Cumulative e-File History 2011							
	FED						
Locator:	4222CV						
Taxpayer Name:	UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP						
Return Type:	990, 990 & 990T (Corp)						
Submitted Date:	05/14/2013 12:06:07						
Acknowledgement Date:	05/14/2013 12:29:29						
Status:	Accepted						
Submission ID:	23695320131345000033						

Form 8879-EO	IRS <i>e-file</i> Signature A for an Exempt Org			OMB No. 1545-1878
	For calendar year 2011, or fiscal year beginning $07/01$	, 2011, and ending $06/30$	20 12	~~ * *
Department of the Treasury	Do not send to the IRS. Kee			2011
Internal Revenue Service	See instructions of	n back.		fication number
Name of exempt organization	- water size sector of overmal contrast	D		
UNIVERSITY OF Name and title of officer	MARYLAND MEDICAL SYSTEM COR		52-136	2195
	CY, EXECUTIVE VICE PRESIDENT	AND		
	eturn and Return Information (Whole Dollars O			****
check the box on line fleave line 1b, 2b, 3b, on the applicable line b 1 a Form 990 check h	boundary for a strong	t line for the return being nter -0-). But, if you enter art VIII, column (A), line 12	filed with this for ed -0- on the re 2) 1b	rm was blank, then turn, then enter -0- 1409946737
2a Form 990-EZ chec 3a Form 1120-POL cl 4a Form 990-PF chec 5a Form 8868 check	b Total tax (Form 1120-PO k here b b Tax based on investment inco	L, line 22) me (Form 990-PF, Part VI,	3b , line 5)_ 4b	
Part II Declaratio	n and Signature Authorization of Officer			
organization's 2011 eté are true, correct, and c organization's electron to send the organizatio the transmission, (b) th authorize the U.S. Trea financial institution acc return, and the financia Agent at 1-888-353-45 involved in the process resolve issues related	jury, I declare that I am an officer of the above organ actronic return and accompanying schedules and sta complete. I further declare that the amount in Part I is ic return. I consent to allow my intermediate service in's return to the IRS and to receive from the IRS (a) a e reason for any delay in processing the return or re asury and its designated Financial Agent to initiate a ount indicated in the tax preparation software for pa il institution to debit the entry to this account. To rev 37 no later than 2 business days prior to the payme ing of the electronic payment of taxes to receive coi to the payment. I have selected a personal identifica f applicable, the organization's consent to electronic	atements and to the best of above is the amount show provider, transmitter, or e an acknowledgement of re fund, and (c) the date of an n electronic funds withdra yment of the organization' oke a payment, I must co nt (settlement) date. I also infidential information nece ation number (PIN) as my s	of my knowledge n on the copy of electronic return of eccipt or reason ny refund. If app wal (direct debit) 's federal taxes ntact the U.S. Tro o authorize the f essary to answal	and belief, they the originator (ERO) for rejection of licable, I entry to the owed on this easury Financial inancial institutions
Officer's PIN: check o	ne box only RANT THORNTON LLP EROfirm name		4263 ter five numbers, bu	as my signature
being filed with	ation's tax year 2011 electronically filed return. If I h a state agency(ies) regulating charities as part of t ny PIN on the return's disclosure consent screen.	ave indicated within this re	eturn that a copy	
If I have indica	f the organization, I will enter my PIN as my signatu ted within this return that a copy of the return is bein tate program, I will enter my PIN on the return's disc	g filed with a state agenc	ix year 2011 ele y(ies) regulating	ctronically filed return charities as part of
Officer's signature	Kny Stoney	Daie ⊳	K	Tintiz
and the second s	on and Authentication	ware pr		<u> </u>
	your six-digit electronic filing identification d by your five-digit self-selected PIN.	2 3	6953 do not enter	3 6 6 0 5
indicated above. I conf	numeric entry is my PIN, which is my signature on t irm that I am submitting this return in accordance wi zed IRS <i>e-file</i> Providers for Business Returns.	he 2011 electronically file Ih the requirements of Pu	d return for the i	organization
ERO's signature 🕨	H. H. Jacobin	Date >	51	10/13
	ERO Must Retain This Form Do Not Submit This Form To the IRS L		o So	
For Paperwork Reduc	tion Act Notice, see back of form.		F	orm 8879-EO (2011)

Forr	ո 9	90	Returr	n of C	Organiza	ation E	xempt	From I	nco	me Tax		୬ଲ <b>- 1</b> -
			Under section 5	601(c), {					Code	(except blac	k lun	
		of the Treasury	► The survey	.:		•	orivate found	,	-1			Open to Public
		enue Service	l Ine organ Idar year, or tax yea				of this return			orting requirem		Inspection 5/30, 20 12
<u> </u>	orti		e of organization	ai begii	mmy	07	/01,2011,		iy	D Employer id		
<b>В</b> с	heck if a	onlicable:	VERSITY OF MA	RYLAN	ID MEDICA	AL SYST	EM CORP					
	Addre	ess Deline	Business As UNIVER					'R		52-136	279	3
		ge g	per and street (or P.O. box				1	Room/suite		E Telephone n	umbe	r
	Initia	I return 22	SOUTH GREENE	STREE	ΞT					(410) 32	8-1	.375
	Term	inated City o	or town, state or country, a	nd ZIP + 4	1							
	Amer returi		TIMORE, MD 21							G Gross receip	ots \$	1,541,943,415.
		cation F Nat	me and address of prir	ncipal off	icer: ROBER	T CHREN	ICIK			H(a) Is this a gro affiliates?	up retu	Irn for Yes X No
			W. PRATT ST	BALTI	MORE, MI	D 21201				H(b) Are all affilia	ates inc	vluded? Yes No
				501(c) (	) ┥ (inse	ert no.)	4947(a)(1) or	- 52	7	lf "No," atta	ch a lis	t. (see instructions)
		ite: 🕨 WWW.U								H(c) Group exem		
-			X Corporation Tr	rust	Association	Other	•	L Year o	f format	tion: 1984 M	State	of legal domicile: MD
Pa	rt I	Summary										
	1	Briefly describ	be the organization's m	nission o	r most signific	ant activitie	s:					
e			VIDES A VARIE								1 N	
Governance			LAND AREA REG. HELP DEFRAY T							NUES ARE		
veri	_		<del></del>									
ອິ	2	Check this box	U U			•	•					24.
ss &	3 4		ting members of the g dependent voting mem									24.
Activities	4 5	Total number	of individuals employe		andar vear 20	DOUY (Part 11 (Dart \/ 1	(1, 1110 10)				4	9,866.
ctiv	6		of volunteers (estimate								6	877.
٩			related business reven			mn (C.) line	12				7a	352,469.
			business taxable incor									-5,895,173.
					,					Prior Year	1	Current Year
Ð	8	Contributions	and grants (Part VIII, li	ne 1h)						8,112,0	00.	8,542,000.
nue	9	Program servi	ice revenue (Part VIII, li	ne 2g)			COPY F	FOR	1,2	276,195,3	14.	1,342,688,343.
Revenue	10	investment in	come (Fait vill, column	(A), iiii	25 J, 4, anu 70	u)						12,582,496.
	11		e (Part VIII, column (A)							80,747,6		
	12	Total revenue	- add lines 8 through	11 (musi	t equal Part VI	II, column (	A), line 12) 🔒		1,4			1,409,946,737.
	13		milar amounts paid (Pa							243,5		371,750.
	14		to or for members (Par								0	0
ses			r compensation, emplo							552,415,1		593,530,454.
Expenses			undraising fees (Part I)								0	0
ĔĂ	-		ing expenses (Part IX, o					0	-	712,124,8	27	706,599,733.
	17 18		es (Part IX, column (A) s. Add lines 13-17 (mi	<i>,</i>	,	· · · · ·	25)			· ·		1,300,501,937.
	19		expenses. Subtract lin							42,314,8		109,444,800.
es		Itevenue less	expenses. Subtract in							ning of Current		End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X line 16)							<u> </u>		2,519,210,125.
Ass Bal	21		s (Part X, line 26)									1,807,273,094.
Net	22	Net assets or	fund balances. Subtra	ct line 21	from line 20					740,418,3		711,937,031.
	rt II	Signature					<u></u>		1			<u> </u>
Un	der per	nalties of perjury,	I declare that I have exam								nowle	edge and belief, it is true,
cor	rect, a	nu complete. Dec	claration of preparer (other	inan offic	er) is based on	all information	on of which prep	parer nas any	KNOWIE	euge.		
S	ign											
Н	ere	Signature	e of officer							Date		
		, ,, ,	orint name and title									
Paic	ł	Print/Type pre	parer's name		Preparer's sig	nature		Date		Check if self-	_	

	Print/Type preparer's na	ame	Preparer's signature	Date	Check if		PTIN	
Paid Dronoror					self- employed		P005323	55
Preparer Use Only	Firm's name		EIN 🕨	▶ 36-6	055558			
	Firm's address ▶ 2001 MARKET STREET, SUITE 3100 PHILADELPHIA, PA 19103 Phone no. ▶ 2							
May the IF	RS discuss this return	with the preparer shown	n above? (see instructions)				X Yes	No
For Paper	work Reduction Act	Notice, see the separate	e instructions.				Form <b>990</b>	(2010)

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OMB No. 1545-0047

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

52-1362793
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Form 990 (2011)				Page
Part III State Chec	ement of Program Service / kk if Schedule O contains a r	Accomplishments esponse to any question in this Part 1		
	be the organization's missior			
		INPATIENT/OUTPATIENT SERV	/ICES TO	
PEOPLE IN	I THE MARYLAND AREA	REGARDLESS OF THEIR ABII	LITY TO PAY.	
REVENUES	ARE USED TO HELP DI	EFRAY THE COSTS OF SERVIC	CES PROVIDED.	
2 Did the error	ningtion undertake onu singi			
prior Form 99		ficant program services during the y		Yes X N
services?		, or make significant changes in		Yes X N
	ribe these changes on Scheo	ule O. rvice accomplishments for each of	its three largest program services	as mossured
expenses. Se	ection 501(c)(3) and 501(c	(4) organizations and section 494 expenses, and revenue, if any, for each	7(a)(1) trusts are required to repo	
		ess, 635. including grants of \$	371,750.) (Revenue \$ 1,311,	241,649.)
ATTACHN	IENT 1			
<b>1b</b> (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	/、		/、	,
	m services (Describe in Sche	-		
(Expenses \$	including gr		.e\$)	
e Total progra	m service expenses $\triangleright$ 1,	091,900,030.		E 000 /
4222CV	700P	V 11-6.5	523415	Form <b>990</b> (20 PAG
722200	,	A TT .0.0	525415	FAG

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Form 9	990 (2011)		F	-age <b>3</b>
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		v	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			х
-	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- 1		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		х
9	<i>complete Schedule D, Part III</i>	0		
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i>			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4.00	v	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b	x	
4 5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15		х
16	organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		
10	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	· ·		· · · ·
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	Х	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Х	

Form **990** (2011)

JSA

Par	990 (2011) t IV Checklist of Required Schedules (continued)			Page 4
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
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 line 25	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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		х
b	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
200	with a disgualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
b	Schedule L, Part N	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
C		28c	x	
20	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	200		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		л
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		х
• •	conservation contributions? If "Yes," complete Schedule M	30		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		х
~~	Part I	31		л
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	2.2		х
~~	complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		~
33			x	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	~	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		v	
	<i>IV, and V, line</i> 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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	

#### UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9,866			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	0-	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	 Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	A	
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	х	
b	If "Yes," enter the name of the foreign country:  CAYMAN ISLANDS			
	See instructions for 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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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	<b>Organizations that may receive deductible contributions under section 170(c).</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
d	and services provided to the payor?	7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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	0		
9	organization, have excess business holdings at any time during the year?Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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:			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	12a		
ы 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ų	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Par	<b>VI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 24			
Ĩŭ	material differences in voting rights among members of the governing body at the day body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	-	v	
а	The governing body?	8a	X X	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue			23
0000		0000	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	ivu		
D D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a			.,	
	with a taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.4.1	v	
Sect	organization's exempt status with respect to such arrangements?	16b	Х	
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MD,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 <u>available for public inspection. Indicate how you made these available. Check all that apply.</u>	01(C)(	(3)S 0	niy)

- Own website X Another's website X Upon request
- **19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►s. MICHELLE LEE 250 WEST PRATT ST., SUITE 1400 BALTIMORE, MD 21201 410-328-1376

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest C	ompensated I	Employees,	and
	Independent Contractors			-			
				N // I			

Check if Schedule O contains a response to any question in this Part VII

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unles	Pos heck ss pe	more	e than c is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
ATTACHMENT 2	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
						<u>a</u>				
(1) ROOMINA ANWER HASAN, MD DIRECTOR	1.00	x						o	о	0
(2) CONNIE DEJULIUS	1.00							0	0	0
DIRECTOR	1.00	x						o	о	0
(3) DELEGATE MICHAEL E BUSCH	1.00									°
DIRECTOR	1.00	x						о	о	0
(4) ATWOOD COLLINS III										
DIRECTOR	1.00	x						0	0	0
(5) SENATOR FRANCIS X KELLY										
DIRECTOR	1.00	Х						0	0	0
(6) ROBERT L PEVENSTEIN										
DIRECTOR	1.00	Х						0	0	0
(7) STEPHEN B PHILLIPS										
DIRECTOR	1.00	X						0	0	0
(8) SENATOR CATHERINE E PUGH										
DIRECTOR	1.00	X						0	0	0
(9) JOHN W DILLON	1									•
DIRECTOR	1.00	X						0	0	0
(10) SENATOR EDWARD KASEMEYER	1.00	x						0		0
DIRECTOR (11) W MOORHEAD VERMILYE	1.00	X						0	0	0
DIRECTOR	1.00	x						0	o	0
(12) ALAN H FLEISCHMANN	1.00							<b>v</b>		0
DIRECTOR	1.00	x						o	o	0
(13) BELKIS LEONG-HONG										•
DIRECTOR	1.00	x						0	0	0
(14) GEORGES BENJAMIN MD										
DIRECTOR	1.00	х						0	0	0

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#### UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

52-1362793

Form 990 (2011)	toro Tructoco Ka		-			and L	110	haat Companyat	ad Employ		ntinun		age <b>8</b>
Part VII Section A. Officers, Direc (A) Name and title	tors, Trustees, Ke (B) Average hours per week (describe	(do box, office	not cl unles	Pos heck ss pe	C) sition more erson	e than o is both or/trusto	ne an	(D) (D) Reportable compensation from the	ed Employ (E) Reporta compensati relate organiza	able on from ed	Est am	<i>d)</i> (F) timated ount of other censation	 n
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Fomer	(W-2/1099-MISC)	(W-2/1099		orga and	om the anization related nizations	
( 15) GILBERTO DE JESUS ESQ DIRECTOR	1.00	x						C		0			0
( 16) JOHN P COALE ESQ DIRECTOR	1.00	x						C		0			0
( 17) KEVIN B O'CONNOR DIRECTOR	1.00	x						C		0			0
(18) LOUISE MICHAUX GONZALES DIRECTOR	ESQ 1.00	x						C		0			0
( 19) ORLAN M JOHNSON ESQ DIRECTOR	1.00	x						0		0			0
( 20) SENATOR JOSPEH D TYDINGS DIRECTOR	1.00	x						0		0			0
( 21) WALTER A TILLEY JR DIRECTOR	1.00	x						o		0			0
( 22) WAYNE L GARDNER SR DIRECTOR	1.00	x						C		0			0
(23) STEPHEN A BURCH ESQ DIRECTOR	1.00	x		x				C		0			0
(24) MICHAEL CARUTHERS DIRECTOR	1.00	x						C		0			0
( 25) ROBERT A CHRENCIK PRESIDENT AND CEO	40.00			x				2,073,638.		0	2	13,73	
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including</li> </ul>	g but not limited to t				bove	e) who	► ► ►	12,319,561. 12,319,561. cceived more than	\$100,000	0 0 0 0		70,87 70,87	
reportable compensation from the or	ganization 🕨	820	0									Yes	No
3 Did the organization list any form employee on line 1a? If "Yes," complete the second sec											3		х
4 For any individual listed on line 1a organization and related organiza	tions greater than	\$15	50,0	00?	? If	"Yes	," (	complete Schedu	le J for	such	4	x	
<ul><li><i>individual</i></li><li>5 Did any person listed on line 1a reformant services rendered to the organization</li></ul>	ceive or accrue co	mpen	sati	on t	fron	n any	un	related organization	on or indiv	idual	5		x
Section B. Independent Contractors											1 1		
<ol> <li>Complete this table for your five hig compensation from the organization. year.</li> </ol>													
	A) Isiness address							<b>(B)</b> Description of se	ervices	Co	(C) ompens	ation	
ATTACHMENT 3			·	·									
													_
2 Total number of independent contr				nite			e li	isted above) who	received				
more than \$100,000 in compensation	n from the organizat	tion			38	4							

(A)	(B)			(C			(D)	(E)	(F)
Name and title	Average hours per week	box,	ot ch unless	s per	more rson	than on is both a	from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	or director			Key employee	Highest compensated employee	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
5) HENRY J FRANEY			ě			ated			
CFO- UMMS/TREASURER	40.00			x			1,073,353.	0	18,02
7) MEGAN M ARTHUR SVP & GEN COUNSEL/ SEC'TY	40.00			x			634,374.	0	18,29
3) LISA C ROWEN SVP & CNO - UMMC	40.00				х		518,911.	0	57,48
) JEFFERY A RIVEST PRESIDENT & CEO - UMMC	40.00				x		1,199,383.	0	17,70
)) ROBERT K ALLEN SVP HUMAN RESOURCES	40.00				x		445,203.	0	18,65
L) HERBERT C BUCHANAN SVP & COO - UMMC	40.00				x		643,245.	0	18,11
2) JON P BURNS SVP & CIO	40.00				x		785,339.	0	18,20
3) GLENN F ROBBINS SVP & CMO	40.00				x		773,083.	0	19,41
4) JONATHAN E GOTTLIEB SVP & CMO	40.00				x		716,002.	0	77,60
5) KEITH D PERSINGER SVP & CFO UMMC	40.00				x		634,449.	0	
5) RICK E DUNNING SVP FACILITIES & PLANNING	40.00				x		366,355.	0	
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A					· · ·			·
Total number of individuals (including but not reportable compensation from the organization	limited to t		istec		ove	e) who	received more than	\$100,000 of	
Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Sched</i>	cer, directo								Yes M 3
For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,00	)0?	lf	"Yes,'	complete Schedu	sation from the le J for such	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	n fi	rom	any	unrelated organizati	on or individual	5
Section B. Independent Contractors Complete this table for your five highest con	pensated in	ndepe	nde	nt c	cont	ractor	that received more	than \$100 000 o	f
compensation from the organization. Report									
(A) Name and business ad	dress						<b>(B)</b> Description of se	ervices C	<b>(C)</b> Compensation

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(A)	(B)	[		(C	2)			(D)	(E)		(F)
Name and title	Average hours per week	box,	ot ch unless	Posi eck i s per	ition more t rson is	than or s both a or/truste	an	Reportable compensation from	Reporta compensatio relate	on from d	Estimated amount of other
	(describe hours for related organizations in Schedule O)	or director				Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-		compensation from the organization and related organizations
7) JOHN W ASHWORTH III SVP NETWORK DEVELOPMENT	40.00					x		569,353.		0	17,75
8) MARK L WASSERMAN											
SVP EXTERNAL AFFRS	40.00					Х		470,212.		0	16,98
9) GERALD L WOLLMAN											
SVP - CORPORATE OPS	40.00					Х		424,279.		0	51,17
0) MARK KELEMEN	40.00							400 754			
CHIEF MEDICAL INFO OFFICER	40.00					X		428,754.		0	55,49
1) ALISON G BROWN SVP PLANNING & MARKETING	40.00					x		563,628.		0	19,12
	40.00					<u>^</u>		505,020.			19,12
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A										
2 Total number of individuals (including but not reportable compensation from the organization	limited to tl		istec				re	ceived more than	\$100,000 (	of	
3 Did the organization list any former offic	er directo	or or	trus	stee	e k	ev e	mn	lovee or highes	t compens	ated	Yes N
employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividu	al .			•			••	3
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual.	eater than	\$15	0,00	)0?	lf	"Yes,	" (	complete Schedu	le J for s	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5
Section B. Independent Contractors									41	000 -1	-
<ol> <li>Complete this table for your five highest com compensation from the organization. Report c year.</li> </ol>											
(A) Name and business add	Iress							<b>(B)</b> Description of se	ervices	Co	(C) ompensation
									1		

## Form 990 (2011)

#### UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Pa	rt VIII	Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events	1b           1c           1d           itions)         1e           its,         1f           in lines 1a-1f: \$	5,342,000. 3,200,000.				
	h	Total. Add lines 1a-1f	<u></u>		8,542,000.			
ňu				Business Code				
eve	2a	PATIENT SERVICE REVENUE		900099	1,311,241,649.	1,310,488,507.	753,142.	
e R	b	PHARMACY		900099	31,446,694.	31,341,609.	105,085.	
<u>vi</u> o	c							
Ser	d							
Program Service Revenue	e							
gra	f	All other program service rev						
5	g	Total. Add lines 2a-2f		<b></b>	1,342,688,343.			
<u> </u>					1/512/000/515.			
	3	Investment income (includin	-		0 242 E1E			0 242 515
		other similar amounts)			8,343,515.			8,343,515.
	4	Income from investment of t			0			
	5	Royalties		(ii) Demonstrat	0			
			(i) Real	(ii) Personal				
	6a	Gross rents	3,258,132.					
	b	Less: rental expenses	1,687,490.					
	c	Rental income or (loss)	1,570,642.					
	d	Net rental income or (loss)			1,570,642.		-514,979.	2,085,622.
	-		(i) Securities	(ii) Other				
	7a	Gross amount from sales of	134,548,169.					
		assets other than inventory	151/510/105.					
	b	Less: cost or other basis	120 200 100					
		and sales expenses	130,309,188.					
	c	Gain or (loss)	4,238,981.					
	d	Net gain or (loss)		<u></u>	4,238,981.			4,238,981.
Pe	8a	Gross income from fundra	aising					
Ĵ		events (not including \$						
ž		of contributions reported on	line 1c).					
Ř		See Part IV, line 18						
er	b	Less: direct expenses						
Other Revenue	c	Net income or (loss) from fu			0			
0		Gross income from gaming a	0					
	Ja	See Part IV, line 19						
	Ι.							
	b	Less: direct expenses			0			
	c	Net income or (loss) from ga	0		0			
	10a	Gross sales of invento						
		returns and allowances	a					
		Less: cost of goods sold		L				
	c	Net income or (loss) from sa			0			
	L	Miscellaneous Reven	iue	Business Code				
	11a	CAFETERIA			3,467,771.	3,467,771.		
	b	INHERENT CONTRIBUTION - C	IVISTA		37,322,000.			37,322,000.
	c	PHARMACY						
	d	All other revenue			3,773,485.	2,479,383.	9,221.	1,284,881.
		Total. Add lines 11a-11d			44,563,256.			
	е 12	Total revenue. See instruction			1,409,946,737.	1,347,777,270.	352,469.	53,274,999.

