Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning 07/01, 2009, and ending 06/30, 20 10

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

OMB No. 1545-1879

2009

Name of exempt organization: UNIVERSITY SPECIALTY HOSPITAL

Employer identification number: 52-0882914

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

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ▶ [X]	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	56045196.
2a	**Form 990-EZ** check here ▶ [ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ▶ [ ]	b **Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ▶ [ ]	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a	**Form 8868** check here ▶ [ ]	b **Balance due** (Form 8868, line 3c)	5b	

Part II **Declaration of Officer**

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6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶ [signature] Signature of officer | 5/9/11 Date | ▶ SVP & CFO Title

Part III **Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶ [signature]	Date 5/9/11	Check if also paid preparer [X]	Check if self-employed [ ]	ERO's SSN or PTIN P00451522
Firm's name (or yours if self-employed), address, and ZIP code ▶	KPMG LLP			EIN 13-5565207
	1676 INTERNATIONAL DRIVE			
	MCLEAN VA 22102			Phone no. 703-286-8000

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed [ ]	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN
			Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Form **8453-EO** (2009)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01, **2009, and ending** 06/30, **20** 10

B Check if applicable: Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending ☐	Please use IRS label or print or type. See Specific Instructions.
C Name of organization	UNIVERSITY SPECIALTY HOSPITAL
Doing Business As	
Number and street (or P.O. box if mail is not delivered to street address) / Room/suite	611 SOUTH CHARLES STREET
City or town, state or country, and ZIP + 4	BALTIMORE, MD 21230
D Employer identification number	52-0882914
E Telephone number	(410) 547-8500
G Gross receipts $	56,397,294.
F Name and address of principal officer:	JAMES WARNER 611 SOUTH CHARLES STREET BALTIMORE, MD 21230
H(a) Is this a group return for affiliates?	☐ Yes [X] No
H(b) Are all affiliates included?	☐ Yes ☐ No — If "No," attach a list. (see instructions)
I Tax-exempt status:	[X] 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: ▶	WWW.SPECIALTYHOSPITAL.ORG
H(c) Group exemption number ▶	
K Form of organization:	[X] Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation:	1968
M State of legal domicile:	MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE HOSPITAL PROVIDES SPECIALIZED CARE SERVICES TO PATIENTS WHO ARE CRITICALLY ILL, HAVE MULTIPLE COMPLICATIONS AND/OR FAILURES THAT REQUIRE CONTINUED HOSPITALIZATION BEYOND THE ACUTE CARE SETTING.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

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3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	589
6	Total number of volunteers (estimate if necessary)	6	6
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-43,395.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-43,395.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0.	0.
9	Program service revenue (Part VIII, line 2g)	55,545,156.	54,088,180.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,070.	1,759,628.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	439,579.	197,388.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,997,805.	56,045,196.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,880,447.	28,482,181.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	30,618,384.	28,980,156.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	61,498,831.	57,462,337.
19	Revenue less expenses. Subtract line 18 from line 12	-5,501,026.	-1,417,141.
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	40,848,049.	40,410,879.
21	Total liabilities (Part X, line 26)	31,038,613.	32,005,836.
22	Net assets or fund balances. Subtract line 21 from line 20	9,809,436.	8,405,043.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer | Date

▶ Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ [signature]	Date 5/11/11	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions) P00451522
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102	EIN ▶ 13-5565207	Phone no. ▶ 703-286-8000	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form **990** (2009)

JSA
9E1010 3.000

Form **8868** (Rev. April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . ▶ [ ]

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

Electronic Filing *(e-file)* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	University Specialty Hospital	52-0882914
	Number, street, and room or suite no. If a P.O. box, see instructions. 611 South Charles Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Baltimore, MD 21230	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ MICHELLE LEE

Telephone No. ▶ 410 328-1376 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box . ▶ [ ] . If it is for part of the group, check this box . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year ____ or
▶ [X] tax year beginning 07/01, 2009, and ending 06/30, 2010.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev. 4-2009)

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

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

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print		
	Name of Exempt Organization: UNIVERSITY SPECIALTY HOSPITAL	Employer identification number: 52-0882914
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 611 SOUTH CHARLES STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21230	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-PF [ ] Form 1041-A [ ] Form 6069
[ ] Form 990-BL [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 4720 [ ] Form 8870
[ ] Form 990-EZ [ ] Form 990-T (trust other than above) [ ] Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ MICHELLE LEE

Telephone No. ▶ 410 328-1376 FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box ▶ [ ]

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15/2011

5 For calendar year ______, or other tax year beginning 07/01/2009, and ending 06/30/2010.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶ 12/17/10

KPMG LLP
440 MONTICELLO AVE, SUITE 1900
NORFOLK, VA 23510-2674

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
THE HOSPITAL PROVIDES SPECIALIZED CARE SERVICES TO PATIENTS WHO ARE CRITICALLY ILL, HAVE MULTIPLE COMPLICATIONS AND/OR FAILURES THAT REQUIRE CONTINUED HOSPITALIZATION BEYOND THE ACUTE CARE SETTING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 49,799,197. including grants of $) (Revenue $ 54,088,180.)
ATTACHMENT 2

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 49,799,197.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* 12A — Yes: X, No:			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?.	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *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		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	55		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
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	2a	589		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *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 this return?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
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?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 8		
b	Enter the number of voting members that are independent	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MD,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ MICHELLE LEE 110 S PACA STREET BALTIMORE, MD 21201
(410)328-1376

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JEFFREY A RIVEST DIRECTOR	2.00	X						0.	1,028,442	28,123.
ALISON G BROWN DIRECTOR	2.00	X						0.	443,425	27,605.
LISA ROWEN DIRECTOR	2.00	X						0.	447,025	61,642.
REVEREND JOHN SABATELLI LIAISON	40.00	X						52,938.	0	1,154.
INGRID CONNERNEY DIRECTOR	2.00	X						0.	168,983	17,670.
KEITH PERSINGER CFO AND DIRECTOR	10.00	X		X				0.	550,080	16,480.
JONATHAN GOTTLIEB DIRECTOR	2.00	X						0.	278,951	38,567.
SEBLU ZERA YOHANNES DOCTOR & DIRECTOR	40.00	X				X		180,944.	0	8,725.
JAMES WARNER VP & CEO	40.00			X				233,457.	0	13,704.
JOYCE A SMITH VP & CNO	40.00				X			182,586.	0	9,038.
CARLA JONES STAFF COORDINATOR	40.00					X		113,935.	0	5,774.
ERDA YOUNG DIRECTOR OF QUALITY OUTCOMES	40.00					X		111,372.	0	18,144.
AISHA F MUHAMMAD CLINICAL NURSE	40.00					X		102,681.	0	0.
KIMBERLY KIDD-WATKINS DIRECTOR - CLINICAL NURSING	40.00					X		107,343.	0	21,160.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								1,085,256.	2,916,906.	267,786.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 5

