 11 10 100 100 100 100 100 100 100 1
f Grassroots lobbying expenditures				_	

Schedule C (Form 990 or 990-EZ) 2008

Pa	To be completed by organizations exempt under section 501(c)(3) that have 5768 (election under section 501(h)). See the instructions for Schedule C for d	NOT letail	filed	Form		· · · · · · · · · · · · · · · · · · ·
		(8	. 1		(b)	
	·	Yes	No		Amoun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local				Dark.	
	legislation, including any attempt to influence public opinion on a legislative matter or		0.3			
_	referendum, through the use of: Volunteers?					
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
C	- · · · · · · · · · · · · · · · · · · ·		X			
d	Mailings to members legislators or the public?		x			.
е	Publications, or published or broadcast statements? Grants to other organizations for Johbying purposes?		X			
f	oranio 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 other means?		Х			
i	Other activities? If "Yes," describe in Part IV	Χ			1	2,523.
j	Total lines 1c through 11	1			1	2,523.
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					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>			
Pa	rt III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6). See the instructions for Schedule C for details.	ction	501	(c)(5),	or	
1 2 3 Pa 1 2 a b c 3 4	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? It III-B To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "Ne question 3 is answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due 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 lo and political expenditure next year?	ction o" O nts of the	501 R if	(c)(5)	1 2 3 or	res No
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			5		
Pai						
Also LOE	plete 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. BYING ACTIVITIES EDULE C, PART II-B, LINE 1I			~~ ~~ ~~ ~~		
LOE	BYING EXPENSES IN THE AMOUNT OF \$12,523 FOR 12/31/08 REPRESENT A					
POR	TION OF THE DUES PAID TO AMERICAN HOSPITAL ASSOCIATION AND MARYLA	ND_				
<u>HOS</u>	PITAL ASSOCIATION. THESE ASSOCIATIONS ALLOCATE A PORTION OF MEME	BER_				
<u>DUE</u>	S_TO_LOBBYING_ACTIVITY.					

Schedule C (F	orm 990 or 990-EZ) 2008	52-1253920	Page 4
Part IV	Supplemental Information (continued)		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Nam	e of the organization			Employer identification number
UPE	PER CHESAPEAKE MEDICAL CENTER			52-1253920
Pa	rt I Organizations Maintaining Donor Adv the organization answered "Yes" to For	rised Funds or Other Si rm 990, Part IV, line 6.	milar Funds o	
		(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 a	dvisors in writing that the a	assets held in d	onor advised
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a	nd donor advisors in writin	g that grant fun	ds may be
	used only for charitable purposes and not for the bimpermissible private benefit?			
Pai	impermissible private benefit?	the organization answe	red "Yes" to F	form 990 Part IV line 7
1	Purpose(s) of conservation easements held by the			om 990, raitiv, me 7.
•	Preservation of land for public use (e.g., recre	- '	1 * * * * *	of an historically importantly land area
	Protection of natural habitat	adon or pleasure)		of certified historic structure
	Preservation of open space		rieservation	or certified historic structure
2	Complete lines 2a-2d if the organization held a qua	alified consequation contrib	ution in the for	m of a consequation ecoment
-	on the last day of the tax year.	aimed conservation contrib	ution in the for	in or a conservation easement
	on the last day of the tax your.			Held at the End of the Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified			
d	Number of conservation easements included in (c			1 1
3	Number of conservation easements modified, tran	•		
•	the taxable year	orerrea, released, eximgu	siled, or termin	ated by the organization during
4	Number of states where property subject to conse	rvation easement is located	▶	
5	Does the organization have a written policy regard			olations and
	enforcement of the conservation easements it holds			
6	Staff or volunteer hours devoted to monitoring, ins			
7	Amount of expenses incurred in monitoring, inspec		-	•
8	Does each conservation easement reported on line	-	-	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports			
	balance sheet, and include, if applicable, the text of			
	the organization's accounting for conservation ease			
Par	t III Organizations Maintaining Collections			er Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Par	t IV, line 8.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its f	AS 116, not to report in its d for public exhibition, edu inancial statements that de	revenue staten cation, or resea scribes these ite	nent and balance sheet works of arch in furtherance of public service, ems.
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	AS 116, to report in its rever public exhibition, education	enue statement	and balance sheet works of art,
	(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, his	storical treasures, or other	similar assets	for financial gain, provide the
	following amounts required to be reported under S	FAS 116 relating to these	items:	
а	Revenues included in Form 990, Part VIII, line 1 .			> \$
þ	Assets included in Form 990, Part X			▶\$

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

Schedule D (Form 990) 2008

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection lems (check all that apply): a Public exhibition	Pai	rt III Organizations Maintaining Colle	ections of Art, Histo	rical Treasures	, or Oth	er Similar A	Assets (co	ntinued))
tems (check all that apply): a Public exhibition d Loan or exchange programs Diving the year, lid the organization's collections and explain how they further the organization's exempt purpose in Part XIV. Preservation of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	2	Haing the organization's appearing and other	er roopedo abook one	of the following t	hat ava a	niamificant	£ it!!	4!	
a Public exhibition de Control de	3		er records, check any	of the following ti	nat are a	significant u	se of its com	ection	
b Scholarly research Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Yes No No Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990. Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV and complete the following table: Description of Part XV Yes No If 'Yes' Explain the arrangement in Part XIV and complete the following table: Description during the year 1d	_			7 Loop or ev	obanao n	rograma			
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990. Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIV and complete the following table: C		<u> </u>	· -	-	change p	logianis			
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?		· ·							
Part XIV. So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?				how they further	the oraș	nization's ev	ampt purpo	eo in	
So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	7		ollections and explain	now they further	tile orga	mization s ex	silibi baibo	3C III	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5		or receive donations of	of art historical tr	'Agelirae	or other simil	lar		
Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Amount	·							l vas T	No
Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai		-						110
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?					JOIT GITS	verea res	to i oiiii o.	,	
included on Form 990, Part X?			······································						
included on Form 990, Part X?	1a	Is the organization an agent, trustee, custod	ian or other intermedi	iary for contribution	ons or ot	her assets no	t		
b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance . 1c								Yes	No
C Beginning balance 1	b							_	
d Additions during the year Distributions during the year Distributions during the year Did the organization include an amount on Form 990, Part X, line 21? Did the organization include an amount on Form 990, Part X, line 21? Did the organization include an amount on Form 990, Part X, line 21? Did the organization include an amount on Form 990, Part XV, line 10. Diff "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Difference of the price of the p				[Α	mount		
Ending balance	С	Beginning balance			1 c			***************************************	
f Ending balance	d	Additions during the year		[1d				
2a Did the organization include an amount on Form 990, Part X, line 21?	е	Distributions during the year			1e				
b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Call Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	f								
Part V	2a	Did the organization include an amount on F	Form 990, Part X, line	21?			[]	Yes	No
Committee Comm									
1a Beginning of year balance	Par			ered "Yes" to Fo	rm 990,	Part IV, line	10.		
b Contributions	_		ent Year (b) Prior ye	ear (c) Two year	ars back	(d) Three yea	ers back (a) Four yea	ars back
c Investment earnings or losses			E18.21.77						
d Grants or scholarships							11 A 7 E		
e Other expenditures for facilities . and programs								144.	
and programs		·					-		- 1
f Administrative expenses	е	•							
g End of year balance				L I F					
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶				<u> </u>					
a Board designated or quasi-endowment ▶						<			
b Permanent endowment ▶		· · · · · · · · · · · · · · · · · · ·		:					
C Term endowment ▼ 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		· · · · · · · · · · · · · · · · · · ·	%						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:									
organization by: (i) unrelated organizations			agains of the arganiza	stian that are halo		minintered for	46		
(i) unrelated organizations. 3a(i) (ii) related organizations. 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value 1a Land 6, 947, 918. 6, 947, 918. 6, 947, 918. b Buildings 147, 598, 191. 19, 183, 638. 128, 414, 553. c Leasehold improvements 1, 324, 355. 65, 741. 1, 258, 614. d Equipment 46, 946, 420. 32, 023, 040. 14, 923, 380. e Other 1, 271, 984. 162, 460. 1, 109, 524.	Ja	·	ession of the organiza	ation that are ner	and adi	ministered for	tne	[Vo	a Na
(ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value 1a Land 6, 947, 918. 6, 947, 918. 6, 947, 918. b Buildings 147, 598, 191. 19, 183, 638. 128, 414, 553. c Leasehold improvements 1, 324, 355. 65, 741. 1, 258, 614. d Equipment 46, 946, 420. 32, 023, 040. 14, 923, 380. e Other 1, 271, 984. 162, 460. 1, 109, 524.		_ · ·					F-		SINO
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?							_		-
4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (c) Depreciation (d) Book value (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (e)	ь	, ,							
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value	_							• • •	1
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value 1a Land 6,947,918. 6,947,918. 6,947,918. b Buildings 147,598,191. 19,183,638. 128,414,553. c Leasehold improvements 1,324,355. 65,741. 1,258,614. d Equipment 46,946,420. 32,023,040. 14,923,380. e Other 1,271,984. 162,460. 1,109,524.					t X. line	10.			
tall Land (investment) basis (other) (c) behavioral (c)				T			(d) B	ook value	
b Buildings					(0)	Depreciation	(4) 5	OUR VAIGE	
b Buildings 147,598,191 19,183,638 128,414,553 c Leasehold improvements 1,324,355 65,741 1,258,614 d Equipment 46,946,420 32,023,040 14,923,380 e Other 1,271,984 162,460 1,109,524	1a	Land		6,947,91	8.		6	5.947	918.
c Leasehold improvements 1,324,355. 65,741. 1,258,614. d Equipment 46,946,420. 32,023,040. 14,923,380. e Other 1,271,984. 162,460. 1,109,524.	b	Buildings		(183,638			
d Equipment 46,946,420. 32,023,040. 14,923,380. e Other 1,271,984. 162,460. 1,109,524.	С	Leasehold improvements							
e Other	d	Equipment							
				1,271,98	4.	162,460.			
	Tota	I. Add lines 1a-1e. (Column (d) should equal F	orm 990, Part X, colu	ımn (B), line 10(c)	.)	<u></u> . ▶			