Form **990** (2011)

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#### Part IX Statement of Functional Expenses

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

104	Check if Schedule O contains a res	oonse to any question i	n this Part IX		
Do	not include amounts reported on lines 6b,		(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	Program service expenses	<b>(C)</b> Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and			3	
•	organizations in the United States. See Part IV, line 21	371,750.	371,750.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,		0 007 006		
	trustees, and key employees	10,426,964.	2,007,996.	8,418,968.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and	0			
_	persons described in section 4958(c)(3)(B)	476 276 460	372,089,958.	104 106 511	
7	Other salaries and wages	476,276,469.	512,009,938.	104,186,511.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,435,337.	11,904,067.	3,531,270.	
9	Other employee benefits	56,398,567.		17,562,389.	
9 10	Payroll taxes	34,993,117.	26,987,453.	8,005,664.	
11	Fees for services (non-employees):		, ,		
	Management	0			
	Legal	3,316,679.	279,610.	3,037,069.	
	Accounting	1,329,188.		1,329,188.	
d	Lobbying	36,968.		36,968.	
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	149,516,016.		-12,593,846.	
12	Advertising and promotion	3,912,212. 5,086,964.	64,511. 3,540,902.	3,847,701. 1,546,062.	
13	Office expenses	24,344,540.	1,364,446.	22,980,094.	
14	Information technology	24,544,540.	1,304,440.	22,500,054.	
15 16	Royalties	0			
17	Travel	975,838.	256,333.	719,505.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	980,552.	140,776.	839,776.	
20	Interest	34,737,975.	31,246,177.	3,491,798.	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	68,624,650.	61,762,185.	6,862,465.	
23	Insurance	23,093,448.	20,756,593.	2,336,855.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	BAD DEBT	75,641,873.	75,641,873.		
	MEDICAL SUPPLIES	246,739,282.	245,044,967.	1,694,315.	
-	UTILITIES	21,768,495.	10,630,025.	11,138,470.	
-	COLLECTION AGENCY EXPENSE	7,753,121.	2,670,962.	5,082,159.	
	All other expenses	38,741,932.	24,249,011.	14,492,921.	
	Total functional expenses. Add lines 1 through 24e	1,300,501,937.		208,546,302.	
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🦳 if				
16.4	following SOP 98-2 (ASC 958-720)	0			

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#### UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Form	n 990 (	2011)			Page 11
	rt X	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	141,140,879.	1	148,071,794.
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net	. 0	3	0
	4	Accounts receivable, net		4	155,572,337.
	5	Receivables from current and former officers, directors, trustees, ke			
		employees, and highest compensated employees. Complete Part II of			
		Schedule I	0	5	0
	6	Receivables from other disqualified persons (as defined under sectio	n	-	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributin employers and sponsoring organizations of section 501(c)(9) voluntar	g		
		employees' beneficiary organizations (see instructions)	y 0	6	0
Assets	7	Notes and loans receivable, net	. 0	7	0
ss	8	Inventories for sale or use	18,118,384.	8	19,187,961.
4	9	Inventories for sale or use Prepaid expenses and deferred charges ATCH 4	39,390,462.	9	123,514,960.
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 156723467	5.		
	b	Less: accumulated depreciation 10b 777, 685, 14	5. 727,439,319.	10c	789,549,530.
	11	Investments - publicly traded securities	196,039,672.	11	206,186,206.
	12	Investments - other securities. See Part IV, line 11		12	143,620,000.
	13	Investments - program-related. See Part IV, line 11		13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	897,847,310.	15	933,507,337.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,280,537,688.	16	2,519,210,125.
	17	Accounts payable and accrued expenses	175,560,418.	17	206,279,457.
	18	Grants payable	0	18	0
	19	Deferred revenue	. 0	19	0
	20	Tax-exempt bond liabilities	1,026,148,276.	20	1,011,752,435.
es	21	Escrow or custodial account liability. Complete Part IV of Schedule	D 0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, ke			
iab		employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties	31,735,836.	24	119,608,402.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	206 674 769		460 632 800
	~~	of Schedule D	-	25 26	469,632,800. 1,807,273,094.
	26	Total liabilities. Add lines 17 through 25	1,540,119,290.	26	1,007,273,094.
ŝ		Organizations that follow SFAS 117, check here $\blacktriangleright$ X and complete lines 27 through 29, and lines 33 and 34.			
nce	27	-	669,076,636.	27	639,847,548.
ala	28	Unrestricted net assets Temporarily restricted net assets		28	71,676,897.
а В	29	Permanently restricted net assets	•	29	412,586.
ŭ	23	Organizations that do not follow SFAS 117, check here ▶   and		29	112,0001
L L		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund	•	31	
As	32	Retained earnings, endowment, accumulated income, or other funds	•	32	
Net	33	Total net assets or fund balances		33	711,937,031.
-	34	Total liabilities and net assets/fund balances		34	2,519,210,125.
				• •	Earm <b>990</b> (2011)

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP 52-1362793

Forr	n 990 (2011)				Pa	ge <b>12</b>
Pa	Reconciliation of Net Assets           Check if Schedule O contains a response to any question in this Part XI	•••			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		09,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3	00,5	01,9	937.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	09,4	44,8	300.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		40,4		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1	37,9	26,3	159.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6	7	11,9	37,0	031.
Pa	Financial Statements and Reporting           Check if Schedule O contains a response to any question in this Part XII				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plair	in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	vers	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant	t?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plai	n in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar w	ere			
	issued on a separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	fortl	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	

SCHED		Public	c Charity Status	and	Puk	olic S	aqu	ort		OMB No. 1545-00	47
	0 or 990-EZ)		f the organization is a secti 4947(a)(1) nonexemp	on 501	(c)(3) oi	rganizati	••			20 <b>11</b> Open to Public	
	t of the Treasury enue Service	► Attac	h to Form 990 or Form 990-	EZ. 🕨	► See s	eparate	instruct	ions.		Inspection	
Name of t	he organization							Emplo	yer identif	ication number	—
UNIVER	SITY OF MA	ARYLAND MEDICAL	SYSTEM CORP						52-	1362793	
Part I	Reason for	<b>Public Charity Statu</b>	<b>s</b> (All organizations mι	ist cor	nplete	e this pa	art.) Se	e instr	uctions.		
The organ	nization is not	a private foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)			
1	-		association of churches		oed in s	section	170(b)(	(1)(A)(i)	).		
2			(1)(A)(ii). (Attach Schedu								
3 X	-		service organization descr			-					
4			erated in conjunction w	ith a h	nospita	l descr	ibed in	sectio	n 170(b)	(1)(A)(iii). Enter t	he
	-	ie, city, and state:									
5	-	•	nefit of a college or univ	ersity	owned	or ope	erated I	oy a go	vernmen	tal unit described	IN
<b>c</b>	-	)(1)(A)(iv). (Complete F	or governmental unit des	aribad	in	lian 470	\/L\/4\/	A\/\			
6 7		•	es a substantial part of it						ait or from	n the general pub	alic
	-	ection 170(b)(1)(A)(vi)		s supp		in a go		sintar ur		in the general pub	лс
8			on 170(b)(1)(A)(vi). (Com	nolete F	Part IL)						
9			es: (1) more than 331/39				contrib	outions.	member	ship fees, and arc	oss
	-		s exempt functions - sub								
	-		ome and unrelated busi			-					
	acquired by th	e organization after Jur	ne 30, 1975. See section	509(a	) <b>(2)</b> . ((	Complet	e Part I	II.)			
10	An organizatio	on organized and opera	ted exclusively to test for	public	safety.	See se	ction 5	609(a)(4	·).		
11	-		rated exclusively for the			-					
			upported organizations de					-			on
	·		bes the type of supporting	-			-	lines 1			
	a Type					ally inte	-			Type III - Other	
е			the organization is not			-		-	-	-	
	-	ection 509(a)(2).	igers and other than one	or me	ne put	blicty su	pponed	a organ	lizations	described in secu	ION
f			n determination from th	e IRS	that it	is a T	vne I 1	Tvne II	or Type	III supporting	
•	-	check this box		6 110	that h	15 0 1	ype i, i	урс п,	or type		٦
g	-		nization accepted any gif	t or co	ntribut	ion from	n anv of	the		•••••	
5	following pers	•									
	01		ectly controls, either alor	ne or t	togethe	er with	persor	is desc	ribed in	(ii) Yes N	No
	and (iii) b	elow, the governing bo	dy of the supported orgar	ization	?					11g(i)	
	(ii) A family r	member of a person de	scribed in (i) above?							11g(ii)	
		• •	son described in (i) or (ii) a							11g(iii)	
h		T	out the supported organiz	ation(s	).	T					
	ame of supported organization	l (ii) EIN	(iii) Type of organization (described on lines 1-9		Is the zation in		ou notify anization		Is the zation in	(vii) Amount of support	
·	organization		above or IRC section	col. (i)	listed in overning	in col	. <b>(i)</b> of	col. (i) c	organized	oupport	
			(see instructions))	docu	ment?		upport?		U.S.?		
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(D)											
(E)											_
<b>-</b>											
Total	work Dade - 4	Act Notice and the last	untions for						hadrila A "		
	or 990-EZ.	Act Notice, see the Instru						50	neuule A (I	Form 990 or 990-EZ) 20	U11

Schedule A (Form 990 or 990-EZ) 2011

 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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).						
$\frac{6}{2}$	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	(a) 2007	(b) 2008	(c) 2009	( <b>d</b> ) 2010	(e) 2011	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2000	(0) 2009	(u) 2010	(e) 2011	
7 8	Amounts from line 4 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. (s	,				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2011 (li					14	%
15	Public support percentage from 2010					15	%
16a	331/3% support test - 2011. If the o						
	this box and <b>stop here</b> . The organizati						
D	331/3% support test - 2010. If the c						
170	check this box and stop here. The org. 10%-facts-and-circumstances test - 2						
1 <i>1</i> a	10% or more, and if the organization						
	Part IV how the organization meets t						
	-			-			
h	organization 10%-facts-and-circumstances test - 2						and line
U	15 is 10% or more, and if the orga		5				
	Explain in Part IV how the organzation						•
	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						🟲 📖

Schedule A (Form 990 or 990-EZ) 2011

#### Schedule A (Form 990 or 990-EZ) 2011

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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 disgualified 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						
с	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for		n's first, second,	third, fourth, or	fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here	<u></u>		<u></u>		<u></u>	<u></u> ▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2011 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2010 Sche					16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2011 (li					17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests - 2011. If the or						
	17 is not more than 331/3%, check th	-	•	-			
b	331/3% support tests - 2010. If the orga						
• •	line 18 is not more than 331/3%, check		•	• •			
20	Private foundation. If the organization	aid not check	a box on line	14, 19a, or 19t			
221 1.0	00				2	Schedule A (Form 9	30 01 330-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011

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

#### Schedule B

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

### Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CO
--

Employer identification number

52-1362793

Organization	tuna	(chock	ono	١.
Organization	type	CHECK	one	J.

Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

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

#### Special Rules

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

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

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

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

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- <b>1</b>		\$\$,200,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$,342,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

1E1253 1.000 4222CV 700P

JSA

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (C) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (C) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (C) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (C) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (C) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$\_ (a) No. (C) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2011) JSA

ne or organiz	AUDI UNIVERSIII OF MARILAN	ND MEDICAL SYSTEM CORP	Employer identification number
			52-1362793
art III Exclu that	usively religious, charitable, etc. total more than \$1,000 for the v	., individual contributions to s	ection 501(c)(7), (8), or (10) organization rough (e) and the following line entry.
	organizations completing Part III,		
cont	ributions of <b>\$1,000 or less</b> for th	e year. (Enter this information	once. See instructions.) ►\$
	duplicate copies of Part III if addit	•	, t <u> </u>
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of girt		
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
_			
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
from	Transferee's name, address, a	(c) Use of gift	
from			
from			
from			
a) No. from Part I		(c) Use of gift	
from			
from		(c) Use of gift	
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift	(d) Description of how gift is held
from	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift Transferee's name, address, a (b) Purpose of gift (b) Purpose of gift	(e) Transfer of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift	(d) Description of how gift is held

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

(Form 990 or 990-EZ)			3	
	For Organizations Exempt From Inc	ome Tax Under secti	ion 501(c) and section 527	, <u>(2(</u> 0) <b>11</b>
	Complete if the organization is describe	d below. 🕨 Attac	h to Form 990 or Form 990-l	<sup>■Z.</sup> Open to Public
Department of the Treasury Internal Revenue Service	► See sep	arate instructions.		Inspection
-	ered "Yes" to Form 990, Part IV, line 3, or Fo		6 (Political Campaign Activitie	s), then
	ganizations: Complete Parts I-A and B. Do not co			
	r than section 501(c)(3)) organizations: Comple	te Parts I-A and C below.	Do not complete Part I-B.	
•	ations: Complete Part I-A only.			
-	ered "Yes" to Form 990, Part IV, line 4, or Fo			
	ganizations that have filed Form 5768 (electio			
	ganizations that have NOT filed Form 5768 (e			
0	ered "Yes" to Form 990, Part IV, line 5 (Prox)	I ax) or Form 990-EZ, Pa	art V, line 35C (Proxy Tax), the	n
Name of organization	5), or (6) organizations: Complete Part III.		Employer identifie	cation number
·	ARYLAND MEDICAL SYSTEM CORP		52-136	
	e if the organization is exempt und	r soction 501/c) or		
	tion of the organization's direct and indire			
	5			
	ures			
3 Volunteer hours		• • • • • • • • • • • • •	•••••	
Part I-B Complet	e if the organization is exempt unde	r section 501(c)(3).		
	of any excise tax incurred by the organiz			
	of any excise tax incurred by the organization			
	n incurred a section 4955 tax, did it file Fo			
	nade?			
<b>b</b> If "Yes," describe i				
Part I-C Complet	e if the organization is exempt und	er section 501(c), e	xcept section 501(c)(3).	
1 Enter the amount	directly expended by the filing organization	tion for section 527 e	exempt function	
activities			▶ \$	
	of the filing organization's funds contribu		tions for section	
527 exempt funct	ion activities		▶\$	
3 Total exempt fun	ction expenditures. Add lines 1 and 2.	Enter here and on F	orm 1120-POL,	
	nization file Form 1120-POL for this year?			
	addresses and employer identification nu			
5	e payments. For each organization listed,	•	0 0	
	litical contributions received that were p			-
	regated fund or a political action committ		space is needed, provide	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's funds. If none, enter -0	contributions received and promptly and directly
				delivered to a separate
				political organization. If none. enter -0
(1)				
(2)				
(2)				
(2)				
(3)				
(4)				
\ ·/		]		
(5)				
N - 7				
(6)				
· <i>·</i>	·			
For Paperwork Reduction A	ct Notice, see the Instructions for Form 990 or 990-	EZ.	Schedule	C (Form 990 or 990-EZ) 2011

**Political Campaign and Lobbying Activities** 

JSA 1E1264 1.000

SCHEDULE C

OMB No. 1545-0047

Sch	edule C (Form 990 or 990-EZ) 2011 UNIVER	SITY OF MARYLAND	MEDICAL	SYSTEM	CORP	52-1362793 Page <b>2</b>
Pa	art II-A Complete if the organization section 501(h)).	on is exempt under se	ection 501(	c)(3) and	filed Form 5768	election under
Α	Check ► if the filing organization	belongs to an affiliated	group (and	d list in Pa	art IV each affiliat	ed group member's
	name, address, EIN, exp	enses, and share of exc	cess lobbyir	ng expen	ditures).	
В	Check ► if the filing organization	checked box A and "lir	nited contro	ol" provisi	ons apply.	
	Limits on Lobb (The term "expenditures" m	oying Expenditures eans amounts paid or inc	curred.)		(a) Filing organization's tota	(b) Affiliated als group totals
1 a	Total lobbying expenditures to influence	public opinion (grass root	ts lobbying)			
b	Total lobbying expenditures to influence	a legislative body (direct	lobbying)			
С	Total lobbying expenditures (add lines 1	a and 1b)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add	l lines 1c and 1d)				
f	Lobbying nontaxable amount. Enter the	amount from the following	g table in bo	th		
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable ar	nount is:			
	Not over \$500,000	20% of the amount on line 1	e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the e	excess over \$	500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	excess over \$	1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,	500,000.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25	5% of line 1f)				
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-				
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-		[		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year? .....

#### 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)	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total		
<b>2 a</b> Lobbying nontaxable amount							
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))							
<b>c</b> Total lobbying expenditures							
<b>d</b> Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2011

Yes

No

Schedule C	(Form 9	990 or	990-EZ)	2011

# 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)).

For each Weel measure to lines to through the balance provide in Dart Wee detailed description	(a	ı)		(b)		
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No		Amou	nt	
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?		Х				
<ul><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li></ul>		Х				
c Media advertisements?		Х				
d Mailings to members, legislators, or the public?		Х				
e Publications, or published or broadcast statements?		Х				
f Grants to other organizations for lobbying purposes?		Х				
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
i Other activities?	X				36,	,968
j Total. Add lines 1c through 1i						,968
<b>2</b> a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х				
<ul> <li>b If "Yes," enter the amount of any tax incurred under section 4912</li> </ul>						
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	ors	ection			
501(c)(6).	(0)(0)	, 01 3	ection			
					Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			Г	1	Tes	
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> </ul>	• • • •		••••	2		
<ul><li>3 Did the organization agree to carry over lobbying and political expenditures from the prior year?</li></ul>	• • • •	• • •	••••	3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501				3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"		•		ina 3	ie	
answered "Yes."		) r a	. t III-74, I	ine J	, 15	
			1			
	unts (	DT				
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) due			3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng				
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: Pa	rt II-A	and Pa	rt II-R	line	
1. Also, complete this part for any additional information.	0, i u		,			
		:				
SEE PAGE 4						

Schedule C (Form 990 or 990-EZ) 2011

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Schedule C (Form 990 or 990-EZ) 2011

**Part IV** Supplemental Information (continued)

OTHER ACTIVITIES SCHEDULE C, PART II-B, LINE 1I UNIVERSITY OF MARYLAND MEDICAL SYSTEM & SUBSIDIARIES

SCHEDULE C: 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 7.35% AND 24.60% 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) ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
	nent of the Treasury Revenue Service	► Attach to Form 990. ► See separate instruction		2b. Open to Public Inspection	
	f the organization	NULIND MEDICAL OVOERN CODD	En	nployer identification number	
Part		ARYLAND MEDICAL SYSTEM CORP tions Maintaining Donor Advised Funds or Other Similar Funds	or Acc	52-1362793	
T art	organizat	ion answered "Yes" to Form 990, Part IV, line 6.		ound. Complete il the	
		(a) Donor advised funds		(b) Funds and other accounts	
<b>1</b> T	otal number at e	nd of year			
		utions to (during year)			
		from (during year)			
		t end of year	l in done	or advised	
	-	nization's property, subject to the organization's exclusive legal control?			
	-	on inform all grantees, donors, and donor advisors in writing that grant			
		purposes and not for the benefit of the donor or donor advisor, or for			
	onferring imperm	issible private benefit?	<u></u>		
Part 1		tion Easements. Complete if the organization answered "Yes" to servation easements held by the organization (check all that apply).	o Form	990, Part IV, line 7.	
• •			on of an	historically important land area	
-				ertified historic structure	
	Preservation	of open space			
		through 2d if the organization held a qualified conservation contributio	n in the t	form of a conservation	
е	asement on the I	ast day of the tax year.		Held at the End of the Tax Year	
<b>a</b> T	otal number of c	onservation easements	2a		
		ricted by conservation easements			
	-	vation easements on a certified historic structure included in (a)			
d N	lumber of conser	vation easements included in (c) acquired after 8/17/06, and not on a			
		sted in the National Register			
		vation easements modified, transferred, released, extinguished, or terr	minated	by the organization during the	
	ax year ►	where property subject to conservation easement is located ▶			
		tion have a written policy regarding the periodic monitoring, inspection		 a of	
	-	orcement of the conservation easements it holds?		Yes No	
6 S	Staff and voluntee	r hours devoted to monitoring, inspecting, and enforcing conservation	easemei	nts during the year	
	•				
		es incurred in monitoring, inspecting, and enforcing conservation ease	ments di	uring the year	
	►\$	vation easement reported on line 2(d) above satisfy the requirements or	f section	170(h)(4)(B)	
		(h)(4)(B)(ii)?			
		be how the organization reports conservation easements in its revenue			
		d include, if applicable, the text of the footnote to the organization's fina	ancial sta	atements that describes the	
Part		ounting for conservation easements. tions Maintaining Collections of Art, Historical Treasures, or Ot	hor Sin	nilar Assots	
T al c		if the organization answered "Yes" to Form 990, Part IV, line 8.		indi Assols.	
1a lf w	the organization vorks of art, hist	elected, as permitted under SFAS 116 (ASC 958), not to report in orical treasures, or other similar assets held for public exhibition, o vide, in Part XIV, the text of the footnote to its financial statements that	its rever educatio describe	nue statement and balance shee n, or research in furtherance o s these items.	
b lf w	the organization the organization vorks of art, hist	n elected, as permitted under SFAS 116 (ASC 958), to report in it orical treasures, or other similar assets held for public exhibition, or vide the following amounts relating to these items:	s reven	ue statement and balance shee	
(i	i) Revenues inclu	uded in Form 990, Part VIII, line 1			
•	•	d in Form 990, Part X			
	-	n received or held works of art, historical treasures, or other simil		s for financial gain, provide the	
		required to be reported under SFAS 116 (ASC 958) relating to these it d in Form 990, Part VIII, line 1		¢	
		Form 990, Part X			
		Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2017	