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 8

Part VIII Statement of Revenue

52-0882914

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts							
1a	Federated campaigns	1a					
b	Membership dues	1b					
c	Fundraising events	1c					
d	Related organizations	1d					
e	Government grants (contributions)	1e					
f	All other contributions, gifts, grants, and similar amounts not included above	1f					
g	Noncash contributions included in lines 1a-1f: $						
h	**Total.** Add lines 1a-1f ▶			0.			
Program Service Revenue		Business Code					
2a	PATIENT SERVICES REVENUE	900099		54,088,180.	54,088,180.		
b							
c							
d							
e							
f	All other program service revenue						
g	**Total.** Add lines 2a-2f ▶			54,088,180.			
Other Revenue							
3	Investment income (including dividends, interest, and other similar amounts) ▶			2,054,408.			2,054,408.
4	Income from investment of tax-exempt bond proceeds ▶			0.			
5	Royalties ▶			0.			
		(i) Real	(ii) Personal				
6a	Gross Rents	33,059.					
b	Less: rental expenses	57,318.					
c	Rental income or (loss)	-24,259.					
d	Net rental income or (loss) ▶			-24,259.		-43,395.	19,136.
		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory						
b	Less: cost or other basis and sales expenses	294,780.					
c	Gain or (loss)	-294,780.					
d	Net gain or (loss) ▶			-294,780.			-294,780.
8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a					
b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events ▶			0.			
9a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities ▶			0.			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory ▶			0.			
	Miscellaneous Revenue	Business Code					
11a	CAFE & VENDING	722210		217,330.			217,330.
b	OTHER MISC. REV.	900099		4,317.			4,317.
c							
d	All other revenue						
e	**Total.** Add lines 11a-11d ▶			221,647.			
12	**Total Revenue.** See instructions ▶			56,045,196.	54,088,180.	-43,395.	2,000,411.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	438,785.	191,624.	247,161.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	23,093,222.	21,004,298.	2,088,924.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	475,348.	419,848.	55,500.	
9 Other employee benefits	2,950,068.	2,605,626.	344,442.	
10 Payroll taxes	1,524,758.	1,346,731.	178,027.	
11 Fees for services (non-employees):				
a Management	1,019,250.		1,019,250.	
b Legal	7,979.		7,979.	
c Accounting	284,672.		284,672.	
d Lobbying	4,771.		4,771.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	299,287.		299,287.	
12 Advertising and promotion	0.			
13 Office expenses	133,024.	107,284.	25,740.	
14 Information technology	991,270.		991,270.	
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	2,509.	2,509.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	26,275.	14,366.	11,909.	
20 Interest	874,628.	772,509.	102,119.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	2,059,657.	1,819,177.	240,480.	
23 Insurance	164,556.		164,556.	
24 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.)				
a PURCHASED SERVICES	9,823,650.	8,250,318.	1,573,332.	
b BAD DEBT	5,742,708.	5,742,708.		
c SUPPLIES	5,878,499.	5,858,124.	20,375.	
d MEDICAL FEES	1,664,075.	1,664,075.		
e UNRELATED BUSINESS INCOME TA	3,346.		3,346.	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	57,462,337.	49,799,197.	7,663,140.	0.
26 **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				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	3,141,107.	1	2,218,893.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,245,411.	4	2,732,670.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	554,268.	8	555,990.
	9	Prepaid expenses and deferred charges	499.	9	17,100.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 36,154,499.			
	b	Less: accumulated depreciation — 10b 17,180,457.	20,296,418.	10c	18,974,042.
	11	Investments - publicly traded securities	10,045,320.	11	10,235,756.
	12	Investments - other securities. See Part IV, line 11	3,729,500.	12	5,094,000.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	835,526.	15	582,428.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	40,848,049.	16	40,410,879.
Liabilities	17	Accounts payable and accrued expenses	6,188,945.	17	5,856,706.
	18	Grants payable		18	
	19	Deferred revenue	1,568,686.	19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	23,280,982.	25	26,149,130.
	26	**Total liabilities.** Add lines 17 through 25	31,038,613.	26	32,005,836.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	9,432,526.	27	8,015,385.
	28	Temporarily restricted net assets	376,910.	28	389,658.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	9,809,436.	33	8,405,043.
	34	Total liabilities and net assets/fund balances	40,848,049.	34	40,410,879.

Form **990** (2009)

Part XI Financial Statements and Reporting

		Line	Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

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

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ 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).

f 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 . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures . . . ▶ $

3 Volunteer hours . . .

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . ☐ Yes ☐ No

4a Was a correction made? . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group.
B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If these is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV	X		4,771.
j	Total. Add lines 1c through 1i			4,771.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	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?		X	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information *(continued)*

LOBBYING

LOBBYING ACTIVITIES

THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 8.73% AND 23.76% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: UNIVERSITY SPECIALTY HOSPITAL

Employer identification number: 52-0882914

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ____________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ____________

(ii) Assets included in Form 990, Part X ▶ $ ____________

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if the 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:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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.

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

2 Provide the estimated percentage of the year end balance held as:

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:

		Yes	No
(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) Accumulated depreciation	(d) Book value
1a Land		915,184		915,184.
b Buildings		24,693,969	11,531,655	13,162,314.
c Leasehold improvements		221,051	221,051	
d Equipment		10,269,359	5,380,085	4,889,274.
e Other		54,936	47,666	7,270.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				18,974,042.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other ALTERNATIVE INVESTMENTS	5,094,000.	FMV
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	5,094,000.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
3RD PARTY ADVANCES	4,293,827.
OTHER CURRENT LIABILITIES	3,860,998.
DUE TO AFFILIATES	17,411,051.
CAPITAL LEASE LIABILITY	583,254.
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	26,149,130.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	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	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 12.)*			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 18.)*			5	

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

SCHEDULE D, PART X

FIN 48 FOOTNOTE PER AUDIT REPORT

THE ORGANIZATION IS A SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE CORPORATION). THE CORPORATION ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FIN 48) ON JULY 1, 2007. FIN 48 PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIN 48 ALSO RECOGNIZES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THE IMPLEMENTATION OF FIN 48 DID NOT HAVE A SIGNIFICANT IMPACT ON THE CORPORATION'S BALANCE SHEET OR STATEMENT OF OPERATIONS. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECOGNIZED.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047
2009
Open to Public Inspection

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

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	X	
b	If "Yes," is it a written policy?	1b	X	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other ______ %	3a	X	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 500.0000 %	3b	X	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	X	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	X	
b	If "Yes," does the organization make it available to the public?	6b	X	

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			1,894,186.		1,894,186.	3.30
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			1,894,186.		1,894,186.	3.30
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			68,469.		68,469.	.12
f Health professions education (from Worksheet 5)			66,359.		66,359.	.12
g Subsidized health services (from Worksheet 6)			2,199.		2,199.	
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			24,700.		24,700.	.04
j Total. Other Benefits			161,727.		161,727.	.28
k Total. Add lines 7d and 7j			2,055,913.		2,055,913.	3.58

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			129,592.		129,592.	.23
9 Other						
10 Total			129,592.		129,592.	.23

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	X	
2	Enter the amount of the organization's bad debt expense (at cost)	2	4,930,988.		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3			

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	10,206,768.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	9,998,808.
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	207,960.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Does the organization have a written debt collection policy?	9a	X	
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	X	

Part IV **Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

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)
UNIVERSITY SPECIALTY HOSPITAL 611 S. CHARLES STREET BALTIMORE MD 21230	X								

Part VI Supplemental Information

Complete this part to provide the following information.