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 52-1253920 Page 3

Part VII Investments - Other Securities. See F	orm 990, Part X, Iir	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		The state of the s
Other		
		5.83

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related. See i	Form 990, Part X, Iir	ne 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Section Description Co. Co.		
		(A)
APAGES - FL		
	····	
A CONTRACTOR OF THE CONTRACTOR		***************************************
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, I	ine 15.	
(a)	Description	(b) Book value
PREPAID PENSION EXPENSE		NONI
PRINCIPLE FUND		970,730.
DEBT SERVICE RESERVE FUND		3,333,440.
OTHER ACCTS RECEIVABLE		56,478.
CONSTRUCTION FUNDS DEFERRED FINANCING COSTS		6,823,911.
DUE FROM AFFILIATES	***************************************	1,022,686. 30,587,991.
COST OF ISSUANCE FUND		13,718.
ACCRUED INTEREST FUND	****	1,160,613.
	With Godenne Single (co.	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		43,969,567.
Part X Other Liabilities. See Form 990, Part >	K, line 25.	
(a) Description of liability	(b) Amount	
Federal income taxes		
LINE OF CREDIT	131,882.	
ADVANCES FROM THIRD PARTIES	4,291,173.	
DUE TO AFFILIATES	276,069.	
ACCRUED PENSION LIABILITY	9,500,338.	
BOND INTEREST RATE SWAP ACCRUED DISTRIBUTION TO UCHS/SJMC V	56,832,158. NONE	
ADDINGS SISTEMS TO THE VOID OF THE V	NONE	
	,	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	71,031,620.	

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.

Schedule D (Form 990) 2008 52-1253920 Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 1 Total expenses (Form 990, Part IX, column (A), line 25) 2 Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 5 6 7 R Other (Describe in Part XIV) Total adjustments (net). Add lines 4-8 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9...... 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments d Other (Describe in Part XIV) 2e 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities b Prior year adjustments ... 2b c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 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) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Schedule D (Fo	rm 990) 2008	52-1253920	Page 5
Part YIV	Supplemental Information (continued)		
I all Alv	ouppiemental information (continued)	v=	
	· * *		
	. =		
			
		1 3	

Schedule D (Form 990) 2008

SCHEDULE H

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

UPPER CHESAPEAKE MEDICAL CENTER

Employer identification number

UPP	ER CHESAPEAKE ME			957550600-91		52-1253920			
Pai	tl Charity Care a	nd Certair	Other Co	mmunity Benefits at	Cost (Optional for 20	008)			
								Yes	No
1.0	Doos the organization has	o o obarity (are peliev? I	f "No " akin to quantian Ca			1a		
1a		-		, ,			1b		
b		•					(2),348	5005	O TO
2				which of the following bes	st describes application of the	е			
	charity care policy to the	•							
	Applied uniformly to	all hospitals	;		□ Applied uniformly to mo	st hospitals			1
	Generally tailored to	individual h	ospitals					E S	
3	Answer the following base	ed on the cha	arity care eli	gibility criteria that applies	to the largest number of the)			
	organization's patients.								
а	Does the organization use	Federal Po	verty Guideli	nes (FPG) to determine elia	ibility for providing free care	to low income			SM
	individuals? If "Yes," indic						3a		lane.
	100% 15	0%	200%	Other	%		WELD.	200	
b					/* I care to low income individ	uale? If "Vee "			
b	indicate which of the follow	wing is the f	amily incom	e limit for eligibility for disc	ounted care:	uais: II 165,	3b		
	()	1 1					30		1933
		0% 🗀	300% L	350%			- N		
С	If the organization does no			• •					Ser.
	• • •			•	vhether the organization use	s an			100
	asset test or other thresho	old, regardle	ss of income	e, to determine eligibility for	free or discounted care.			Kare	Part of
4	Does the organization's po	olicy provide	free or disc	ounted care to the "medical	ly indigent"?		4		ļ.,,
5a	Does the organization bud	lget amounts	s for free or	discounted care provided u	nder its charity care policy?		5a		
b	If "Yes," did the organizati	on's charity	care expens	es exceed the budgeted amo	ount?		5b		
С	If "Yes" to 5b, as a result	of budget co	nsiderations	, was the organization unal	ble to provide free or discour	nted			
		_		-			5c		
6a	Does the organization pre	•					6a		
	If "Yes," does the organiza						6 b		
					H instructions. Do not subm				100
	these worksheets with the		WOIKSHEELS	provided in the Schedule	i i ilisti uctions. Do not subm	11.			
7	Charity Care and Cert		Communi	ty Renefits at Cost					Mary 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Charity Care and	(a) Number of		(c) Total community	(d) Direct offsetting	(e) Net community	(1) Perc	ent
Me	ans-Tested Government	activities or programs	served	benefit expense	revenue	benefit expense	'	of tota	al
	Programs	(optional)	(optional)				<u> </u>	expens	se
а	Charity care at cost (from								
	Worksheets 1 and 2)						-		
b	Unreimbursed Medicaid (from								
	Worksheet 3, column a)								
С	Unreimbursed costs - other means- tested government programs (from								
	Worksheet 3, column b)								
d	Total Charity Care and Means-Tested Government								
	Programs								
	Other Benefits								
е	Community health improvement								
	services and community benefit								
	operations (from Worksheet 4)								
f	Health professions education								
	(from Worksheet 5)	· · · · · · · · · · · · · · · · · · ·							
g	Subsidized health services (from								
	Worksheet 6)						-		
h	Research (from Worksheet 7)						1		
i	Cash and in-kind contributions to								
	community groups (from Worksheet 8)						<u> </u>		
j	Total Other Benefits								
k	Total (line 7d and 7j)								