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Schee	dule D (Form 990) 2011										-age <b>2</b>
Par	t III Organizations Maintain	ing Collections of	Art, Histo	orical Tre	easures, o	or Other	Similar A	Assets (c	continu	ed)	
3	Using the organization's acquisition collection items (check all that app		other reco	rds, checl	k any of th	ne follow	ving that a	are a sigr	nificant	use o	of its
а	Public exhibition		d	Loa	in or excha	ange prog	grams				
b	Scholarly research		е	Oth	er						
С	Preservation for future ge										
4	Provide a description of the orga XIV.	nization's collection	s and expl	ain how f	they furthe	er the or	ganization'	s exempt	t purpo	se in	Part
5	During the year, did the organization assets to be sold to raise funds rath								Yes		No
Par	t IV Escrow and Custodial A line 9, or reported an ar				nization ar	nswered	"Yes" to	Form 99	0, Part	IV,	
	Is the organization an agent, truste included on Form 990, Part X? . If "Yes," explain the arrangement ir								Yes		No
		·····					A	mount			
с	Beginning balance				10	:					
d	Additions during the year				10	k					
е	Distributions during the year				16	•					-
f	Ending balance				1f	;					-
2a	Did the organization include an am	ount on Form 990,	Part X, line	21?					Yes		No
b	If "Yes," explain the arrangement in	n Part XIV.									-
Par	t V Endowment Funds. Con	nplete if the orga	nization ar	nswered	"Yes" to F	orm 99	0, Part IV,	, line 10.			
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two ye	ars back	(d) Three y	/ears back	<b>(e)</b> Fou	r years	back
	Beginning of year balance										
	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities .										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage	-		e (line 1g,	column (a)	)) held as	:				
а	Board designated or quasi-endowr	nent ▶	_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment										
_	The percentages in lines 2a, 2b, and										
3a	Are there endowment funds not in	the possession of t	he organiz	ation that	are held a	nd admir	nistered for	the	ſ		
	organization by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" to 3a(ii), are the related org		•						3b		
4	Describe in Part XIV the intended u										
Par	t VI Land, Buildings, and Equ	-									
	Description of property	(inves	r other basis stment)	(0	or other basis ther)	depr	cumulated reciation	(0	d) Book va		
1a	Land				949,315		10.076	J	68,9		
b	Buildings				934,350				415,4		
c	Leasehold improvements				015,233		51,417.	<u> </u>		63,8	
d	Equipment				692,675				128,1		
e	Other				643,102		91,763.		174,1		
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Fori	m 990, Part	X, columi	1 (В), line 1	U(C).)	🕨		789 <b>,</b> 5	49,5	,30.

Schedule D (Form 990) 2011

52-1362793

Schedule D (Fo	orm 990) 2011			Page 3
Part VII	Investments - Other Securities. See Fo	orm 990, Part X, line	e 12.	
	<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financia	l derivatives			
	held equity interests			
(A) ALTI	ERNATIVE INVESTMENTS	143,620,000.	FMV	
<u>(B)</u>				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	143,620,000.		
Part VIII	Investments - Program Related. See F	orm 990, Part X, line		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year marke	on: t value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, lin	ne 15.		
		Description		(b) Book value
	OMIC INT IN ASSETS OF FDN			58,001,400.
	RRED FINANCING COSTS			6,841,850.
( )	IS WHOSE USE IS LIMITED			209,853,970.
	STMENT IN SUBSIDIARIES			294,296,066.
	R RECEIVABLES			37,209,136.
(6) DUE E	FROM AFFILIATES - NOTES RE			327,304,915.
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>	933,507,337.
Part X	Other Liabilities. See Form 990, Part X	, line 25.		
1.	(a) Description of liability	(b) Book value	e	
	al income taxes			
	NCES FROM 3RD PARTY PAYORS	82,860,4		
	R LIABILITIES	169,016,3		
	RATE SWAPS MARK TO MARKET	217,756,0	001.	
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 469,632,800.

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

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP 52-1362793

	le D (Form 990) 2011	Page <b>4</b>
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemen	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities 5	
6	Investment expenses	
	· · · · · · · · · · · · · · · · · · ·	
7	Prior period adjustments 7	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10	
Part		1
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:	
а	Net unrealized gains on investments 2a	
b	Donated services and use of facilities 2b	
с	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIV.)	
е	Add lines 2a through 2d	2e
3	Subtract line <b>2e</b> from line <b>1</b>	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	4.
с _	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	<u>rn</u>
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:	
а	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	
С	Other losses 2c	
d	Other (Describe in Part XIV.) 2d	
е	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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV.)	
~ c	Add lines 4a and 4b	4c
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	5
	XIV Supplemental Information	5
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 1h and 2h
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 Iditional information.	
SEE	PAGE 5	
		Schedule D (Form 990) 2011

SCHEDULE D, PART X

FIN 48 FOOTNOTE PER AUDIT REPORT

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

THE CORPORATION FOLLOWS A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECOGNIZED.

	EDULE F Stat	Statement of Activities Outside the United States					OMB No. 1545-0047		
<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.</li> </ul>							2011		
	ment of the Treasury I Revenue Service	Attach	► Attach to Form 990. ► See separate instructions.						
	of the organization						fication number		
	VERSITY OF MARYLAND					52-1362			
Part	Form 990, Part IV, lin		Outside the l	Jnited States. Complete	if the org	anization and	swered "Yes" to		
i	For grantmakers. Does the c assistance, the grantees' elig grants or assistance?	ibility for the gran	ts or assistance	e, and the selection criteri	ia used to		Yes X No		
	For grantmakers. Describe assistance outside the United		ganization's p	rocedures for monitoring	the use	of its grant	s and other		
3	Activities per Region. (The fo	ollowing Part I, line	3 table can be	e duplicated if additional sp	bace is ne	eded.)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,		expenditures for		
(1)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS			75,155,000.		
(2)	SOUTH AMERICA			PROGRAM SERVICES	MEDICAL SERVICES		418,941.		
(3)									
(4)									
(5)									
(6)									
_(7)									
(8)									
(9)									
(10)									
<u>(11)</u>									
(12)									
<u>(13)</u>									
(14)									
(15)									
(16)									
(17)									
<u>3a</u>	Sub-total						75,573,941.		
b	Total from continuation sheets to Part I	on							
c	Totals (add lines 3a and 3						75,573,941.		
For Pa	aperwork Reduction Act Notice		s for Form 990.			Sche	dule F (Form 990) 2011		

	F (Form 990) 2011								Page <b>2</b>
Part II									
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 <b>F</b>								▶∟
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									<u> </u>
(16)									
	ter total number of recipient org the IRS, or for which the grante								
	ter total number of other organiz							Cokedula F	(Form 990) 2011
								Schedule F	(FOIII 990) 2011

1E1275 1.000

#### Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (h) Method of (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description valuation recipients cash grant cash non-cash of non-cash (book, FMV, disbursement appraisal, other) assistance assistance (1) \_\_\_\_\_ (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) Schedule F (Form 990) 2011

JSA

1E1276 1.000

Page **3** 

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Sched	ule F (Form 990) 2011		Page 4
Par	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2011

Part V Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

		► Comp		ganization answered "Yes			<u>4</u> 0			
Intern	Department of the Treasury         Internal Revenue Service								olic	
Name	of the organization					Employer identification nu	nber			
UNI	VERSITY OF MA					52-1362793				
Par	t Financial A	ssistance and	d Certain C	other Community Bene	efits at Cost			1		
								Yes	No	
1a	Did the organization	on have a financ	cial assistan	ce policy during the tax y	ear? If "No," skip to qu	estion 6a	1a	X		
b	If "Yes," was it a w	ritten policy?					1b	X		
2	······································									
				spital facilities during the	•					
		rmly to all hosp			d uniformly to most h	ospital facilities				
•	•	lored to individu	•			46 - 1 4				
3	the organization's			l assistance eligibility cr	iteria that applied to	the largest number of				
а				Guidelines (FPG) to dete				v		
	"Yes," indicate which	of the following 150%	was the FPG f	amily income limit for eligib	-		3a	X		
b	Did the organizat	ion use FPG to	o determine	eligibility for providing		"Yes," indicate which				
				or eligibility for discounte	d care:		3b	Х		
	200%	250%	300%	350% 400%		0.0000 %				
С	-			ermine eligibility, describ						
		•		care. Include in the de	•	-				
		-		ome, to determine eligib	-					
4				olicy that applied to the the "medically indigent"?			4	X		
5a				scounted care provided und			5a	х		
	-	-		ance expenses exceed th				X		
		-		considerations, was th	-					
			-	for free or discounted ca	-	-			X	
6a		-	-	nefit report during the tax				Х		
b	If "Yes," did the or	ganization mak	e it available	to the public?			6b	X		
				rksheets provided in th	e Schedule H instru	ctions. Do not submit				
	these worksheets									
7	inancial Assistance a			nunity Benefits at Cost (c) Total community	(d) Direct offsetting	(e) Net community	(	) Perc	ent	
	ans-Tested Governm Programs	activities or	served (optional)	benefit expense	revenue	benefit expense		of tota	al	
а	Financial Assistance at o	cost		50 002 550				n	0 /	
-	(from Worksheet 1)			50,002,550.		50,002,550	•	3	.84	
b	Medicaid (from Worksho column a)									
C	Column a) Costs of other means-tes government programs ( Worksheet 3, column b)	sted from								
d	Total Financial Assistan	ce and								
	Means-Tested Governme Programs			50,002,550.		50,002,550	•	3	.84	
	Other Benefits									
е	Community health improver									
	services and community be operations (from Worksheet			2,013,308.		2,013,308	•		.15	
f	Health professions educ							_		
	(from Worksheet 5)	• • •		100,205,386.		100,205,386	•	7	.71	
g	Subsidized health services (			20,703,832.		20,703,832		1	.59	
	Worksheet 6)			20,703,032.		20,703,832	•	1	• 5 9	
	Research (from Worksh									
i	Cash and in-kind contributio for community benefit (from	1 I		669,671.		669,671			.05	
	Worksheet 8) Total. Other Benefits			123,592,197.		123,592,197		9	.50	
J k	Total. Add lines 7d and			173,594,747.		173,594,747			.34	
	aperwork Reduction Ac		structions for F			Schedule				

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 1E1284 1.000 4222CV 700P

OMB No. 1545-0047	
2011	

Hospitals

(Form 990)