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2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

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8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 6A:

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

PART I, LINE 7:

SCHEDULE H, LINE 7A, COLUMN (D)

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

Part VI Supplemental Information

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 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

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SCHEDULE H, LINE 7B, COLUMNS (C) THROUGH (F)

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SCHEDULE H, LINE 7F COLUMN (C)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

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PART III, LINE 4:

PART III, LINE 3:

THE ORGANIZATION DOES NOT CODE CHARITY CARE AND BAD DEBT EXPENSE INTO THE SAME GENERAL LEDGER ACCOUNT. CHARITY CARE IS BOOKED TO A SEPARATE ACCOUNT AND IS CLASSIFIED AS A "DEDUCTION FROM REVENUE." AS SUCH IT IS NETTED AGAINST TOTAL PATIENT REVENUE IN ARRIVING AT NET PATIENT REVENUE ON THE ENTITY'S INCOME STATEMENTS.

BAD DEBT EXPENSE IS BOOKED TO A SEPARATE ACCOUNT ON THE GENERAL LEDGER AND DOES NOT INCLUDE ANY OTHER UNCOMPENSATED CARE AMOUNTS.

PART III, LINE 4:

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE OFF EXPERIENCE BY PAYOR

Part VI Supplemental Information

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CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES.

PART III, LINE 8:

IN MARYLAND, THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL.

MEDICARE REIMBURSES MARYLAND HOSPITALS ACCORDING TO RATES ESTABLISHED BY THE HSCRC AS LONG AS THE STATE CONTINUES TO MEET A TWO-PART TEST. THIS TWO-PART WAIVER TEST ALLOWS MEDICARE TO PARTICIPATE IN THE

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MARYLAND SYSTEM AS LONG AS TWO CONDITIONS ARE MET.

- ALL OTHER PAYERS PARTICIPATING IN THE SYSTEM PAY HSCRC SET RATES AND

- THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND HOSPITALS FROM 1981 TO THE PRESENT IS NOT GREATER THAN THE RATE OF GROWTH IN MEDICARE PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

PART III, LINE 9B:

THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO

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PAY.

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

NEEDS ASSESSMENT:

UNIVERSITY SPECIALTY HOSPITAL (USH) LICENSED BED POST-ACUTE FACILITY WITH 941 INPATIENT ADMISSIONS IN FY10. USH IS A PRIVATE, NON-PROFIT ACUTE CARE HOSPITAL AND IS AFFILIATED WITH AND COLLABORATES WITH THE UNIVERSITY OF MARYLAND MEDICAL CENTER. THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC) AND USH SERVE BALTIMORE CITY AND THE GREATER METROPOLITAN REGION, INCLUDING PATIENTS WITH IN-STATE AND OUT-OF-STATE REFERRALS FOR TERTIARY AND QUATERNARY CARE.

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UMMC/USH USES A VARIETY OF CREDIBLE SOURCES TO IDENTIFY COMMUNITY NEEDS. LOCAL, STATE, AND FEDERAL ASSESSMENTS AND REPORTS ARE UTILIZED TO ADDRESS AND PRIORITIZE COMMUNITY NEEDS. THE PRIMARY SOURCE OF INFORMATION FOR IDENTIFYING THE HEALTH NEEDS OF BALTIMORE CITY IS THE 2008 BALTIMORE CITY HEALTH STATUS REPORT, WHICH IS PRODUCED BY THE BALTIMORE CITY HEALTH DEPARTMENT. THIS REPORT OUTLINES BALTIMORE'S PREVALENCE ON EIGHT MAJOR HEALTH CATEGORIES AS WELL AS MORTALITY AND LEADING CAUSES OF DEATH. WHILE THE FOCUS OF THIS REPORT IS ON CITY-WIDE INDICATORS, THERE ARE ALSO NUMEROUS COMPARISONS TO STATE-WIDE AND NATIONAL PREVALENCE RATES AS WELL. THE NATIONAL LEADING HEALTH INDICATORS FROM HEALTHY PEOPLE 2010 WERE ALSO INCORPORATED AS A FRAMEWORK INTO COMMUNITY HEALTH PROGRAMMING FOR THIS YEAR. THE BALTIMORE CITY'S HEALTH DISPARITIES REPORT CARD WAS RELEASED IN MAY 2010 AND WAS ALSO REVIEWED AT THE CLOSE OF FY2010. THIS REPORT WILL BE USED HEAVILY FOR FY2011 OUTREACH PROGRAMMING BASED ON ITS RELEASE DATE LATE WITHIN THIS REPORTING PERIOD. ADDITIONAL REPORTS, DATA, ALERTS, AND PUBLIC HEALTH TRENDS ARE FOLLOWED AS WELL FROM THE CENTERS FOR DISEASE CONTROL (AS IN THE H1N1

Part VI Supplemental Information

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FALL '09 SEASON), US DEPT OF HEALTH AND HUMAN SERVICES, AND LOCALLY WITH B'MORE HEALTHY BABIES TO NAME A FEW.

IN 2008, THE MARYLAND HOSPITAL ASSOCIATION CONDUCTED A MARYLAND PUBLIC OPINION SURVEY ON ATTITUDES TOWARD HOSPITALS AND HEALTH CARE. THE PUBLIC RATED THEIR TOP HEALTH CARE CONCERNS AS QUALITY OF CARE, COST AND ACCESS, MORE NURSING STAFF, AND REDUCING INFECTIONS AS THEIR TOP PRIORITIES. THIS TYPE OF SURVEY GIVES AN INITIAL INSIGHT INTO TOP-OF-MIND HEALTH CONCERNS OF THE PUBLIC, ALTHOUGH THEY DIFFER FROM THE IDENTIFIED HEALTH NEEDS.

IN ADDITION TO THESE FORMAL REPORTS, UMMC/USH HAS A LONG STANDING RELATIONSHIP WITH THE BALTIMORE CITY HEALTH DEPARTMENT. THIS PROMOTES ONGOING AND REAL-TIME COMMUNICATION ON A VARIETY OF HEALTH ISSUES FOR THE CITY. UMMC STAFF PARTICIPATES IN A VARIETY OF CITY-WIDE COALITIONS WITH THE HEALTH DEPARTMENT AS THE LEAD AGENCY, SUCH AS THE TOBACCO COALITION, CANCER COALITION, AND FLU COALITIONS. THIS PARTICIPATION PROMOTES A BROADER UNDERSTANDING OF COMMUNITY NEEDS WITH OTHER COMMUNITY LEADERS, PROVIDERS, AND COMMUNITY

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ORGANIZATIONS.