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

Schedule H (Form 990) 2008

Part II	Community E building activ	Building Arities. (Opti	ctivities C ional for 2	omplete this table if t 008)	he organization con	ducted any communit	у		
		(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) Perce otal expe	
1 Physical impro-	vements and housing								
2 Economic de	velopment								
3 Community s	support								
4 Environment	al improvements								
5 Leadership dev	relopment and								
training for cor	nmunity members								
6 Coalition buil	ding								-
7 Community I	nealth improvement								
advocacy									
8 Workforce de	evelopment								
9 Other									
10 Total									
Part III	Bad Debt, Me	dicare, &	Collection	Practices (Optional	for 2008)	····			
_									
Section A. Bad	Debt Expense							Yes	No
1 Does the	organization	report ba	d debt ex	pense in accordance	with Healthcare Fin	ancial Management			
							1		
2 Enter the	amount of the	organizatio	n's bad del	ot expense (at cost)					
				zation's bad debt expe					
				nization's charity care po					
				he organization's financ		scribes bad debt			
				thodology used in deter					
			_	bt amounts in communi	-	•			
Section B. Med		·			•		F 7		
5 Enter tota	al revenue rece	ived from N	Medicare (ir	ncluding DSH and IME)	5				
				g to payments on line 5	— — — — — — — — — — — — — — — — — — —				

				nortfall reported in line	· · · · · · · · · · · · · · · · · · ·	s community benefit			
and the o		ology or so	ource used	to determine the amou		- 1	_ =	HIIC No.	
Cos Section C. Colle	t accounting sy	stem	Cost to	o charge ratio	Other				
9a Does the	organization ha	ave a writte	n debt coll	ection policy?		. 	9a	.	
				licy contain provisions		tices to be followed			
for patien	ts who are kno	wn to quali	fy for charit	y care or financial assist	ance? Describe in Part	: VI	9 b		
				nt Ventures (Optiona					
(a) N	ame of entity		(b) [Description of primary	(c) Organization	s (d) Officers, directors	(e)	Physic	ians'
	•			activity of entity	profit % or stock ownership %			fit % or wnershi	
1									
2							\top		
3									
4								~ ~~~~	
5									
6									
7							1		
8	.,						\top		
9									
10				·					
11							+		
12				.,			+-		
13							+		
14							1		

Part V Facility Information (Required for 2008)					<u> </u>		3372		90
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
UPPER CHESAPEAKE MEDICAL CENTER, INC. 500 UPPER CHESAPEAKE DRIVE BEL AIR MD 21014	Х	х					х		
			,		-				

Schedule H (Form 990) 2008 52-1253920 Page **4**

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 8; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.

If applicable, identify all states with which the organization, or a related organization, files a community benefit report.	
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SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

20 08	Open to Public
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Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.▶ Attach to Form 990.

he organization						Employer identification number	on number
ΥI	,R					52-1253920	
Part General Information on Grants and Assistan	and Assista	nce					
1 Does the organization maintain records to substantiate	to substantiate	the amount of	the grants or assis	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ligibility for the grants	or assistance, and	
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	rants or assist	ance?	se of grant funds in	the United States.			X Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	to Governme any recipien	ents and Orga t that received	inizations in the U d more than \$5,00	nited States. Comp 00. Check this box if	plete if the organiza no one recipient r	ation answered "Ye	ss" on 1 \$5,000.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	7, 500.		Olliel		GENERAL SUPPORT
	and governme	nt organizations				A	
3 Enter total number of other organizations						•	NONE
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Act Notice, se	e the Instructio	ns for Form 990.			Sched	Schedule I (Form 990) 2008

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. 52-1253920 Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS TO STUDY IN THE MEDICAL FIELD	44	88, 315.			5:
Part IV Supplemental Information. Complete this		provide the info	rmation required	in Part I, line 2, and any	part to provide the information required in Part I, line 2, and any other additional information.
SCHEDULE_I_=_GRANTS_&_OTHER_ASSISTANCE_	ANCE				
PART I. QUESTION 2 - GENERAL INFORMATION ON GRANTS AND ASSISTANCE	MATION ON	<u>GRANTS AND A</u>	SSISTANCE		
ALTHOUGH THE FILING ORGANIZATION DOES NOT HAVE FORMALIZED	OES_NOT_HA	<u>VE_FORMALIZE</u>	D_I <u>NTERNAL</u>		
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES.	OF GRANT F	UNDS IN THE	UNITED STATES		
THE ELLING ORGANIZATION DOES HAVE P	A WRITTEN	TTEN AND APPROVED CHARLTABLE	CHARITABLE_		
GIVING_POLICY_AND_PROCEDURETHERE	IS	EN CRITERIA	WRITTEN CRITERIA REGARDING THE	[1]	
RECOMMENDATIONS_FOR_CONSIDERATION_WHEN_		ATING CONTRI	EVALUATING_CONTRIBUTION_REQUESTS	<u>STS</u>	
SUCH AS FOLLOWS:					
(1)_THAT_CONTRIBUTIONS_WILL_BE_MADE_ONLY_TO_ORGANIZATIONS_	ONLY TO	<u>ORGANIZATION</u>	S_FOR_PURPOSES	ES	
<u>CONSISTENT WITH UPPER CHESAPEAKE HE</u>	HEALTH SYSTEM'S	VISION	AND_MISSION.		
3					Schedule I (Form 990) 2008

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. 52-1253920 Schedule I (Form 990) 2008 Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					ti dayan.
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to	provide the info	rmation required	in Part I, line 2, and any	other additional information.
(2)_CONTRIBUTIONS_WILL_BE_MADE_ONLY_TO_	Y_TO_NOT_F	NOT-FOR-PROFIT ORGANIZATIONS.	GANIZATIONS.		
(3) CONTRIBUTIONS MILL PREFERABLY BE MADE TO ORGANIZATIONS WHICH DIRECTLY	BE_MADE_TO	ORGANIZATIO	NS_WHICH_DIR	ECTLY	
SERVE THE CITIZEN OF HARFORD AND CECIL COUNTIES.	ECIT COUNT	ES.	; ; ; ; ; ;		
(4)_contributions_will_not_be_given_to_	VION I OI N	I NDI VI DUALS.	3		
(5)_CONTRIBUTIONS_WILL_NOT_BE_MADE_FOR_	FOR RELIG	RELIGIOUS PURPOSES; HOWEVER,		THERE	
MAY BE CONTRIBUTIONS GIVEN FOR A SPECI	PECIFIC EF	FIC EFFORT OR PROGRAM WITHIN	RAM WITHIN A		
CHURCH OR RELIGIOUS FACILITY WHICH	PROVIDES	HEALTH-RELAT	PROVIDES HEALTH-RELATED SERVICES TO	OI	
NOT BE MADE	. H		POLITICAL ADVOCACY.		
), HDDDD CUBCADDAXD UDAITHU CVCHDM	Tamo TITM		A TIME OUT OF	SNOIL	
L. L. OFFER, Spring revies products. Stotem with Strive and Condition of Strive and Stri			######################################		

Schedule 1 (Form 990) 2008

Schedule I (Form 990) 2008

Page 2

52-1253920

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this		provide the info	rmation required	I in Part I, line 2, and any	part to provide the information required in Part I, line 2, and any other additional information.
WHERE THE MAJORITY OF THE FUNDS RECELVED ARE	CEIVED ARE	APPLIED	DIRECILY, TO, THE	<u>THE_NEED</u>	
THE ORGANIZATION IS DESIGNED TO MEET.	ET				
***_REQUESTS_FOR_\$5,000_AND_UNDER_ARE	<u>ARE_REFERRED</u>	TO THE	<u>President/ceo_for</u>	FOR	
REVIEW AND APPROVAL	1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			1		
***_REQUESTS_FOR_GREATER_THAN_\$5_000	ARE	REFERRED_TO_THE	TO THE COMMUNITY		
DEVELOPMENT_COMMITTEE_FOR_DISCUSSION_AND_	ON AND APP	APPROVAL		*	

SCHEDULE J (Form 990)

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

UPPER CHESAPEAKE MEDICAL CENTER

Questions Regarding Compensation

Employer identification number

52-1253920

			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 Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1 b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, 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			
4 a b	During the year, did any person listed in Form 990, Part VII, Section A, line 1a: Receive a severance payment or change of control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b	X	Х
С	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	ALE.	Х
5	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 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:			N 100
a b	The organization? Any related organization?	5a 5b		X
6	If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6 b		Х
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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		v