SCHEDULE H

# Schedule H (Form 990) 2011

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

nearth of the	communit	ies it serve								
	(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		cent of xpense			
1 Physical improvements and housing	(()))))))))		6,295.		6,295.					
2 Economic development					· · ·					
3 Community support										
4 Environmental improvements						-				
5 Leadership development and										
training for community members     Coalition building						-				
7 Community health improvement										
advocacy										
8 Workforce development			193,410.		193,410.		.01			
9 Other			15571101		19071101	-				
10 Total			199,705.		199,705.	-	.01			
Part III Bad Debt, Me	dicaro 8	Collection			199,703.		.01			
<ul> <li>Section A. Bad Debt Expense</li> <li>1 Did the organization rep Statement No. 15?</li> <li>2 Enter the amount of the</li> <li>3 Enter the estimated am</li> </ul>	organizatio	on's bad det	ot expense			Ye: 1 X				
<ul> <li>patients eligible under th</li> <li>Provide in Part VI the texpense. In addition, de and 3, and rationale for it</li> </ul>	ne organiza ext of the escribe the	tion's financ footnote to costing m	cial assistance policy	ncial statements that rmining the amounts						
<ul> <li>Section B. Medicare</li> <li>Enter total revenue received from Medicare (including DSH and IME)</li> <li>Enter Medicare allowable costs of care relating to payments on line 5</li> <li>Subtract line 6 from line 5. This is the surplus (or shortfall)</li> <li>Bescribe 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:</li> <li>Cost accounting system</li> <li>Cost to charge ratio</li> <li>Other</li> </ul>										
Section C. Collection Practices 9a Did the organization hav	o a writton	dobt colloc	tion policy during the tax	voor?		9a X				
•				•	-	<u>Ja</u> 1				
<b>b</b> If "Yes," did the organization's						9b X				
			n to qualify for financial assistan			9b X				
Part IV Management	Companie	es and Joi	nt Ventures (see instru	ictions)		<u>т                                    </u>				
(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 %	profit %	/sicians' or stock ship %			
1										
2						1				
3										
4										
5										
6						+				
7						+				
8	<u> </u>					+				
9						+				
<u>-</u>						+				
11						+				
12						+				

13

UNIVERSITY OF MAE Schedule H (Form 990) 2011			EDIC	, цл,	5151				52-1362793 Page	3
Part V Facility Information									Fage	
Section A. Hospital Facilities		~			_	-	m	m		
(list in order of size, from largest to smallest)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other		
How many hospital facilities did the organization operate during the tax year?	spital	dical & su	ospital	spital	ss hospita	cility				
		rgica			<u> </u>					
Name and address           1         UNIVERSITY         OF         MARYLAND         HOSPITAL									Other (describe)	
22 S. GREENE STREET	-									
BALTIMORE MD 21201	x	х	x	x			x			
2										
-	1									
3	_									
4										—
5										
6										
	_									
7										
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11										-
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12										
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15	1									
·•										
16	+									—
	_									

Schedule H (Form 990) 2011

Schedule H (Form 990) 2011

# Part V Facility Information (continued)

#### Section B. Facility Policies and Practices

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

# Name of Hospital Facility: UNIVERSITY OF MARYLAND HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): \_\_\_\_

			Yes	No
Com	munity Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs			
	assessment (Needs Assessment)? If "No," skip to line 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply):			
а	A definition of the community served by the hospital facility			
b	Demographics of the community			
с	Existing health care facilities and resources within the community that are available to respond to the			
	health needs of the community			
d	How data was obtained			
е	The health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,			
	and minority groups			
g	The process for identifying and prioritizing community health needs and services to meet the			
5	community health needs			
h	The process for consulting with persons representing the community's interests			
i	Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from			
	persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the			1
	hospital facility took into account input from persons who represent the community, and identify the persons			1
	the hospital facility consulted	3		1
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes,"			
	list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
а	Hospital facility's website			
b	Available upon request from the hospital facility			
с	Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate			
	how (check all that apply):			
а	Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b	Execution of the implementation strategy			
с	Participation in the development of a community-wide community benefit plan			
d	Participation in the execution of a community-wide community benefit plan			
е	Inclusion of a community benefit section in operational plans			
f	Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g	Prioritization of health needs in its community			
h	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain			
	in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Finan	icial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted			ĺ
	care?	8	Х	<u> </u>
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Х	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 2 0 0 %			

If "No," explain in Part VI the criteria the hospital facility used.

Schedule H (Form 990) 2011

Page 4

Packity       Facility Information (continued)       UNIVERSITY OF MARYLAND EOSPITAL         10       Used FPG to determine eligibility for providing discounded care?       10       10       10         11       Vised FPG to determine eligibility for providing discounded care?       10       11       11         11       Explaine the basis for calculating amounts charged to patients?       11       <	Schedu	ile H (Form 990) 2011		F	Page <b>5</b>
10       Used FPG to determine eligibility for providing discounted care?       10       x         If "Yes," indicate the FPG family income limit for eligibility ded.       11       x       11         11       Explained the basis for calculating amounts charged to patients?       11       x       11         11       Explained the basis for calculating amounts charged to patients?       11       x       11       x         11       Explained the basis for calculating amounts charged to patients?       11       x       11       x         12       X       Income level       X       Medical indigency       11       x         13       Income level       X       Medical indigency       12       X         13       Included measures to publicize the policy within the community served by the hospital facility?       11       X         14       X       Medical indigency       12       X         14       X       Medical indigency       11       X         15       Included measures to publicize the policy within the community served by the hospital facility?       11       13       13         15       Explained the mospital facility's admissions offices       11       13       14       13       14       13         16 </td <td>Par</td> <td><b>Facility Information</b> (continued) UNIVERSITY OF MARYLAND HOSPITAL</td> <td></td> <td></td> <td>I</td>	Par	<b>Facility Information</b> (continued) UNIVERSITY OF MARYLAND HOSPITAL			I
If "No," explain in Part VI the criteria the hospital facility used.         11 Explained the basis for calculating amounts charged to patients?         12 X         13 Explained the basis for calculating amounts charged to patients?         14 X         15 X         16 X         17 X         18 X         19 X         10 X         11 X         11 X         11 X         12 X         13 Inclusted the method for applying for financial assistance?.         12 Explained the method for applying policy within the community served by the hospital facility?         13 Inclusted measures to publicize the policy within the community served by the hospital facility?         11 X         12 X         13 Inclusted measures to publicize the policy wheth at hat apply:         14 The policy was posted in the hospital facility website         15 The policy was posted in the hospital facility admission offices         16 X         17 Did the hospital facility admission diffees         14 X         15 Check all of the following actions agains an individual that were permitted under the hospital facility and the hospital facility facility and sality and individual that were permitted under the hospital facility and the facility is FAP:         15 Check all actions in which the hospital facility and perform any o					No
If "No," explain in Part VI the criteria the hospital facility used.         11 Explained the basis for calculating amounts charged to patients?         12 X         13 Explained the basis for calculating amounts charged to patients?         14 X         15 X         16 X         17 X         18 X         19 X         10 X         11 X         11 X         11 X         12 X         13 Inclusted the method for applying for financial assistance?.         12 Explained the method for applying policy within the community served by the hospital facility?         13 Inclusted measures to publicize the policy within the community served by the hospital facility?         11 X         12 X         13 Inclusted measures to publicize the policy wheth at hat apply:         14 The policy was posted in the hospital facility website         15 The policy was posted in the hospital facility admission offices         16 X         17 Did the hospital facility admission diffees         14 X         15 Check all of the following actions agains an individual that were permitted under the hospital facility and the hospital facility facility and sality and individual that were permitted under the hospital facility and the facility is FAP:         15 Check all actions in which the hospital facility and perform any o	10	Used FPG to determine eligibility for providing <i>discounted</i> care?	10	Х	
11       Explained the basis for calculating amounts charged to patients?       11       X         If Yes, "indicate the factors used in determining such amounts (check all that apply):       X       X       Income level       X         X       Medical indigency       X       State regulation       Income level       X         X       Medical indigency       X       State regulation       Include messures to publicize the policy (check all that apply):       In 2       X         11       Yes," indicate how the hospital facility publicized the policy (check all that apply):       In Cludeed messures to posited on the hospital facility weebsite       Interpolicy was posted on the hospital facility weebsite       Interpolicy was posted on the hospital facility is admissions offices       Interpolicy was posted in the hospital facility is admission to the hospital facility of the policy (AP) that explained actions the hospital facility and the policy (AP) that explained actions the hospital facility and the policy (AP) that explained actions the hospital facility and under the hospital facility is admission to the hospital facility is PAP:       Interpolicy was available on request         11       Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:       Interpolicy was posted not hospital facility or a multion for the facility's FAP:         12       Lewavits       Lewavits       Lewavits       Interpolicy wa					
If "Yes," indicate the factors used in determining such amounts (check all that apply):       a         a       X       Asset level         b       X       Asset level         c       X       Medical indigency         d       X       Insurance status         e       X       Uninsured discount         f       X       Medical indigency         d       X       Insurance status         e       X       Uninsured discount         f       X       Medical indigency         d       X       Indicate intervent discount         f       X       Medical indigency         d       X       Intravel discount         f       X       Medical indigency         d       X       Intravel discount         f       X       Medical indigency         d       The policy was posted in the hospital facility's website       The policy was posted in the hospital facility's emergency rooms or walting rooms         d       X       The policy was posted in the hospital facility admission to the hospital facility         f       X       The policy was posted in the hospital facility and take upon non-payment?         f       X       Inthe hospital facility are marking reasonable efforts t					
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b       X       Asset level         x       Medical indigency         d       X       Insurance status         e       X       Unissured discount         f       X       Medical/Medicare         g       X       State regulation         h       Other (describe in Part VI)       12       Explained the method for applying for financial assistance?       12       X         13       Included measures to publicize the policy within the community served by the hospital facility?       13       X         14       X       The policy was posted on the hospital facility's website       13       X         a       The policy was posted in the hospital facility's admission offices       14       X         g       Other (describe in Part VI)       15       The policy was available on request       14       X         g       Other (describe in Part VI)       14       X       14       X         EBiling and Collections         14       X         14       X         14       X         14       X         14       X         14       X         15					
c       X       Medical indigency         d       X       Insurance status         e       X       Uninsured discount         f       X       Medical/Medicare         g       X       State regulation         h       Other (describe in Part VI)       12         12       Explained the method for applying for financial assistance?       12         X       Include measures to publicize the policy within the community served by the hospital facility?       13         X       Include measures to publicize the onspital facility's website       13         b       The policy was posted on the hospital facility's website       13         b       The policy was posted on the hospital facility's admissions offices       14         g       Other (describe in Part VI)       14       X         Billing and Collections       0       The policy was available on request       14       X         g       Other (describe in Part VI)       14       X       14       X         Billing and Collections       14       X       14       X         f       Check all of the following actions against an individual that were permitted under the hospital facility admissions of best affective admission to the hospital facility admissing the abacons during the tax year before making reasona					
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e       X       Uninsured discount         f       X       Medical/Medicare         g       X       State regulation         h       Other (describe in Part V)       12         I       Explained the method for applying for financial assistance?       13         If 'Yes,' indicate how the hospital facility within the community served by the hospital facility?       13         X       14       X         15       Included measures to publicize the policy (check all that apply):       13         a       The policy was posted on the hospital facility's website       13         b       The policy was posted in the hospital facility's website       14         c       X       The policy was posted in the hospital facility's website       14         g       Other (describe in Part V)       15       Check all of the following actions against an individual that were permitted under the hospital facility's applicies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:       14         a       Reporting to credit agency       X       14         b       X Lawsuits       14       X         c       Liens on residences       14       X         d       Body attachments       14       X					
f       X       Medicaid/Medicare         g       X State regulation       1         h       Other (describe in Part VI)       12       X         12       Included measures to publicize the policy within the community served by the hospital facility?       13       X         13       Included measures to publicize the policy (check all that apply):       13       X       If "Yes," indicate how the hospital facility publicized the policy (check all that apply):       13       X         a       The policy was posted on the hospital facility's wergency rooms or waiting rooms       If The policy was posted in the hospital facility's emergency rooms or waiting rooms       Image: the policy was posted in the hospital facility's admissions offices       Image: the policy was provided, in writing, to patients on admission to the hospital facility       Image: the policy was posted in the hospital facility's admissions of the sopital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:       Image: the policy was posted in Part VI)         16       X       If "Yes," check all actions in which the hospital facility or a untroized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:       Image: the policy of the following actions during the tax year before making reasonable efforts to determine the pa					
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h       Other (describe in Part VI)         12       Explained the method for applying for financial assistance?.         13       Included measures to publicize the policy (kinck all that apply):         a       The policy was posted on the hospital facility's website         b       The policy was posted in the hospital facility's emergency rooms or waiting rooms         d       X         d       The policy was posted in the hospital facility's emergency rooms or waiting rooms         d       X         f       The policy was posted in the hospital facility's emergency rooms or waiting rooms         d       X         f       The policy was posted in the hospital facility's admissions offices         e       X       The policy was available on request         g       Other (describe in Part VI)         Billing and Collections       It a variable on request         g       Other (describe in Part VI)         Billing and Collections       It a variable on request         g       Other (describe in Part VI)         Billing and Collections       It a variable on request         g       Other (describe in Part VI)         Billing and Collections       It a variable on request         g       Other (describe in Part VI)         Bid Lanswitts <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
12       Explained the method for applying for financial assistance?       12       X         13       included measures to publicize the policy within the community served by the hospital facility?       13       X         14       The policy was posted on the hospital facility's website       13       X       13       X         15       The policy was posted on the hospital facility's emergency rooms or waiting rooms       14       X       14       X         16       The policy was posted in the hospital facility's admissions offices       14       X       14       X         17       The policy was posted in the hospital facility's admissions offices       14       X       14       X         18       Difference       Clearche in Part VI)       14       X       14       X         19       Difference       All of the following actions against an individual that were perimited under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP.       14       X         16       Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?       16       X         17       Vest check all actions in which the hospital facility or a third party engaged:       16					
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Part	V Facility Information (continued) UNIVERSITY OF MARYLAND HOSPITAL			
Polic	y Relating to Emergency Medical Care			
			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18	x	
a b c d Indiv	<ul> <li>The hospital facility did not provide care for any emergency medical conditions</li> <li>The hospital facility's policy was not in writing</li> <li>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)</li> <li>Other (describe in Part VI)</li> <li>iduals Eligible for Financial Assistance</li> </ul>			
19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
а	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c d	<ul> <li>The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</li> <li>X Other (describe in Part VI)</li> </ul>			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20		x
	If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?	21	x	
	Schedule H	l (Forr	n 990)	) 2011