UMMC SPONSORED A COMMUNITY STAKEHOLDER MEETING IN SEPTEMBER 2009 AND INVITED OVER 100 COMMUNITY AND FAITH-BASED ORGANIZATIONS TO ADDRESS THE H1N1 EPIDEMIC. SPEAKERS INCLUDED EXPERTS FROM DHMH, DR. ANNE BAILOWITZ FROM THE BALTIMORE CITY HEALTH DEPARTMENT, AND EPIDEMIOLOGISTS FROM UMMC AND WERE PART OF AN EXPERT PANEL TO ADDRESS COMMUNITY CONCERNS. THIS IS A SPECIFIC EXAMPLE OF HOW UMMC RESPONDED TO AN URGENT PUBLIC HEALTH NEED IN FY'10 IN ADDITION TO OUR REGULAR HEALTH PROMOTION AND OUTREACH PROGRAMMING.

UMMC COMMISSIONED THE JACKSON ORGANIZATION TO CONDUCT A TELEPHONE MARKET RESEARCH SURVEY OF CONSUMERS LIVING IN ITS SERVICE AREA. INTERVIEWS WERE CONDUCTED WITH THE HOUSEHOLD'S MAIN HEALTHCARE DECISION MAKER FROM JUNE 10 THROUGH JULY 1, 2005. THESE INTERVIEWS WERE CONDUCTED WITH RESIDENTS IN A NUMBER OF ZIP CODES. THE SURVEY WAS CONDUCTED TO DEVELOP A PROFILE OF THE HEALTH STATUS, CONCERNS, AND NEEDS OF THE COMMUNITY SERVED BY UMMC.

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MAJOR IDENTIFIED HEALTH NEEDS IN BALTIMORE (AS IDENTIFIED IN THE 2008 BALTIMORE CITY HEALTH STATUS REPORT) INCLUDE THE FOLLOWING LEADING CAUSES OF DEATH (IN RANKED ORDER) HEART DISEASE, CANCER, CEREBROVASCULAR DISEASE, HIV/AIDS, HOMICIDE, CHRONIC LOWER RESPIRATORY DISEASE, AND DIABETES. MARYLAND'S HEALTH NEEDS ARE SIMILAR WITH LESS EMPHASIS ON VIOLENCE, HIV INFECTION, AND SUBSTANCE ABUSE. CHILDHOOD AND ADULT OBESITY AND SMOKING CONTRIBUTE SUBSTANTIALLY TO THE PREVALENCE OF CHRONIC DISEASES SUCH AS DIABETES, CARDIOVASCULAR DISEASE, CANCER, AND ASTHMA AND ARE SIGNIFICANT CHRONIC DISEASE RISK FACTORS. THEREFORE, MUCH CURRENT UMMC COMMUNITY OUTREACH PROGRAMMING IS TARGETED TO OBESITY AND TOBACCO-RELATED PREVENTION AND INTERVENTION.

IN THE AFOREMENTIONED SURVEY COMMISSIONED WITH THE JACKSON ORGANIZATION, THE ISSUES IDENTIFIED THAT CORRELATED MOST HIGHLY TO CONSUMERS' HEALTH STATUS WERE STROKE, DIABETES, HIGH BLOOD PRESSURE AND INCONTINENCE. THESE WERE CONSIDERED SERVICES OF IMPORTANCE IN TERMS OF INCREASING COMMUNITY AWARENESS AND ACCESS TO CARE.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

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THE FINANCIAL ASSISTANCE POLICY IS POSTED ON A SIGN AT THE ENTRANCE OF PATIENT ACCOUNTING ON 1ST FLOOR AND AT THE 611 ENTRANCE. ALSO, TENTS ARE PLACED AT THE NUMEROUS NURSING STATIONS. IF A PATIENT INQUIRES ABOUT FINANCIAL ASSISTANCE DURING THE REGISTRATION PROCESS, THE STAFF PROVIDES THE PFS CONTACT INFORMATION TO THE PATIENT.

IN ADDITION, THE MARYLAND HOSPITAL PATIENT INFORMATION SHEET IS PROVIDED WITH EACH HOSPITAL BILLS (MARYLAND SUMMARY BILLS & PATIENT STATEMENTS). THIS SHEET INCLUDES THE FOLLOWING STATEMENTS : (1)THE FACILITY PROVIDES HEALTHCARE SERVICES TO THOSE IN NEED REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY, (2) THE FACILITY WILL WORK WITH THE UNINSURED TO GAIN AN UNDERSTANDING OF EACH PATIENT'S FINANCIAL RESOURCES, (3) THE FACILITY PROVIDES ASSISTANCE WITH ENROLLMENT FOR PUBLICLY FUNDED ENTITLEMENT PROGRAMS. IN ADDITION, PATIENTS ARE INFORMED THAT THEY MAY QUALIFY FOR FREE OR REDUCED COST OF MEDICALLY NECESSARY CARE.

LASTLY, THE SELF PAY TEAM AT PATIENT FINANCIAL SERVICES PROVIDES FINANCIAL COUNSELING AND CLEARANCE WHILE PATIENTS ARE SCREENED FOR

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THEIR SERVICES. IN ADDITION, THE CUSTOMER SERVICE TEAM ADVISES AND COORDINATES EFFORTS WITH SELF PAY TEAM, FOR ANY PATIENT/GUARANTOR CALLING IN, STATING FINANCIAL HARDSHIP.

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COMMUNITY INFORMATION:

ACCORDING TO 2010 POPULATION ESTIMATES BY CLARITAS - NIELSEN COMPANY, BALTIMORE CITY'S POPULATION WAS AT 634,206. FORTY-ONE PERCENT OF UMMC'S PATIENTS RESIDE IN BALTIMORE CITY. WHILE UMMC SERVES ALL OF BALTIMORE CITY, MANY OF THE PATIENTS RESIDE IN WEST BALTIMORE CITY. ACCORDING TO THE 2010 POPULATION ESTIMATE AGAIN FROM CLARITAS - NIELSEN COMPANY, AFRICAN AMERICANS OR BLACKS MAKE UP 63% OF BALTIMORE CITY'S POPULATION. CAUCASIONS COMPRISE 32.6% OF THE POPULATION FOLLOWED BY HISPANIC OR LATINO REPRESENTING 2.8%. THE REMAINING RACIAL MAKEUP IS COMPRISED OF ASIAN, AMERICAN INDIAN, NATIVE HAWAIIAN/PACIFIC ISLANDERS AND OTHER RACES.

FORTY-SIX PERCENT OF BALTIMORE CITY HOUSEHOLDS REPORTED AN INCOME OF LESS THAN $35,000 IN 2010 ACCORDING TO THE NIELSEN COMPANY. STATEWIDE, 20% OF HOUSEHOLDS REPORTED AN INCOME IN THIS RANGE. THE 2010 MEDIAN HOUSEHOLD INCOME IN BALTIMORE CITY FOR ALL RACES WAS $39,366; APPROXIMATELY HALF OF THE STATEWIDE MEDIAN INCOME WHICH IS $70,825.

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THREE TIMES AS MANY FAMILIES LIVING IN BALTIMORE CITY HAD AN INCOME THAT WAS BELOW THE POVERTY LEVEL COMPARED TO MARYLAND FAMILIES IN 2007. MORE THAN THREE-QUARTERS OF BALTIMORE CITY RESIDENTS OF ALL RACES WERE ABOVE THE POVERTY LEVEL, HOWEVER, AFRICAN AMERICAN RESIDENTS OF BALTIMORE CITY WERE ALMOST TWO TIMES MORE LIKELY THAN CAUCASIAN RESIDENTS TO HAVE A MEDIAN INCOME BELOW THE POVERTY LEVEL.