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

Schedule J (Form 990) 2008

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Schedule J (Form 990) 2008

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	of W-2 and/or 1099-MISC compensation	compensation				
(A) Name		(i) Base compensation		(iii) Other reportable compensation	compensation	(D) Nontaxable benefits	(E) (i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	€	NONE	NONE	NONE	NONE	NONE	NONE	HNCN
LYLE E SHELDON	€	535,	224,	8,776.	118, 283.	32,891.	918,957.	NONE
	Ξ	NONE	NONE	NON	NONE	NONE	NONE	NONE
KENNETH KOZEL	€	261,	91,122.	NONE	NONE	NONE	352, 538.	NONE
	€	NON	NONE	NONE	NONE	NONE	NONE	NONE
DEAN KASTER	€	222,	58,	NONE	NONE	NONE	281,142.	NONE
	Ξ	NONE	NONE	NONE	NONE	NONE	, ,	NONE
TONI SHIVERY	€	169,	35,177.	NONE	NONE	NONE	204, 531.	NONE
	Ξ	NONE	NONE	NON	NONE	NONE	NONE	NONE
JOYCE FOX	€	171,	43,963.	NONE	NONE	NONE	214,965.	NONE
	Ξ	224_785_	150, 488.	NON	NONE	NON	375, 273.	NONE
SID ZUBAIR KHARAL	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	ε	195,495.	149,880.	NONE	NON	NONE	345, 375.	NONE
JEFFREY THOMPSON	€		NONE	NONE	NONE	NONE	NONE	NONE
	ε	248_108.	54,875.	NONE	NONE	NONE	302, 983.	NONE
MARCO ZAMORA	Ξ	NONE	NONE	NONE	NONE	NONE		NONE
	Ξ	269_135.	33, 130.	NONE	NONE	NONE	302, 265.	NONE
JOHN KEVIN LYNCH	<u>E</u>		NONE	NONE	NONE	NONE	NONE	NONE
	Ξ	294,245.	3, 506.	NONE	NONE	NONE	297, 751.	NONE
SUNG BAI KIM	(E)		NONE	NONE	NONE	NONE	NONE	NONE
	Ξ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSEPH E HOFFMAN III	<u>(i)</u>	272,	91,439.	NONE	37, 554.	19,152.	420,355.	NONE
	Ξ	· 1						
	(ii)							
	Θ							
	€							
	Ξ							
	€							
	€							
	(E)							
	Ξ							
	(E)							
							Sche	Schedule J (Form 990) 2008

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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. Schedule J (Form 990) 2008 UPPER CHESAPEAKE HEALTH SYSTEM, INC., A RELATED ORGANIZATION, MADE SPLIT SENIOR LEADERSHIP WHO ARE LISTED ON THIS FILING ORGANIZATION'S FORM 990. DOLLAR LIFE INSURANCE PLAN CONTRIBUTIONS TO THE FOLLOWING MEMBERS OF SCHEDULE_J. COMPENSATION INFORMATION - PART VII - SECTION A. LINE 1A: JOSEPH E HOFFMAN III \$26,562 _LYLE_ E_SHELDON_\$102,879 - PART_I - QUESTION_4B _DEAN_KASTER_\$22,041.

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization

Employer Identification number

UPPER CHESAPEAKE MEDICAL CENTER Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

52-1253920

(A)	(B) (C) Average hours Position (check all that apply)		(D)	(E)	(F)					
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated at employee	Ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			эе			ated				
LYLE E SHELDON						Ī				
PRESIDENT & CEO/DIRECTOR	5.	X		Х		<u> </u>		NONE	767,783.	151,174
ROGER_E_SCHNEIDER_MD										
CHAIRMAN/DIRECTOR	5.	X	Ш	Х			ļ	NONE	NONE	NON
H_WILLIAM_ACKER										
VICE CHAIRMAN/DIRECTOR	5.	Х		Х				NONE	NONE	NON
DI ANE_K_FORD										
DIRECTOR	1.	X	Ш					NONE	NONE	NON
JOHN_H_CAIN										
DIRECTOR	1.	X	Ш					NONE	NONE	NON
ANDREW_KLEIN										
DIRECTOR	1.	X						NONE	NONE	NON
ANTHONY J MEOLI									i	
TREASURER/DIRECTOR	5.	X		Χ				NONE	NONE	NON
RICHARD P STREETT JR VMD										
DIRECTOR	1.	X						NONE	NONE	NON
ALBERT J A YOUNG										
DIRECTOR	1.	X						NONE	NONE	NON
M_SCOT_KAUFMAN										
SECRETARY/DIRECTOR	5.	X	\vdash	Х				NONE	NONE	NON
PETER J LOPRESTI DO										
DIRECTOR	1	X						NONE	NONE	NON
ROBERT F HOOFNAGLE, JR, MD	_									
DIRECTOR	1	X					Н	NONE	NONE	NON
ADELE A WILZACK, RN, MS	_									
DIRECTOR	1.	Х	\vdash					NONE	NONE	NON
FAHEEM YOUNUS, MD		١,,								
DIRECTOR	1.	X						NONE	NONE	NON
KENNETH KOZEL	_				.,			210217	250 520	40 501
EXECUTIVE VP/COO	5.	-			X		\vdash	NONE	352,538.	43,501.
DEAN KASTER	E				.,			NONE	201 140	40.456
SR VP - CORPORATE STRATEGY	5.		\dashv	\dashv	Χ			NONE	281,142.	49,456.
TONI SHIVERY	5.				Х			MONT	204 521	22 005
VP - HUMAN RESOURCES	5.	-	-	-	_^_	$\vdash\vdash$	\vdash	NONE	204,531.	33,895.
JOYCE FOX VP - PATIENT SVCS/CNO	20.				Х			NONE	214,965.	20,500.
JOSEPH E HOFFMAN III	20.	<u> </u>	$\vdash \vdash$	\dashv			\vdash	NONE	214,303.	20, 500.
SR VP/CFO	5.				Х			NONE	363,649.	56 706
SID ZUBAIR KHARAL		 		\dashv				INOINE	303,043.	56,706.
INTENSIVIST	40.					х		375,273.	NONE	A 050
JEFFREY THOMPSON	40.				\neg	Δ	\vdash	313,213.	NONE	4,852
TAMBRIOT IN OR	4.0			1		,,		245 275		1 4 100

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

Schedule J-2 (Form 990) 2008

INTENSIVIST

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection Employer Identification number

UPPER CHESAPEAKE MEDICAL CENTER

52-1253920

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A)	(B)					(F)				
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MARCO_ZAMORAINTENSIVIST	40.					х		302,983.	NONE	4,657
JOHN KEVIN LYNCH PHYSICIAN/HOSPITALIST	40.					Х		302, 265.	NONE	19,072
SUNG_BAI_KIMPHYSICIAN	40.					Х		297,751.	NONE	5,007
										· · · · · · · · · · · · · · · · · · ·
		ļ								
			_		_					
										
		<u> </u>								
	· · · · · · · · · · · · · · · · · · ·									

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

Schedule J-2 (Form 990) 2008

SCHEDULE K (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047 2008 Open to Public Inspection

Employer identification number

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990)

× (h) On behalf of Yes No issuer ŝ ŝ (g) Defeased ш ŝ 52-1253920 Yes Yes Yes LAND ŝ å REFI EXISTING DEBT/PURCHASE (f) Description of purpose ۵ ۵ REFINANCE EXISTING DEBT Yes Yes ŝ ŝ ပ ပ Yes Yes 124, 100, 000. 55, 325, 000. (e) Issue price NONE NONE NONE 414,720. 3,340,764. 42, 124, 236. 45,891,939. ŝ å × × m œ (d) Date issued 08/08/2008 5742172P9 08/08/2008 Yes Yes \times NONE NONE NONE NONE 104,244,000. 103, 437, 431. 806,569. 5742172P9 (c) CUSIP# ŝ å × × ⋖ ⋖ Yes Yes × × (p) Issuer EIN 52-0936091 52-0936091 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. financed property which may result in private business use? 9 Were the bonds issued as part of a current refunding issue? Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by Private Business Use (Optional for 2008) Are there any lease arrangements with respect to the 11 Has the final allocation of proceeds been made? . . Does the organization maintain adequate books and records to support the final allocation of proceeds? B MARYLAND HEALTH & HIGHER EDUCATION FACILITIES AUTH A MARYLAND HEALTH & HIGHER EDUCATION FACILITIES AUTH 10 Were the bonds issued as part of an advance Bond Issues (Required for 2008) CHESAPEAKE MEDICAL CENTER Proceeds (Optional for 2008) (a) Issuer name Total proceeds of issue.... tax-exempt bonds?. refunding issue? Part III Part II Part I 2 12 O Ω