Schedule H (Form 990) 2011
Part V Facility Information (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_5

Name and address	Type of Facility (describe)
1 UNIVERSITYCARE @ SHIPLEY'S CHOICE	HEALTHCARE CLINIC
8601 VERTERANS HIGHWAY, STE 111	
MILLERSVILLE MD 21108	
2 UNIV PEDIATRIC SPECIALISTS @ BEL AIR	HEALTHCARE CLINIC
N. PARK CENTER, UNIT 423 4C NORTH AVE	
BEL AIR MD 21014	
3 UNIVERSITYCARE @ EDMONDSON VILLAGE	HEALTHCARE CLINIC
4538 EDMONDSON AVE	
BALTIMORE MD 21229	
4 UNIVERSITYCARE @ WAXTER CENTER	HEALTHCARE CLINIC
1000 CATHEDRAL STREET	
BALTIMORE MD 21201	
5 UNIV SPECIALISTS @ SHIPLEY'S CHOICE	HEALTHCARE CLINIC
8601 VERTERANS HIGHWAY, STE 110	
MILLERSVILLE MD 21108	
6	
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7	
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10	

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Complete this part to provide the following information.

- **1** Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- **3** Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health. Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
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- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

#### RELATED ORGANIZATION BENEFIT REPORT

SCHEDULE H, PART I, LINE 6A

AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR EACH FISCAL YEAR

ENDING JUNE 30. THIS REPORT IS SUBMITTED TO THE HEALTH SERVICES COST

REVIEW COMMISSION (HSCRC), A STATE REGULATORY AGENCY, BY DECEMBER 31 OF

EACH YEAR. IN ADDITION, THE ANNUAL COMMUNITY BENEFIT REPORT IS AVAILABLE

UPON REQUEST AT THE ENTITY'S CORPORATE OFFICES.

#### COSTING METHODOLOGY

#### SCHEDULE H, PART I, LINE 7A

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

PAGE 44

JSA

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RELATED TO UNCOMPENSATED CARE.

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

SCHEDULE H, LINE 7F COLUMN (C) - MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE

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RELATED TO UNCOMPENSATED CARE.

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

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COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

UNIVERSITY OF MARYLAND MEDICAL CENTER'S COMMUNITY BUILDING ACTIVITIES

PROMOTED THE HEALTH OF THE COMMUNITY IT SERVES IN MANY SIGNIFICANT WAYS.

REACH AND EFFECTIVENESS ARE MEASURED TO EVALUATE PROGRAMMING AND THE

FOLLOWING IS A SUMMARY OF THE PAST FISCAL YEAR'S IMPACT.

FOR FY'12, 25,960 INDIVIDUALS WERE SERVED IN THE COMMUNITY THROUGH OUR HEALTH FAIRS, SCREENING EVENTS, IMMUNIZATION CLINICS, OR SPECIALIZED PROGRAMS. OVER 60 HEALTH FAIRS WERE HOSTED IN THE COMMUNITY, INCLUDING PARTICIPATION IN UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) EVENTS DRAWING 1,000 INDIVIDUALS OR MORE FOR FOUR EVENTS HELD ANNUALLY. SOME OF OUR LARGER PROGRAMS INCLUDE: DANCE FOR YOUR HEART - 600 SENIORS GET FIT KIDS - 320 BALTIMORE CITY PUBLIC SCHOOL ELEMENTARY STUDENTS STORK'S NEST - 203 WOMEN ENROLLED IN PRENATAL EDUCATION BREATHMOBILE - 500 PATIENTS WITH 1,000 VISITS FOR PEDIATRIC ASTHMA CARE FLU CLINICS - 1,115 INDIVIDUALS IMMUNIZED

JSA

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BP SCREENINGS - 247 INDIVIDUALS SCREENED IN ADDITION TO SCREENINGS HELD

AT HEALTH FAIRS

DIABETES SCREENINGS - 150 INDIVIDUALS SCREENED

VASCULAR SCREENINGS - 280 INDIVIDUALS SCREENED

HIV TESTING - 895 INDIVIDUALS TESTED

AS AN EXAMPLE OF EFFECTIVENESS, UMMC TRACKS PARTICIPANT SATISFACTION AND KNOWLEDGE, ATTITUDES, AND BELIEFS (KAB) AS AN OUTCOME MEASURE OF EFFECTIVENESS FOR OUR LARGER HEALTH FAIRS. DURING OUR MOST RECENT HEALTH FAIR, 99 PARTICIPANTS COMPLETED AN EVALUATION BEFORE AND AFTER ATTENDING THE HEALTH FAIR.

PRIOR TO ATTENDING THE HEALTH FAIR, 66.3% OF PARTICIPANTS KNEW THEIR BLOOD PRESSURE, AND AFTER ATTENDING THE HEALTH FAIR, 94.9% OF PARTICIPANTS KNEW THEIR BLOOD PRESSURE (Z = 3.451, P <.01). IN ADDITION, PRIOR TO THE HEALTH FAIR, 43.8% KNEW WHAT THEIR CHOLESTEROL NUMBER MEANT, AND AFTER THE HEALTH FAIR 63.9% KNEW WHAT THEIR CHOLESTEROL READING MEANT (Z = 2.061, P <.05). KNOWLEDGE OF PREVENTIVE CANCER SCREENINGS SHOWED

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Schedule H (Form 990) 2011

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CHANGES IN KNOWLEDGE, BUT THE CHANGES WERE NOT STATISTICALLY SIGNIFICANT. BREAST CANCER SCREENINGS KNOWLEDGE WAS 52.3% BEFORE THE FAIR COMPARED TO 58.8%. FORTY ONE PERCENT KNEW HOW OFTEN CERVICAL CANCER SCREENINGS NEEDED TO BE COMPLETED BEFORE THE FAIR AS COMPARED TO 52.4% AFTER THE FAIR. ADDITIONALLY, 37.5% OF RESPONDENTS KNEW HOW OFTEN PROSTATE SCREENING WAS NEEDED BEFORE THE FAIR AS COMPARED TO 42.9% KNOWING THE CORRECT SCREENING AFTER THE FAIR, AND KNOWLEDGE ON BOWEL CANCER SCREENING EXPERIENCED A SLIGHT DECREASE IN KNOWLEDGE WITH 36.3% BEFORE THE FAIR AND 35% AFTER THE

FAIR.

ADDITIONAL OUTCOME MEASURES WERE USED TO EVALUATE ATTITUDES AND ANTICIPATED BEHAVIOR CHANGE AND REVEALED THE FOLLOWING RESULTS. EIGHTY PERCENT OF RESPONDENTS STATED THAT THEY LEARNED NEW INFORMATION AT THE FAIR, INCLUDING 61.7% STATED THEY WOULD MAKE A DIETARY BEHAVIOR CHANGE AS A RESULT OF THE FAIR, AND 80.6% STATED THEY WOULD MAKE A PHYSICAL ACTIVITY BEHAVIOR CHANGE AS A RESULT OF THE FAIR. IN ADDITION, 91% OF RESPONDENTS RATED THEIR OVERALL SATISFACTION WITH THE FAIR AS 'VERY GOOD OR EXCELLENT'.

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BAD DEBT EXPENSE

SCHEDULE H, PART III, LINE 4

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

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

- ALL OTHER PAYERS PARTICIPATING IN THE SYSTEM PAY HSCRC SET

- 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.

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V 11-6.5

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MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

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V 11-6.5

4222CV 700P

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COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9B

THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO 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 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.