IN FY2010, UNIVERSITY OF MARYLAND MEDICAL CENTER HAD OVER 38,000 DISCHARGES. APPROXIMATELY 20% OF THE HOSPITAL'S DISCHARGES HAD MEDICAID AS A FINANCIAL PAYOR. TEN PERCENT OF THE PATIENTS ARE CONSIDERED UNINSURED.

IN 2006, HEART DISEASE, CANCER AND CEREBROVASCULAR DISEASE WERE THE TOP THREE LEADING CAUSES OF DEATH IN BALTIMORE CITY AND NATIONWIDE. THERE WERE 7,017 DEATHS AMONG BALTIMORE CITY RESIDENTS, RESULTING IN AN ALL-CAUSE MORTALITY RATE OF 1083.4 PER 100,000. THERE WERE 3,554 DEATHS FROM THE TOP THREE CAUSES OF DEATH WHICH ACCOUNTED FOR 51% OF ALL DEATHS IN BALTIMORE CITY. AMONG RACE/ETHNIC GROUPS, AFRICAN

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AMERICANS HAD THE HIGHEST MORTALITY RATE BOTH IN BALTIMORE AND STATEWIDE. SOURCE: 2008 BALTIMORE CITY HEALTH STATUS REPORT

COMMUNITY BUILDING ACTIVITIES:

USH PROVIDES WORKFORCE ASSISTANCE TO SENIORS THROUGH THE MARYLAND DEPT. OF AGING AND MARYLAND DEPT. OF AGING FAMILY AND CHILDREN'S SERVICES. USH OFFERS PLACEMENTS FOR SENIOR CITIZENS TO SPEND TIME WITH USH PATIENTS. IT PROVIDES SOCIALIZATION FOR BOTH THE SENIORS AND THE PATIENTS. THEY RECEIVE A SMALL STIPEND.

AFFILIATED HEALTH CARE SYSTEM ROLES:

THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), THE HEALTH CARE SYSTEM IN WHICH BOTH UMMC AND USH ARE A PART, CREATED THE UNIVERSITY OF MARYLAND COMMUNITY OUTREACH AND ADVOCACY TEAM THAT MEETS BI-MONTHLY TO ADDRESS THE HEALTH CARE NEEDS OF THE WEST BALTIMORE COMMUNITY. THE GROUP IS COMPRISED OF COMMUNITY OUTREACH MANAGEMENT AND STAFF, SOCIAL WORKERS, DIRECTORS, VICE PRESIDENTS, AND PHYSICIANS FROM UMMS SYSTEM HOSPITALS. THE GROUP DETERMINES WHAT NEEDS ARE

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ADDRESSED AS WELL AS COMMUNITY INVOLVEMENT AND ACTIVITIES EACH YEAR. UMMC/USH PARTICIPATE IN THIS ADVOCACY TEAM AND REPRESENTATIVES COMMUNICATE PRIORITIES TO THE MEDICAL CENTER. IN ADDITION TO THE IDENTIFIED UMMS PRIORITIES, UMMC SENIOR LEADERS AND COMMUNITY OUTREACH STAFF MEET TO DETERMINE ANNUAL GOALS AND ACTIVITIES. UMMC WAS A MAJOR PARTICIPANT AND SPONSOR IN THE THREE ANNUAL UMMS OUTREACH ACTIVITIES DESCRIBED BELOW:

FALL BACK TO GOOD HEALTH

FALL BACK INTO GOOD HEALTH IS AN ANNUAL EVENT FOCUSED ON IMPROVING HEALTH IN THE WEST BALTIMORE COMMUNITY. THIS YEAR'S EVENT WAS HELD ON THE WEST SIDE OF BALTIMORE CITY AT THE UNIVERSITY PARK ACROSS FROM THE UMMC IN SEPTEMBER 2009. WE CHOOSE THIS PARTICULAR LOCATION BECAUSE OF THE CONVENIENT ACCESSIBILITY TO ALL FORMS OF PUBLIC TRANSPORTATION AND LOCAL BUSINESSES. FROM COMMUNITY RESOURCES, TO ON-SITE SCREENING FOR VASCULAR DISEASE AND GLAUCOMA, TO PREVENTION AND WELLNESS INFORMATION, AND TESTING FOR CHOLESTEROL, HIV, AND DIABETES, THIS EVENT HAD IT ALL! FREE PROSTATE SCREENINGS AND FLU

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SHOTS WERE ALSO OFFERED TO PARTICIPANTS. THE ATTENDEES COULD FEEL FREE TO ASK QUESTIONS ABOUT SPECIFIC HEATH CONCERNS, AND HOW TO ACCESS CARE. THE EVENT WAS ATTENDED BY OVER 1,000 PEOPLE, OVER 110 MEN RECEIVED PROSTRATE SCREENING WHICH IDENTIFIED 10% OF MEN WHO NEEDED TO RETURN FOR FOLLOW-UP, AND OVER 150 VACCINATED.

ENTIRE FAMILY

THE UMMS COMMUNITY OUTREACH AND ADVOCACY TEAM, HOSTED "FROM THE HEART, AN AFTERNOON OF HEART HEATH EDUCATION FOR THE ENTIRE FAMILY," THE EVENT WAS HELD AT THE REGINALD F. LEWIS MUSEUM OF MARYLAND AFRICAN AMERICAN HISTORY AND CULTURE IN RECOGNITION OF NATIONAL HEART MONTH IN FEBRUARY 2010 AND DREW HUNDREDS OF BALTIMORE CITY COMMUNITY MEMBERS. WE EMPHASIZED THE IMPORTANCE OF LIVING A HEART HEALTHY LIFESTYLE BY OFFERING HEART-RELATED HEALTH SCREENINGS AND INFORMATION, STROKE AND DIABETES PREVENTION, AND FUN HEART-RELATED ACTIVITIES FOR CHILDREN. THE MAIN ATTRACTION OF THE DAY WAS THE HEART-HEALTHY COOKING DEMONSTRATIONS, BY ONE WELL KNOWN BALTIMORE CHEF; WHILE THE CHEFS PREPARED HEALTHY DISHES, YVETTE ROOKS, M.D.

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PRESENTED MINI- HEALTH SEMINARS ON THE IMPORTANCE OF MAINTAINING A HEALTHY LIFESTYLE WITH FOOD CHOICES, PORTION CONTROL, AND PREPARATION.

SPRING INTO GOOD HEALTH

THE SPRING EVENT WAS VERY SIMILAR TO THE FALL BACK EVENT WITH FREE SCREENINGS, HEALTH AND WELLNESS INFORMATION, EXERCISE DEMONSTRATIONS, AND MORE. THIS EVENT WAS HELD AT MONDAWMIN MALL IN APRIL 2010 AND WAS WELL ATTENDED.