JSA 8E1295 3.000

Schedule K (Form 990) 2008

Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

Page 2

8 N

Yes

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								- 1
		A		8		S		10
3a Are there any management or service contracts with respect to the financed property which may result in	Yes	s No	Yes	No	Yes	٥N	Yes	_
private business use?		×		×				_
b Are there any research agreements with respect to the financed property which may result in private business use?		×		×				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	•	×		×				
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	A	%		%		%		
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.	•	%		%		%		1
6 Total of lines 4 and 5	:	%		%		%		1
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	×		×					
Part IV Arbitrage (Optional for 2008)								, ,

%

%

%|%

% %

2. 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	A		_	В		c	۵	•	ш	
1 has a horm 6036-1, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate heen filed	Yes	No	Yes	No	Yes	No	Yes	No	Yes	Š
with respect to the bond issue?		×		×						
2 Is the bond issue a variable rate issue?	×			×						
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	×			×						
b Name of provider	BANK OF AMERICA	ERICA								
c Term of hedge	35.000	000								
4a Were gross proceeds invested in a GIC?		X		X						
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair										
market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an										
available temporary period?		×		X						

Schedule K (Form 990) 2008

6 Did the bond issue qualify for an exception to rebate?

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

Open To Public Inspection

OMB No. 1545-0047

Name of the organization							Employe	er iden	tificatio	on nur	nber	
UPPER CHESAPEAKE MEDICAL CEN								-125	3920			
Part I Excess Benefit Transacations To be completed by organizations	s that a	n 501(c) nswered)(3) and sec "Yes" on Fo	tion 501(c orm 990, F)(4) organiz Part IV, lines	ations on 25a or 2	ily). 25b, or Fo	orm 9	90-EZ,	Part	V, line	e 40b.
1 (a) Name of disqualified person				//-) Description	of transa	otion				(C) Cor	rrected?
(a) Name of disqualified person				····	n Description	or trainsa					Yes	No
						•••						
 2 Enter the amount of tax imposed on under section 4958 3 Enter the amount of tax, if any, on line 									 > \$ > \$			
Part II Loans to and/or From Intere To be completed by organizatio				Form 000	Dort IV line	26 07 5	arm 000	E7 E	1a at 1.7	line 2	0	
(a) Name of interested person and purpose			T	nce due		(f) App	roved ard or	(g) Written agreement?				
	То	From					Yes	No	Yes	No	Yes	No
		N.										
									<u> </u>			
	-						-					
Total	I			▶\$						-		
Part III Grants or Assistance Benefit To be completed by organization	itting lı	ntereste	ed Persons	i .	Part IV, line	27.						
(a) Name of interested person	1		p between into	erested per		1	mount of	grant	or type	of as	sistano	ce
											•	
									,			
						ļ						
						 						
												
Part IV Business Transactions Invol To be completed by organization					Part IV line	s 28a 28	3b or 28	r.		·		
(a) Name of interested person	(b) R	elationsh	ip between son and the	(c) An	nount of saction	T	escription		ensactio	on	(e) Sha organiz reven	zation's
	ļ										Yes	No
PETER J LOPRESTI DO	DI RECT				49,563.	PHYSICIA	AN FEES T	то наг	RFORD P	RIM		_X
FAHEEM YOUNUS MD	DI RECT	OR			197, 916.	PHYSICI/	AN FEES					X
***		· · · · · · · · · · · · · · · · · · ·										
						ļ						
												

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

Schedule L (Form 990 or 990-EZ) 2008

Name of the organization	Employer identification number					
UPPER CHESAPEAKE MEDICAL CENTER	52-1253920					
_PART_VI,_SECTION_B,_POLICIES						
QUESTION 12 - CONFLICT OF INTEREST POLICY						
THE ORGANIZATION'S WRITTEN CONFLICT OF INTEREST POLICY COVERS THE						
_FOLLOWING_INDIVIDUALS: DIRECTORS, PRINCIPAL OFFICERS, AND SENIOR						
MANAGEMENT. FURTHERMORE, THE POLICY EXTENDS TO THE FAMILY MEMBERS	S_(PER					
INTERNAL REVENUE SERVICE DEFINITION) OF SUCH DIRECTORS, PRINCIPAL						
OFFICERS, AND SENIOR MANAGEMENT. THE BOARD OF DIRECTORS AND ANY						
_COMMITTEE CONSIDERING A CONTRACT, TRANSACTION OR ARRANGEMENT TO W	COMMITTEE CONSIDERING A CONTRACT, TRANSACTION OR ARRANGEMENT TO WHICH A					
KNOWN OR POTENTIAL CONFLICT OF INTEREST RELATES, DETERMINES WHETHER A						
_CONFLICT_EXISTS ACTUAL CONFLICTS ARE REVIEWED BY THE CHAIRMAN OF	F_THE					
BOARD. AN INDIVIDUAL WITH A KNOWN OR POTENTIAL CONFLICT OF INTER	EST_MUST					
REFRAIN FROM PARTICIPATING IN, OR ACTING ON, THE DECISION ON ANY I	MATTER					
IN WHICH A CONFLICT OF INTEREST, OR EVEN THE APPEARANCE OF SUCH A						
CONFLICT OF INTEREST, IS PRESENT WITH RESPECT TO SUCH INDIVIDUAL	AND_WILL					
REMOVE HIMSELF OR HERSELF FROM ANY MEETING OR DELIBERATIONS ON THE	<u> </u>					
_MATTER.						

Name of the organization	Employer identification number
UPPER CHESAPEAKE MEDICAL CENTER	52-1253920
PART_VI, SECTION_B, POLICIES	
QUESTION 15 - PROCESS FOR DETERMINING COMPENSATION	
THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AP	PROVES
COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFF	ICER.
CHIEF FINANCIAL OFFICER, AND ALL KEY EMPLOYEES. THE EXECUTIVE	
COMPENSATION COMMITTEE UTILIZES BUT IS NOT LIMITED TO THE FOLLOWI	<u>NG</u>
RESOURCES IN EVALUATING AND ESTABLISHING REASONABLE COMPENSATION:	
_INDEPENDENT_COMPENSATION_CONSULTANTS, COMPENSATION_SURVEYS_AND	
COMPENSATION STUDIES. THIS ORGANIZATION AND ITS TAX-EXEMPT AFFIL	IATES
STRIVE TO MAINTAIN AN ARM'S LENGTH RELATIONSHIP BETWEEN ITSELF AN	D_ITS
EMPLOYEES. IT IS THE GOAL OF THE EXECUTIVE COMPENSATION COMMITTE	E_TO
ENSURE THAT TOTAL COMPENSATION (COMPENSATION AND BENEFITS) PAID T	O_ITS
EMPLOYEES IS FAIR AND REASONABLE. FINALLY, THE PROCESS OF SETTIN	G_AND
APPROVING SUCH COMPENSATION IS PERFORMED ANNUALLY BY THE BOARD'S	
EXECUTIVE COMPENSATION COMMITTEE.	
	00° CC CC CC CC CC CC CC CC CC CC CC CC CC