IN ADDITION TO UMMC'S PARTICIPATION AND LEADERSHIP WITH THE ABOVE UMMS EVENTS, WE LED SEVERAL LARGE COMMUNITY EVENTS AND A WIDE VARIETY OF SMALLER COMMUNITY AND FAITH-BASED HEALTH FAIRS.

H1N1 COMMUNITY STAKEHOLDERS FORUM

THIS FORUM WAS IN RESPONSE TO THE EMERGING H1N1 EPIDEMIC LAST FALL AND WAS HELD IN SEPTEMBER 2009 AND INCLUDED OVER 100 COMMUNITY AND FAITH-BASED ORGANIZATIONS. UMMC SPONSORED AN EXPERT PANEL WITH

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PHYSICIANS FROM DHMH, BALTIMORE CITY HEALTH DEPT AND UMMC TO ANSWER QUESTIONS OF COMMUNITY AND FAITH LEADERS SO THAT THEY COULD BE PREPARED FOR THE NEW H1N1 EPIDEMIC. TOPICS INCLUDED: IMMUNIZATIONS, LIMITING THE SPREAD OF THE FLU, SYMPTOMS AND CARE, AND EMPLOYEE HEALTH ISSUES. PARTICIPANTS WERE SURVEYED AT THE CONCLUSION OF THE EVENT AND EXPRESSED SATISFACTION AND GRATITUDE FOR THE INFORMATION PRESENTED. COMMUNITY VACCINES WERE GIVEN AT USH.

HELPING HAITI

THE UNIVERSITY OF MARYLAND MEDICAL CENTER, WITH ITS SHOCK TRAUMA CENTER, IS KNOWN WORLD-WIDE AS THE PREMIER RESOURCE FOR TRAUMA CARE. IT PROVIDES CARE AND RESOURCES THROUGHOUT MARYLAND AND BEYOND. WE FELT COMPELLED TO SHARE THIS EXPERTISE TO HELP THE SURVIVORS OF HAITI'S HORRIFIC EARTHQUAKE. THE PEOPLE OF HAITI HAD NO WAY TO RECOVER ON THEIR OWN AND WE HAD THE EXPERTISE AND CAPACITY TO HELP NEIGHBORS THAT ARE EVEN CLOSER TO BALTIMORE THAN DENVER, COLORADO. THE HAITI RELIEF PROGRAM NOT ONLY PROVIDED IMMEDIATE HELP TO PEOPLE OF HAITI, IT ALSO LED TO NEW KNOWLEDGE. PROVIDING EXPERT CARE FOR THE MOST SEVERE AND COMPLEX TRAUMATIC INJURY AND ILLNESS RESULTING FROM

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8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THIS DISASTER WILL ALSO HELP US IMPROVE CARE FOR THE CITIZENS OF MARYLAND, INCLUDING PREPARING FOR FUTURE MASS CASUALTY DISASTERS AT HOME.

OUR PARTNERS IN THIS ENDEAVOR, THE UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE AND ITS INSTITUTE OF HUMAN VIROLOGY, HAVE RUN AN ESTABLISHED HIV/AIDS PROGRAM IN HAITI ALONG WITH CATHOLIC RELIEF SERVICES, FOR MANY YEARS. THE STAFF OF BOTH INSTITUTIONS ARE INTIMATELY FAMILIAR WITH THE PEOPLE AND AGENCIES IN HAITI. THEIR CLINIC WAS LOCATED IN THE LARGEST HOSPITAL IN PORT-AU-PRINCE, WHICH WAS 70 PERCENT DESTROYED BY THE EARTHQUAKE. OUR TEAMS WORKED IN WHAT REMAINS OF THAT HOSPITAL, THE ST. FRANCOIS DE SALES HOSPITAL, ALONG WITH HAITIAN DOCTORS AND NURSES WHO SURVIVED THE DISASTER. STAFF VOLUNTEERED THEIR TIME, AND MANY DONATIONS HELPED TO SUSTAIN THIS PROJECT, AND THEREFORE, THIS PROJECT IS NOT COUNTED IN OUR FY'10 FINANCIALS. HOWEVER, THIS RELIEF MISSION WAS A SOURCE OF EXTREME PRIDE TO OUR EMPLOYEES AND TOUCHED MANY LOCAL, BALTIMORE CITIZENS WHO HAD FAMILIES IN HAITI, MANY OF THEM WHO WERE HELPED BY OUR TEAMS.

Part VI Supplemental Information

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 4; 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.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN ADDITION TO THESE LARGE COMMUNITY OUTREACH EVENTS, THE UMMC COORDINATED A WIDE VARIETY OF WELLNESS AND OUTREACH EVENTS LIKE: EMPLOYEE HEALTH FAIRS, BLOOD PRESSURE SCREENINGS, SMOKING CESSATION CLASSES, CAR SAFETY SEAT CHECKS, VIOLENCE AND TRAUMA PREVENTION, BREAST AND PROSTRATE SCREENINGS, PHYSICIAN-LED HEALTH AND WELLNESS TALKS FOR LOCAL BUSINESSES, CHURCHES, SENIOR & COMMUNITY CENTERS, AND MANY COMMUNITY EVENTS AND FAIRS EACH YEAR. A COMMUNITY HEALTH NEWSLETTER IS ALSO PRODUCED QUARTERLY. CANCER, DIABETES, AND HEART DISEASE PREVENTION ALONG WITH CHRONIC DISEASE RISK FACTOR MINIMIZATION ARE THE MAIN FOCUS OF THESE EVENTS.

AT EACH OF OUR LARGER UMMS COMMUNITY OUTREACH EVENTS, WE CURRENTLY ASK EACH PARTICIPANT FOR THEIR DEMOGRAPHIC INFORMATION AND THE FOLLOWING: DO THEY CURRENTLY SEE A UMMS OR OTHER PHYSICIAN, HAVE HEALTH INSURANCE, AND IF THEY WOULD LIKE TO RECEIVE INFORMATION ON OUR UP-COMING EVENTS OR OTHER HEALTH RELATED INFORMATION. THIS INFORMATION IS THEN PUT INTO A DATABASE AND WE ARE IN THE PROCESS OF DEVELOPING A TRACKING SYSTEM WHEN PARTICIPANTS GO TO A UMMS HOSPITAL EITHER AS INPATIENT OR OUTPATIENT CARE.

Part VI Supplemental Information

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 4; 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.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OUR TEAM ALSO COMPLETES "ON THE SPOT" EVALUATIONS BY ASKING VARIOUS ATTENDEES THEIR THOUGHTS ABOUT THE EVENTS, WHAT THEY LIKED, DISLIKED, WAS THE LOCATION SATISFACTORY, WHAT WOULD THEY ALSO LIKE TO SEE, ETC. OUR TEAM THEN COMPILES THIS INFORMATION IN A WRITTEN SUMMARY AND SHARES IT WITH THE TEAM AT COMMITTEE MEETINGS.

WE ALSO ASK OUR VENDORS TO RATE THE EVENT BY THE FOLLOWING; LOCATION, TIME, ATTENDANCE, HOW MANY PEOPLE THEY SAW, ETC. THE RESPONSE FROM VENDORS HAS BEEN OVERWHELMINGLY POSITIVE, AND FEELS THAT OUR EVENTS ARE A TRUE BENEFIT TO THE COMMUNITY.

BOTH TYPES OF EVALUATIONS, FROM PARTICIPANTS AND VENDORS, PROVIDE VALUABLE INFORMATION TO HELP DETERMINE SUCCESSFUL EVENTS AND SERVICES AS WELL AS LESS SUCCESSFUL SERVICES. FUTURE EVENTS AND OUTREACH IS THEN ADJUSTED AS NEEDED BASED ON THESE EVALUATIONS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: UNIVERSITY SPECIALTY HOSPITAL

Employer identification number: 52-0882914

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ 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 any of the boxes on 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	1b	X	
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	X	
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. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5b		X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b		X
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		X
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		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
JEFFREY A RIVEST	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	515,774.	218,427.	294,241.	8,199.	19,924.	1,056,565.	272,708.
ALISON G BROWN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	291,691.	111,406.	40,328.	9,195.	18,410.	471,030.	0.
LISA ROWEN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	306,291.	124,800.	15,934.	43,200.	18,442.	508,667.	0.
INGRID CONNERNEY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	147,218.	21,308.	457.	6,056.	11,614.	186,653.	0.
KEITH PERSINGER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	366,474.	136,500.	47,106.	8,793.	7,687.	566,560.	0.
JONATHAN GOTTLIEB	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	227,153.	50,000.	1,798.	31,024.	7,543.	317,518.	0.
SEBLU ZERA YOHANNES	(i)	180,580.	0.	364.	6,975.	1,750.	189,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES WARNER	(i)	172,327.	47,412.	13,718.	6,689.	7,015.	247,161.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOYCE A SMITH	(i)	145,202.	25,616.	11,768.	2,269.	6,769.	191,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

UMMS EXECUTIVES RECEIVE A BENEFIT PACKAGE WHICH MAY BE USED TOWARDS HEALTH CLUB DUES OR OTHER HEALTH MAINTENANCE PROGRAMS. SUCH BENEFITS ARE CAPPED AT $7,000, $5,000 OR $3,000 DEPENDING ON JOB TITLE AS DESCRIBED IN THE PROGRAM DOCUMENTS.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL, NONQUALIFED RETIREMENT PLAN

THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SECTION 457(F) SUPPLEMENTAL, NONQUALIFIED RETIREMENT PLAN ("THE PLAN") SPONSORED BY THE FILING ORGANIZATION OR A RELATED ORGANIZATION:

JOYCE A SMITH

JAMES WARNER

ALISON BROWN

KEITH PERSINGER

Part III Supplemental Information

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

LISA ROWEN

JEFFREY RIVEST

JONATHAN GOTTLIEB

IN ADDITION, THE FOLLOWING INDIVIDUALS BECAME VESTED IN OR RECEIVED PAYMENTS FROM THE PLAN THAT HAVE BEEN REPORTED ON SCHEDULE J, PART II, COLUMN B(III):

JOYCE A SMITH $10,254

JAMES WARNER $12,206

ALISON BROWN $31,759

KEITH PERSINGER $41,337

JEFFREY RIVEST $281,052

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: UNIVERSITY SPECIALTY HOSPITAL

Employer identification number: 52-0882914

ATTACHMENT 1

TAX EXEMPT BOND ISSUE

FORM 990, PART IV, LINE 24A

PURSUANT TO A MASTER LOAN AGREEMENT DATED JUNE 20, 1991 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE "CORPORATION") AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATION FACILITY AUTHORITY (THE "AUTHORITY"). AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS.

THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES THE CORPORATION, UNIVERSITY SPECIALTY HOSPITAL, INC., THE JAMES LAWRENCE KERNAN HOSPITAL, INC., MARYLAND GENERAL HOSPITAL, INC., BALTIMORE WASHINGTON MEDICAL CENTER, INC., SHORE HEALTH SYSTEM, INC., CHESTER RIVER HEALTH SYSTEM, INC. AND THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION, INC. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S $1,013,920,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2010.

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

ATTACHMENT 1 (CONT'D)

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

MEMBERS AND STOCKHOLDERS

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

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) IS THE SOLE MEMBER OF UNIVERSITY SPECIALITY HOSPITAL (USH). UMMS MAY ELECT ONE OR MORE BOARD MEMBERS OF THE GOVERNING BODY AND ALL DECISIONS OF THE GOVERNING BODY MUST BE APPROVED BY UMMS.

FORM 990 PREPARATION AND REVIEW PROCESS

PART VI, SECTION A, LINE 11

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

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

UPON COMPLETION OF THE IN-HOUSE REVIEW, KPMG IS INSTRUCTED TO MAKE ANY

Name of the organization: UNIVERSITY SPECIALTY HOSPITAL

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ATTACHMENT 1 (CONT'D)

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

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

CONFLICT OF INTEREST POLICY

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

THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION.

A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION

Name of the organization: UNIVERSITY SPECIALTY HOSPITAL

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ATTACHMENT 1 (CONT'D)

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

THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED FOR UMMSC, UNIVERSITY SPECIALTY HOSPITAL AND JAMES LAWRENCE KERNAN HOSPITAL. WITH RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT. IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY.

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

ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION: ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY

Name of the organization: UNIVERSITY SPECIALTY HOSPITAL

Employer identification number: 52-0882914

ATTACHMENT 1 (CONT'D)

WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

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

EXECUTIVE COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15

THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:

EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST.

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

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

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

THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL

Name of the organization: UNIVERSITY SPECIALTY HOSPITAL

Employer identification number: 52-0882914

ATTACHMENT 1 (CONT'D)

MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

PUBLIC DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

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

REQUESTS FOR FORM 990 AND FORM 1023:

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

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

Name of the organization: UNIVERSITY SPECIALTY HOSPITAL

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ATTACHMENT 1 (CONT'D)

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

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

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

ATTACHMENT 2

4A PROGRAM SERVICE

THE HOSPITAL PROVIDES REHABILITATIVE AND CHRONIC MEDICAL AND NURSING SERVICES ON AN INPATIENT AND OUTPATIENT BASIS, TOGETHER WITH THE APPROPRIATE ANCILLIARY SERVICES.

THESE SERVICES INCLUDE CARE WHICH MANY FACILITIES PREFER NOT TO PROVIDE. THE MISSION OF THE HOSPITAL IS TO PROVIDE THE BEST QUALITY OF CARE FOR THOSE MEDICALLY COMPLEX LONGER STAY PATIENTS.

THE MISSION HAS PROVIDED THE FACILITY A DISPROPORTIONATE SHARE OF

Name of the organization: UNIVERSITY SPECIALTY HOSPITAL

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FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 2 (CONT'D)

MEDICAID PATIENTS WHO ARE THE INDIGENT CITIZENS OF THE STATE OF MARYLAND. ALSO, FOR ANY NON-MEDICAID/MEDICARE PATIENT THE HOSPITAL IS COMMITTED TO PROVIDE CARE WHERE POSSIBLE.