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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
UPPER CHESAPEAKE MEDICAL CENTER	52-1253920
DADE WIII CHAREMENT OF DEVENUE	
_PART_VIIISTATEMENT_OF_REVENUE	
LINE 2A - PROGRAM SERVICE REVENUE	
PATIENT SERVICE REVENUE \$196,996,388	
NET_CONTRACTUAL_ALLOWANCES_\$(17,009,307)	
NET PATIENT REVENUE \$179,987,081	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Name of the organization		Employer identification number
UPPER CHESAPEAKE MEDICAL CENTER		52-1253920
_SCHEDULE D - RECONCILIATION OF AUDITED FINANCIAL STATEMEN	NTS WITH I	RETURN
SCHEDULE D, PARTS XI, XII, AND XIII		
UPPER CHESAPEAKE MEDICAL CENTER DID NOT RECEIVE A SEPARA	re AUDITE	2
FINANCIAL STATEMENT FOR THE TAX YEAR-ENDED DECEMBER 31, 2	2008. <u>RAT</u> I	HER, ITS
FINANCIAL INFORMATION WAS INCLUDED IN A CONSOLIDATED AUDI	ITED FINA	NCIAL
STATEMENT. THEREFORE, UPPER CHESAPEAKE MEDICAL CENTER IS	S NOT REQU	JIRED_TO
COMPLETE SCHEDULE D, PARTS XI-XIII: RECONCILIATION OF CHA	ANGE IN N	<u> </u>
ASSETS, REVENUE AND EXPENSES FORM 990 TO AUDITED FINANCIA	AL STATEM	ENTS.
_HOWEVER, UPPER CHESAPEAKE MEDICAL CENTER IS VOLUNTARILY I	DISCLOSING	G_SUCH
INFORMATION, AS IF IT RECEIVED A STANDALONE AUDITED FINAM	NCIAL STA	rement
FOR THE TAX YEAR-ENDED DECEMBER 31, 2008.		
PART XI RECONCILIATION OF CHANGE IN NET ASSETS	~~~~~~~~~~	
1 TOTAL REVENUE ( PART VIII, COLUMN ( A), LINE 12) \$	175,393,4	133
2 TOTAL EXPENSES ( PART IX, COLUMN ( A), LINE 25) \$	176,308,4	144
3 EXCESS/(DEFICIT) FOR THE YEAR (LINE 1 LESS LINE 2) \$	(915,01	1)
4 NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS \$	(446,08	34)
_5 _ DONATED SERVICES AND USE OF FACILITIES\$		
_6INVESTMENT_EXPENSES\$		
7 PRIOR PERIOD ADJUSTMENTS \$		
8 OTHER (DESCRIBE IN PART XIV) \$(	58,482,85	66)
9 TOTAL ADJUSTMENTS (NET). ADD LINES 4-8 \$(	58,928,94	10)
10 EXCESS/(DEFICIT) PER FINAN. STMTS.(ADD LINES 3 & 9) \$(	59,843,95	<u>[1]</u>
	*** *** *** *** *** *** *** ***	

Name of the organization		Employer identification number
UPPER CHESAPEAKE MEDICAL CENTER		52-1253920
PART XII RECONCILIATION OF REVENUE		
1 TOTAL REVENUE PER AUDITED FINANCIAL STATEMENTS		
_2 AMOUNTS INCLUDED ON LINE 1 NOT ON PART VIII, LINE 12	·	
A NET UNREALIZED GAINS ON INVESTMENTS	\$ (446,08	34)
B DONATED SERVICES AND USE OF FACILITIES	\$	
_C_RECOVERIES_OF_PRIOR_YEAR_GRANTS	<u>\$</u>	
_D_OTHER (DESCRIBE IN PART XIV)	\$(58,507,8	57)
E ADD LINES 2A THROUGH 2D	\$(58,953,94	<u>41)</u>
3 SUBTRACT LINE 2E FROM LINE 1	\$ 178,423,6	600
4 AMOUNTS INCLUDED ON PART VIII, LINE 12, & NOT ON LIN	E 1:	
A INVESTMENT EXP. NOT INCLUDED ON PART VIII, LINE 7B	\$	
B_OTHER ( DESCRIBE IN PART XIV)	\$ (3,030,16	57)
C_ADD_LINES_4A_AND_4B	\$ (3,030,16	57)
5 TOTAL REVENUE. (ADD LINES 3 & 4C)(PART 1, LINE 12)	\$ 175,393,4	133
PART_XIII_RECONCILIATION_OF_EXPENSES		
1 TOTAL EXPENSES & LOSSES PER FINANCIAL STATEMENTS	\$ 179,313,6	511
2 AMOUNTS INCLUDED ON LINE 1 NOT ON PART IX, LINE 25:		
A DONATED SERVICES AND USE OF FACILITIES	<u>\$</u> \$	
_B_PRIOR_YEAR_ADJUSTMENTS		
_C_LOSSES_REPORTED_ON_FORM_990, PART_IX, LINE_25	\$\$	
D OTHER (DESCRIBE IN PART XIV)	\$ 3,030,1	167
E ADD LINES 2A THROUGH 2D	\$ 3,030,1	-67
3 SUBTRACT LINE 2E FROM LINE 1	\$ 176,283,4	144
	·	

TOTAL OTHER \$(58,507,857)

Schedule O (Form 990) 2008	Page A
Name of the organization	Employer identification number
UPPER CHESAPEAKE MEDICAL CENTER	52-1253920
4. PART XII, LINE 3B - OTHER	
DEGLACO DENENT DVDDAGE	4 / 2 222 167
RECLASS - RENTAL EXPENSE	\$ (3,030,167)
TOTAL OTHER	\$ (3,030,167)
5. PART XIII, LINE 2D - OTHER	
RECLASS - RENTAL EXPENSE	\$ 3,030,167
TOTAL OTHER	\$ 3 030 167
6. PART XIII, LINE 4B - OTHER	
_oran_aiir_bine_qboinek	
RECLASS - INVESTMENT CONSULTING FEES	\$ 25,000
TOTAL OF UP	
TOTAL OTHER	\$25,000

JSA

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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

20**08** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions.

OMB No. 1545-0047

UPPER CHESAPEAKE MEDICAL CENTER

Employer identification number Inspection 52-1253920

> Identification of Disregarded Entities Part I

(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

Organizations
Tax-Exempt
on of Related
Identificatio
員

(A)	(8)	(0)	9	(E)	(F)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile (state Exempt Code section or foreign country)	Public charity status (if section 501(c)(3))	Direct controlling entity
UPPER CHESAPEAKE HEALTH SYSTEMS, INC. 52-1398513					
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	HLTHCARE SVCS MD	MD	501(C)(3)	509(A)(3)	N/A
UPPER CHESAPEAKE HEALTH FOUNDATION, INC. 52-1398507					
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	FIN SUPPORT	MD	501(C)(3)	509(A)(3)	N/A
UPPER CHESAPEAKE MEDICAL SERVICES, INC. 52-1501734					
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	PHYSICIAN SVC MD	MD	501(C)(3)	509(A)(2)	N/A
HARFORD MEMORIAL HOSPITAL, INC. 52-0591484					
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	HOSPITAL CARE MD	MD	501(C)(3)	509(A)(1)	N/A
UPPER CHESAPEAKE PROPERTIES, INC.					
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	TITLE HOLDING MD	MD	501(C)(2)	N/A	N/A
UPPER CHESAPEAKE/ST JOE'S HOME CARE, INC 52-1229742					
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	HOSPICE CARE	MD	501(C)(3)	509(A)(2)	N/A
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Sched	Schedule R (Form 990) 2008

Schedule R (Form 990) 2008

Part III

Page 2

52-1253920

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disprayenforms ellocations?	Code V-UBI G amount in box 20 of n Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes No		Yes No
UCHS/SJMC_VENTL_LLC_52-2178070 520_UPPER_CHESAPEAKE	MEDICAL SERVICES	Ð	N/A	N/A			×		×

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
UPPER CHESAPEAKE HEALTH VENTURES, INC52-2031264	1	!					
320 UPPER CHESAPEAKE DRIVE BEL ALR, MD 21014	MISC. SERVICES	£	N/A	CCORP			
UPPER CHESAPEAKE MED. OFFICE BLDG, INC. 52-1946829							
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	REAL ESTATE	WD	N/A	CCORP			
UPPER CHESAPEAKE MGMT SVCS ORG, INC. 52-1946025							
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	MANAGEMENT SVCS	WD	N/A	CCORP			
UC MEDICAL CENTER LAND CONDOMINIUM, INC. 77-0674478							
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	REAL ESTATE	MD	N/A	CCORP	255, 684.	44,664.	100.0000
UPPER CHESAPEAKE INSURANCE COMPANY, LTD. 98-0468438							
P.O. BOX 1109 KY1-1102 GRAND CAYMAN, CAYMAN ISLANDS	CAPTIVE INSURANCE	CJ	N/A	CTD.			