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ARAMARK SERVICES INC PO BOX 651009 CHARLOTTE, NC 28265	FOOD SERVICES	656,918.
SLEEP SERVICES OF AMERICA INC 890 AIRPORT ROAD GLEN BURNIE, MD 21061	SLEEP STUDIES	1,083,248.
TRANSCARE PO BOX 785491 PHILADELPHIA, PA 19178	AMBULANCE SERVICES	803,633.
INDEPENDANT DIALYSIS FOUNDATION 840 HOLLINS STREET BALTIMORE, MD 21201	MEDICAL	630,900.
MEDLINE INDUSTRIES PO BOX 382075 PITTSBURGH, PA 15251-8075	LAUNDRY/LINEN SVCS	498,776.
TOTAL COMPENSATION		3,673,475.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: UNIVERSITY SPECIALTY HOSPITAL

Employer identification number: 52-0882914

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
BALTIMORE WASHINGTON EMERGENCY PHYS, INC 52-1756326 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	501 (C) (3)	11	BWMS
BALTIMORE WASHINGTON HEALTHCARE SERVICES 52-1830243 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	501 (C) (3)	11	BWMS
BALTIMORE WASHINGTON MEDICAL CENTER, INC 52-0689917 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	501 (C) (3)	3	BWMS
BALTIMORE WASHINGTON MEDICAL SYSTEM, INC 52-1830242 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	501 (C) (3)	11	UMMSC
BW MEDICAL CENTER FOUNDATION INC 52-1813656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	FUNDRAISING	MD	501 (C) (3)	11	BWMS
NORTH ARUNDEL DEVELOPMENT CORPORATION 52-1318404 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	501 (C) (2)		BWMS
NORTH COUNTY CORPORATION 52-1591355 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	501 (C) (2)		BWMS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
ARUNDEL PHYSICIANS ASSOCIATES 301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A	N/A							
CENTRAL MARYLAND RADIOLOGY ONC 10710 CHARTER DRIVE	HEALTH CARE	MD	N/A	N/A							
CENTRAL MD REHABILITATION CENT 22 SOUTH GREENE STREET	HEALTH CARE	MD	N/A	N/A							
HELEN P DENIT CANCER TREATMENT 22 SOUTH GREENE STREET	HEALTH CARE	MD	N/A	N/A							
INNOVATIVE HEALTH LLC 52-19972 29165 CANVASBACK DRIVE, SUITE	BILLING	MD	N/A	N/A							
NORTH ARUNDEL PET CENTER LLC 2 301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A	N/A							
NORTH ARUNDEL SENIOR LIVING LL 301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A	N/A							

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

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

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

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

SCHEDULE R-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

▶ See Instructions for Schedule R (Form 990).

OMB No. 1545-0047

2009

Open to Public Inspection

Name of filing organization: UNIVERSITY SPECIALTY HOSPITAL

Employer identification number: 52-0882914

Part I Continuation of Identification of Disregarded Entities

(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

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

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CHESTER RIVER HEALTH FOUNDATION INC 52-1338861 100 BROWN STREET CHESTERTOWN, MD 21620	FUNDRAISING	MD	501 (C) (3)	11	CRHS
CHESTER RIVER HEALTH SYSTEM INC 52-2046500 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTH CARE	MD	501 (C) (3)	11	UMMSC
CHESTER RIVER HOSPITAL CENTER INC 52-0679694 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTH CARE	MD	501 (C) (3)	3	CRHS
CHESTER RIVER MANOR INC 52-6070333 200 MORGNEC ROAD CHESTERTOWN, MD 21620	HEALTH CARE	MD	501 (C) (3)	11	CRHS
MARYLAND GENERAL CLINICAL PRACTICE GROUP 52-1566211 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTH CARE	MD	501 (C) (3)	11	MGHS
MARYLAND GENERAL COMM HEALTH FOUNDATION 52-2147532 827 LINDEN AVENUE BALTIMORE, MD 21201	FUNDRAISING	MD	501 (C) (3)	11	MGHS
MARYLAND GENERAL HEALTH SYSTEMS INC 52-1175337 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTH CARE	MD	501 (C) (3)	11	UMMSC
MARYLAND GENERAL HOSPITAL INC 52-0591667 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTH CARE	MD	501 (C) (3)	3	MGHS
CARE HEALTH SERVICES INC 52-1510269 219 SOUTH WASHINGTON STREET EASTON, MD 21601	HEALTH CARE	MD	501 (C) (3)	11	SHS
DORCHESTER GENERAL HOSPITAL FOUNDATION 52-1703242 219 SOUTH WASHINGTON STREET EASTON, MD 21601	FUNDRAISING	MD	501 (C) (3)	11	SHS
MEMORIAL HOSPITAL FOUNDATION INC 52-1282080 219 SOUTH WASHINGTON STREET EASTON, MD 21601	FUNDRAISING	MD	501 (C) (3)	11	SHS
SHORE CLINICAL FOUNDATION INC 52-1874111 219 SOUTH WASHINGTON STREET EASTON, MD 21601	HEALTH CARE	MD	501 (C) (3)	11	SHS
SHORE HEALTH SYSTEM INC 52-0610538 219 SOUTH WASHINGTON STREET EASTON, MD 21601	HEALTH CARE	MD	501 (C) (3)	3	UMMSC
JAMES LAWRENCE KERNAN HOSP ENDOW FD 23-7360743 2200 KERNAN DRIVE BALTIMORE, MD 21207	FUNDRAISING	MD	501 (C) (3)	11	UMMSC
JAMES LAWRENCE KERNAN HOSPITAL INC 52-0591639 2200 KERNAN DRIVE BALTIMORE, MD 21207	HEALTH CARE	MD	501 (C) (3)	3	UMMSC
SHIPLEY S CHOICE MEDICAL PARK INC 04-3643849 22 SOUTH GREENE STREET BALTIMORE, MD 21201	REAL ESTATE	MD	501 (C) (2)		UMMSC
UMMS FOUNDATION INC 52-2238893 22 SOUTH GREENE STREET BALTIMORE, MD 21201	FUNDRAISING	MD	501 (C) (3)	11	UMMSC
UNIVERSITY OF MD MEDICAL SYSTEM CORP 52-1362793 22 SOUTH GREENE STREET BALTIMORE, MD 21201	HEALTH CARE	MD	501 (C) (3)	3	UMMSC

Part III **Continuation of Identification of Related Organizations Taxable as a Partnership** 52-0882914

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner? Yes	(j) No
NAH/SUNRISE OF SEVERNA PARK LL 301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A	N/A							
SHIPLEYS IMAGING CENTER LLC 52 22 SOUTH GREENE STREET	HEALTH CARE	MD	N/A	N/A							
UNIVERSITYCARE LLC 52-1914892 22 SOUTH GREENE STREET	HEALTH CARE	MD	N/A	N/A							

Part IV Continuation of 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
TERRAPIN INSURANCE COMPANY 98-0129232 P.O. BOX 1109 KY1-1102 GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CJ	N/A	C CORP			
NA EXECUTIVE BUILDING CONDO 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	N/A	C CORP			

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Part VI **Continuation of Unrelated Organizations Taxable as a Partnership**

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount on Box 20 of K-1	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No