Schedule R (Form 990) 2008

Schedule R (Form 990) 2009

Page 3

# Transactions With Related Organizations Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.  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?  2 Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity  3 Beceipt of (i) interest (iii) annuities (iii) royalties (iv) rent from a controlled entity  4 Gift, grant, or capital contribution from other organization(s)  5 Gift, grant, or capital contribution from other organization(s)  6 Loans or loan guarantees by other organization(s)  7 Conson or loan guarantees by other organization(s)	in Parts II–IV?	Yes No
f Sale of assets to other organization(s)		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
j Lease of facilities, equipment, or other assets from other organization(s)		1
o Reimbursement paid to other organization for expenses		10 10 ×
is for information on who must complete this line,	including covered relationships and transaction thresholds:  (B) (C)	19 X 11 X saction thresholds.
Name of other organization(s)  (1) UPPER CHESAPEAKE HEALTH SYSTEMS, INC.	Transaction type (a–r)	Amount involved
UPPER CHESAPEAKE HEALTH SYSTEMS,	17	5, 312, 493.
(3) UPPER CHESAPEAKE HEALTH SYSTEMS, INC.	d	10,642,887.
(5)		
(9)		Schedule R (Form 990) 2008

Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

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.

Page 4

52-1253920

(A)  Name, address, and EIN of entity  (B)  (C)  (C)  (D)  (B)  (Legal domicile Are all part section (state or foreign section (state or foreign section (state or foreign sociologn)	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Are all partners section 501(c)(3)	(E) Share of end-of-year	(F) Disproportionate allocations?	-	(H) General or managing
			organizations?		Yes	Form 1065)	Yes No
				100			
				:			
				:			
						Schedule R (Form 990) 2008	990) 2008

### 4A PROGRAM SERVICE

TO PROVIDE HEALTHCARE SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH SERVICES.

FOR MORE THAN 90 YEARS, UPPER CHESAPEAKE HEALTH HAS BEEN PROVIDING COMPREHENSIVE, HIGH QUALITY HEALTHCARE. ITS TWO HOSPITALS, HARFORD MEMORIAL HOSPITAL AND UPPER CHESAPEAKE MEDICAL CENTER OFFER SOME OF THE AREA'S MOST ADVANCED INPATIENT AND OUTPATIENT SERVICES SO THAT PATIENTS CAN ENJOY THE SUPERIOR WELLNESS RESOURCES A HEALTHY LIFESTYLE NEEDS, WITHOUT LEAVING THEIR NEIGHBORHOOD. UPPER CHESAPEAKE HEALTH SYSTEM IS A COMMUNITY-BASED, NON-PROFIT HEALTH SYSTEM LOCATED IN HARFORD COUNTY, MARYLAND. OUR VISION IS BASED ON CREATING THE HEALTHIEST COMMUNITY IN MARYLAND. BUILDING ON THAT VISION, WE HAVE A STRONG COMMITMENT TO SERVICE EXCELLENCE. SO MUCH SO THAT IT HAS BECOME PART OF THE FABRIC OF THE HEALTHCARE EXPERIENCE AT UPPER CHESAPEAKE HEALTH. UPPER CHESAPEAKE HEALTH SYSTEM HAS OVER 2,500 PHYSICIANS AND HEALTHCARE PROFESSIONALS WHO ARE DELIVERING CARE FOR THE MIND, BODY, AND SPIRIT IN SETTINGS FROM OFFICES, TO OUTPATIENT CENTERS, TO HOSPITALS, TO SHOPPING CENTERS, TO BUSINESSES, AND TO HOMES. UPPER CHESAPEAKE MEDICAL CENTER IS A MEMBER OF THE UPPER CHESAPEAKE HEALTH SYSTEM. UPPER CHESAPEAKE MEDICAL CENTER IS AN ACUTE CARE, NON-PROFIT FACILITY OFFERING A FULL COMPLEMENT OF MEDICAL, DIAGNOSTIC AND EMERGENCY CARE SERVICES. THE HOSPITAL IS FULLY ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO). PREMIER HEALTH CARE FACILITY INCORPORATES SEVERAL TRENDS THAT REFLECT HOW HEALTH CARE IS CHANGING, INCLUDING REORIENTATION TOWARDS OUTPATIENT CARE, MORE ACUTELY ILL PATIENTS IN THE HOSPITAL AND FLEXIBILITY FOR GROWTH AND CHANGE TO MEET OUR COMMUNITY'S FUTURE HEALTH CARE NEEDS. LOCATED ON THE MEDICAL CAMPUS IS THE UPPER CHESAPEAKE MEDICAL CENTER WITH 194 ACUTE CARE BEDS. ADJACENT TO THE MEDICAL CENTER IS THE AMBULATORY CARE CENTER OF HARFORD COUNTY, CONTAINING PHYSICIAN OFFICES, OUTPATIENT IMAGING AND LABORATORY PROCEDURES, OUTPATIENT PRE-ASSESSMENT TESTING AND ASSESSMENT, UPPER CHESAPEAKE CARDIOVASCULAR INSTITUTE, AND THE ADMINISTRATIVE OFFICES OF UPPER CHESAPEAKE HEALTH. ALSO LOCATED NEXT TO THE MEDICAL CENTER, IS A PRE-EXISTING MEDICAL OFFICE BUILDING WITH PHYSICIAN OFFICES AND OTHER HEALTHCARE RELATED SERVICES, A PARKING GARAGE AND A SECOND MEDICAL OFFICE BUILDING WHICH INCLUDES HOSPITAL OUTPATIENT SERVICES AND PHYSICIAN OFFICES. HARFORD MEMORIAL HOSPITAL AND UPPER CHESAPEAKE MEDICAL CENTER MAINTAIN CHARITY CARE PROGRAMS AND, IN ADDITION, CONDUCT MANY COMMUNITY OUTREACH AND COMMUNITY BUILDING ACTIVITIES INCLUDING:

- COMMUNITY HEALTH EDUCATION PROGRAMS WHICH INCLUDE NEWBORN BABY CARE, SITTER SAFETY PROGRAM, INFANT CPR, INFANT SAFETY, STOP SMOKING CLASS, KIDS SAFETY CLASS, AND PRENATAL BREAST FEEDING CLASS
- SUPPORT GROUPS INCLUDING BREAST FEEDING SUPPORT, BREAST CANCER AWARENESS GROUPS, PERINATAL BEREAVEMENT, ASTHMA SUPPORT GROUP, WIDOW AND WIDOWERS SUPPORT GROUP, GRIEF SUPPORT GROUP, PROSTATE CANCER SUPPORT GROUP, AMPUTEE NETWORK, BRAIN INJURY SUPPORT GROUP, STROKE CLUB, LUPUS SUPPORT GROUP, AND OTHERS
- HEALTH SCREENINGS INCLUDING SCREENINGS FOR OSTEOPOROSIS, CARDIAC PROBLEMS, BLOOD PRESSURE, AND OTHER ISSUES
- FREE AND MOBILE CLINICS

A NUMERICAL SUMMARY OF COMMUNITY ACTIVITIES FOR UPPER CHESAPEAKE MEDICAL CENTER IS AS FOLLOWS:

TOTAL HOSPITAL COMMUNITY BENEFIT COMMUNITY HEALTH SERVICES COMMUNITY BENEFIT OPERATIONS TOTAL HOSPITAL COMMUNITY BENEFIT	# OF STAFF HOURS 4,672 898 5,570	5 # OF ENCOUNTERS 16,972 0 16,972
TOTAL HOSPITAL COMMUNITY BENEFIT COMMUNITY HEALTH SERVICES COMMUNITY BENEFIT OPERATIONS TOTAL HOSPITAL COMMUNITY BENEFIT	DIRECT COST(\$) \$344,909 \$ 22,969 \$367,878	INDIRECT COST(\$) \$212,602 \$ 14,158 \$226,760
TOTAL HOSPITAL COMMUNITY BENEFIT  COMMUNITY HEALTH SERVICES COMMUNITY BENEFIT OPERATIONS CHARITY CARE TOTAL HOSPITAL COMMUNITY BENEFIT	OFFSETTING REVENUE \$ 83,547 \$ 0 N/A \$ 83,547	NET COMMUNITY BENEFIT \$ 473,964 \$ 37,127 \$2,057,257 \$2,568,348

SIGNIFICANT ACCOMPLISHMENTS FOR 2008

COMMUNITY OUTREACH

IN 2008, HEALTHLINK HAD APPROXIMATELY 25,000 COMMUNITY-WIDE CONTACTS THROUGH THEIR SCREENING AND EDUCATION PROGRAMS, AND FLU VACCINATION CLINICS. APPROXIMATELY 11,500 OF THESE CONTACTS WERE FOR HEALTH SCREENINGS (BLOOD PRESSURE, BODY FAT, CHOLESTEROL, OSTEOPOROSIS, AND CANCER SCREENINGS). A TOTAL OF 8,050 FLU VACCINES WERE DISTRIBUTED COUNTYWIDE AS WELL AS 400 FLUMIST, THE INTRANASAL SPRAY FLU VACCINE.

# COMMUNITY EVENTS

- CHILDREN'S PROGRAMS
- A TOTAL OF 2,013 CHILDREN WERE INVOLVED WITH OUR GLO GERM PROGRAM. THIS IS A PROGRAM THAT EMPHASIZES HOW INFECTION IS SPREAD AND THE IMPORTANCE OF GOOD HAND WASHING HABITS.
- APPROXIMATELY 1,200 CHILDREN WERE EXPOSED TO OUR KATU (KIDS AGAINST TOBACCO USE) PROGRAM. THIS IS A PROGRAM THAT TEACHES CHILDREN ABOUT THE DANGERS ASSOCIATED WITH TOBACCO USE.
- APPROXIMATELY 1,970 CHILDREN ATTENDED OUR TEDDY BEAR CLINICS. THIS IS A PROGRAM THAT FAMILIARIZES CHILDREN WITH THE HOSPITAL EXPERIENCE.
- A NEW PROGRAM CALLED "BE SMART ABOUT BODY ART" WAS DEVELOPED IN 2007. IT EDUCATES TEENS ABOUT THE POTENTIAL DANGERS ASSOCIATED WITH BODY PIERCING AND TATTOOING. THIS PROGRAM HAS BEEN VERY SUCCESSFUL WITH OVER 600 TEENS BEING EDUCATED.
- *** MORE THAN 7,900 HARFORD COUNTY CHILDREN PARTICIPATED IN ONE OF OUR CHILDREN'S PROGRAMS IN 2008.

#### **VACCINES**

COMMUNITY OUTREACH INITIATED A PNEUMONIA VACCINE PROGRAM. VACCINES WERE OFFERED AT ALL FIVE SENIOR CENTERS THROUGHOUT THE COUNTY. OVER 100 VACCINES WERE GIVEN TO SENIORS.

### "DINING WITH DOCS" LECTURES

IN 2008 "DINING WITH DOCS" COMMUNITY LECTURES WERE HELD AT BOTH UPPER CHESAPEAKE MEDICAL CENTER AND HARFORD MEMORIAL. A TOTAL OF 468 COMMUNITY RESIDENTS ATTENDED THE LECTURES.

# HEALTHLINK COMMUNITY WELLNESS CENTER

IN 2008 THE HEALTHLINK COMMUNITY WELLNESS CENTER, BETWEEN THE TWO LOCATIONS, HAD 523 RESIDENTS PARTICIPATE IN ONE OF THE AVAILABLE HEALTH SCREENINGS OFFERED THROUGHOUT THE YEAR.

#### PRIMARY CARE CLINIC

THROUGH THE GENEROSITY OF THE UPPER CHESAPEAKE HEALTH FOUNDATION AND THE VOLUNTEER HOURS OF MANY OF OUR PHYSICIANS, THE HEALTHLINK PRIMARY CARE CLINIC PROVIDES FREE PRIMARY CARE TO ADULTS AGE 19 AND ABOVE WHO ARE UNINSURED OR UNDERLINSURED AND MEET SPECIFIC

INCOME CRITERIA. IN 2008, THE PCC HAD A TOTAL OF 2,401 PATIENT VISITS; THIS WAS A 100% INCREASE OVER THE PREVIOUS YEAR.

#### HEALTHLINK CALL CENTER

- IN 2008, OUR HEALTHLINK CALL CENTER HANDLED APPROXIMATELY 8,500 CALLS. THIS INCLUDED 1,670 PHYSICIAN REFERRALS AND OVER 3,700 SERVICE REFERRALS.
- THE "FLU HOTLINE" WAS REINSTATED TO KEEP THE COMMUNITY BETTER INFORMED ABOUT THE LOCATIONS AND TIMES THAT FLU CLINICS WERE BEING HELD THROUGH OUT THE COUNTY. AS NEW INFORMATION BECAME AVAILABLE OR CHANGED, THE RECORDING ON THE HOTLINE WAS UPDATED SO THAT RESIDENTS COULD GET ACCURATE INFORMATION 24/7.
- PROVIDED SEVERAL FREE CANCER SCREENINGS PLUS A FOOT AND EYE SCREENING FOR DIABETICS:

SKIN CANCER - 45 PARTICIPANTS COLORECTAL CANCER - 6 PARTICIPANTS PROSTATE CANCER - 52 PARTICIPANTS FOOT AND EYE - 26 PARTICIPANTS

HEALTHLINK AND COMMUNITY HEALTH IMPROVEMENT COALITIONS AND COMMITTEES

- C. A. N. E. S. (COMMUNITY ASSOCIATION OF NON-ENGLISH SPEAKERS)
- HARFORD COUNTY SCHOOL HEALTH BOARD
- HARFORD COUNTY TOBACCO COALITION
- HARFORD COUNTY CANCER COALITION
- HARFORD COUNTY HIGHWAY SAFETY COMMITTEE
- OFFICE ON AGING ADVISORY BOARD
- G. A. N. E. S.

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CHESAPEAKE MEDICAL STAFFING 1122 KENIKWORTH DR. SUITE 107 TOWSON, MD 21204	NURSE STAFFING	722,964.
SPHERIS 13552 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	TRANSCRIPTION SVCS	767,747.
NORTHERN CHESAPEAKE ANESTHESIA 500 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	PHYSICIAN FEES	754,497.
MARYLAND EMERGENCY MEDICINE NETWORK 110 SOUTH PACA STREET BALTIMORE, MD 21201	EMERGENCY CARE	553,197.
MID-ATLANTIC CARDIOVASCULAR ASSOCIATES 520 UPPER CHESAPEAKE DRIVE, SUITE 201 BEL AIR, MD 21014	CARDIOVASCULAR PRGRM	599,467.
TOTAL COMPENSAT		3,397,872.

FORM 990, PART VIII - INVESTMENT INCOME

BUSINESS REV. UNRELATED Ω ) EXEMPT REVENUE RELATED OR (B) 1,549,052. REVENUE TOTAL ( A) INTEREST INCOME DESCRIPTION

1,549,052.

1,549,052.

TOTALS

1,549,052.

EXCLUDED REVENUE

(O)

9

STATEMENT

### FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES ______

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
with \$500 time and \$100 time time time time time time		
PREPAID INSURANCE PREPAID DUES PREPAID OTHER PREPAID ARA FOOD SERVICE	-42,625. 49,843. 219,977. 128,630.	26,124. 28,490. 226,190. 128,630.
TOTALS	355, 825.	409,434.

DESCRIPTION	BEGI NNI NG BOOK VALUE	ENDI NG BOOK VALUE	COST OR FMV
CORPORATE STOCKS AND BONDS	12,954,978.	13,330,020.	FMV
TOTALS	12,954,978.	13,330,020.	
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