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COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC) COMPLETED A

COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT USING THE ASSOCIATION FOR

COMMUNITY HEALTH IMPROVEMENT'S (ACHI) 6-STEP COMMUNITY HEALTH ASSESSMENT

PROCESS AS AN ORGANIZING METHODOLOGY/FRAMEWORK. THE UMMC COMMUNITY

EMPOWERMENT TEAM (CET) SERVED AS THE LEAD TEAM TO CONDUCT THE COMMUNITY

HEALTH NEEDS ASSESSMENT (CHNA) IN FISCAL YEAR 2012. THE

INTERDISCIPLINARY UMMC CET ADOPTED THE FOLLOWING ACHI 6-STEP PROCESS TO

LEAD THE ASSESSMENT PROCESS AND THE ADDITIONAL 5-COMPONENT ASSESSMENT AND

ENGAGEMENT STRATEGY (INCLUDING THE COMMUNITY PERSPECTIVE, HEALTH EXPERTS,

COMMUNITY LEADERS, SDOH, HEALTH STATISTICS/INDICATORS) WAS DEVELOPED

INTERNALLY TO LEAD THE DATA COLLECTION AND ENGAGEMENT METHODOLOGY. USING

THE TWO ABOVE FRAMEWORKS, DATA WAS COLLECTED FROM MULTIPLE SOURCES,

GROUPS, AND INDIVIDUALS AND INTEGRATED INTO A COMPREHENSIVE DOCUMENT

WHICH WAS UTILIZED AT A RETREAT OF THE UMMC COMMUNITY EMPOWERMENT TEAM.

DURING THAT STRATEGIC PLANNING RETREAT, PRIORITIES WERE IDENTIFIED USING

THE COLLECTED DATA, THEN THE PRIORITIES WERE VALIDATED BY A PANEL OF UMB

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CAMPUS EXPERTS.

UMMC USED PRIMARY AND SECONDARY SOURCES OF DATA AS WELL AS QUANTITATIVE AND QUALITATIVE DATA AND CONSULTED WITH NUMEROUS INDIVIDUALS AND ORGANIZATIONS DURING THE CHNA, INCLUDING OTHER UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) BALTIMORE CITY-BASED HOSPITALS (KERNAN, MARYLAND GENERAL, AND MT WASHINGTON PEDIATRIC HOSPITALS), 70 FAITH LEADERS, COMMUNITY LEADERS, COMMUNITY PARTNERS, THE UNIVERSITY OF MARYLAND BALTIMORE (UMB) ACADEMIC COMMUNITY, THE GENERAL PUBLIC, LOCAL HEALTH EXPERTS, AND THE BALTIMORE CITY HEALTH DEPARTMENT. AS AN EXAMPLE, THE MEDICAL CENTER PARTICIPATES IN A WIDE VARIETY OF LOCAL COALITIONS INCLUDING, SEVERAL SPONSORED BY THE BALTIMORE CITY HEALTH DEPARTMENT, INCLUDING THE CANCER COALITION, TOBACCO COALITION, INFLUENZA COALITION AS WELL AS PARTNERS WITH MANY COMMUNITY-BASED ORGANIZATIONS LIKE AMERICAN CANCER SOCIETY (ACS), SUSAN G. KOMEN FOUNDATION, ULMAN FOUNDATION, AMERICAN DIABETES ASSOCIATION (ADA), AMERICAN HEART ASSOCIATION (AHA), B'MORE HEALTHY BABIES, TEXT4BABY, AND SAFE KIDS, MOST OF WHOM WERE INCLUDED IN THE ASSESSMENT. IN ADDITION, UMB CAMPUS EXPERTS WERE

JSA

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YVETTE ROOKS, MD, AND VERLYN WARRINGTON, MD, BOTH CONSULTED AND INCLUDE: FROM UNIVERSITY OF MARYLAND'S DEPT OF FAMILY MEDICINE AND UM SCHOOL OF MEDICINE, DR. PAT MCLAINE, UM SCHOOL OF NURSING, BRONWYN MAYDEN, MSW, ASSISTANT DEAN UM SCHOOL OF SOCIAL WORK, AND BRIAN STURDIVANT, UMB DIRECTOR OF COMMUNITY AFFAIRS. IN ADDITION, UMMC CONDUCTED A SURVEY OF NEARLY 900 BALTIMORE CITY RESIDENTS DURING MAJOR HEALTH FAIRS AND SPONSORED A FOCUS GROUP OF 30 MAJOR COMMUNITY PARTNERS. THE US NATIONAL PREVENTION STRATEGY, HEALTHY PEOPLE 2020, THE MARYLAND DHMH'S STATE HEALTH IMPROVEMENT PLAN (SHIP), BALTIMORE CITY HEALTH DEPARTMENT'S 2011 NEIGHBORHOOD PROFILES, AND HEALTHY BALTIMORE 2015 WERE ALL ALSO INCLUDED TO PROVIDE NATIONAL AND LOCAL CONTEXT, PREVALENCE DATE, AND DIRECTION FOR THE ASSESSMENT.

SOCIAL DETERMINANTS OF HEALTH (SDOH) NEEDS WERE ALSO INCLUDED IN THE CHNA. SDOH AS DEFINED BY THE WORLD HEALTH ORGANIZATION (WHO) ARE THE CIRCUMSTANCES IN WHICH PEOPLE LIVE, GROW, AND WORK, WHICH GREATLY DETERMINE AN INDIVIDUAL'S HEALTH STATUS (WORLD HEALTH ORGANIZATION, 2008). AT ALL LEVELS OF INCOME, HEALTH AND ILLNESS FOLLOW A SOCIAL GRADIENT: THE LOWER THE SOCIOECONOMIC STATUS, THE LOWER THE HEALTH

523415

Schedule H (Form 990) 2011

#### Part VI Supplemental Information

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STATUS. CONTRIBUTING TO THE MAJOR HEALTH NEEDS OF THE CBSA, THERE ARE MANY SIGNIFICANT SDOH WHICH WERE IDENTIFIED (IN NO PARTICULAR ORDER), LACK OF FRESH PRODUCE AVAILABLE (FOOD DESERTS), LIMITED TRANSPORTATION, UNSAFE HOUSING, ECONOMIC DEVELOPMENT, AND LITERACY. THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY WILL BE COMPLETED AGAIN IN FY15 AND EVERY THREE YEARS THEREAFTER AND CAN BE VIEWED IN ITS ENTIRETY

HTTP://WWW.UMM.EDU/COMMUNITY/PDF/CHNA-EXECUTIVE-SUMMARY.PDF

#### ELIGIBILITY EDUCATION

AT:

SCHEDULE H, PART VI, LINE 3

UNIVERSITY OF MARYLAND MEDICAL CENTER'S FINANCIAL CLEARANCE PROGRAM POLICY IS A CLEAR, COMPREHENSIVE POLICY ESTABLISHED TO ASSESS THE NEEDS OF PARTICULAR PATIENTS THAT HAVE INDICATED A POSSIBLE FINANCIAL HARDSHIP IN OBTAINING AID WHEN IT IS BEYOND THEIR FINANCIAL ABILITY TO PAY FOR SERVICES RENDERED. PATIENT INFORMATION SHEETS ARE PROVIDED IN BOTH ENGLISH AND SPANISH.

UMMC MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION

Schedule H (Form 990) 2011

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AVAILABLE TO OUR PATIENTS INCLUDING, BUT NOT LIMITED TO:

SIGNAGE (ENGLISH AND SPANISH) IN MAIN ADMITTING AREA OF THE HOSPITAL

SIGNAGE (ENGLISH AND SPANISH) IN ADULT AND PEDIATRIC EMERGENCY ROOMS

SIGNAGE IN (ENGLISH AND SPANISH) IN SHOCK TRAUMA ADMITTING AREA

PATIENT HANDBOOK DISTRIBUTED TO ALL PATIENTS

BROCHURES AND PATIENT INFORMATION SHEETS (ENGLISH AND SPANISH)

EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL PATIENT CARE

AREAS (PATIENT REGISTRATION, EMERGENCY ROOM, SHOCK TRAUMA, AND OUTPATIENT

AREAS)

APPEARING IN PRINT MEDIA THROUGH LOCAL NEWSPAPERS

FINANCIAL COUNSELORS ARE ALSO AVAILABLE ON DAY AND EVENING SHIFTS IN

THE MAIN ADMITTING AREA, SHOCK TRAUMA ADMITTING, AND BOTH THE ADULT AND

PEDIATRIC EMERGENCY ROOMS

Page 8

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DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC) SERVES BALTIMORE CITY

AND THE GREATER METROPOLITAN REGION, INCLUDING PATIENTS WITH IN-STATE,

OUT-OF-STATE, AND INTERNATIONAL REFERRALS FOR TERTIARY AND QUATERNARY

CARE. UMMC IS A PRIVATE, NON-PROFIT ACUTE CARE HOSPITAL AND IS

AFFILIATED WITH THE UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE, AS WELL AS THE SURROUNDING PROFESSIONAL SCHOOLS ON CAMPUS. IT IS THE SECOND LEADING PROVIDER OF HEALTHCARE IN BALTIMORE CITY AND THE STATE OF MARYLAND, AND HAS SERVED THE STATE'S AND CITY'S POPULATIONS SINCE 1823.

DESPITE THE LARGER REGIONAL PATIENT MIX, FOR PURPOSES OF COMMUNITY BENEFITS PROGRAMMING AND THIS REPORT, THE COMMUNITY BENEFIT SERVICE AREA (CBSA) OF UMMC IS NOW DEFINED FOLLOWING THE COMPLETION OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT IN FY'12 USING THE FOLLOWING BALTIMORE CITY 10 ZIP CODES: 21201, 21223, 21229, 21230, 21215, 21216, 21217, 21218, 21213, AND 21225. HOWEVER, UMMC DOES RESPOND TO COMMUNITY HEALTH ISSUES OUTSIDE OF THE PRIMARY CBSA AS THE NEED ARISES (I.E. H1N1 PREPAREDNESS,

JSA

V 11-6.5

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EMERGENCY & DISASTER PREPAREDNESS FOR THE REGION AND STATE, ETC.).

THE 10 ZIP CODES OF THE COMMUNITY BENEFIT SERVICE AREA SHARE MANY OF THE

SAME ATTRIBUTES OF POVERTY, UNSAFE NEIGHBORHOODS, UNMET HEALTH NEEDS WITH

NO HEALTH INSURANCE, AND ILLITERACY. A SUMMARY OF THE SOCIAL

DETERMINANTS OF HEALTH AND DEMOGRAPHICS FOLLOWS.

DEMOGRAPHICS OF TARGETED CBSA

RACIAL STATUS

AFRICAN AMERICANS = 70%

CAUCASIANS = 25%

ASIAN = 2%

HISPANIC = 2%

TWO OR MORE RACES/OTHER = 1%

AVERAGE AGE = 37 YEARS OLD

Schedule H (Form 990) 2011

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FEMALES = 54%

MALES = 46%

SOURCE: NIELSEN SEGMENTATION & LOCAL MARKET SOLUTIONS 2012

PERCENTAGE OF HOUSEHOLDS WITH INCOMES BELOW THE FEDERAL POVERTY

### GUIDELINES WITHIN THE CBSA

- 21201 48.8% (UPTON/DRUID HEIGHTS)
- 21223 26.2% (SW BALTIMORE)
- 21216 & 21217 12.2% (MONDAWMIN)
- 21215 21.3% (PIMLICO)
- 21229 15.1%/13.3% (ALLENDALE/EDMONDSON)
- 21230 20.8%/11.4% (WASHINGTON VILLAGE/MORRELL PARK)
- 21230 8.8% (INNER HARBOR/S. BALTIMORE)
- SOURCE: BALTIMORE CITY HEALTH DEPARTMENT (2011). NEIGHBORHOOD HEALTH

PROFILE REPORT. WWW.BALTIMOREHEALTH.ORG

PERCENTAGE OF MEDICAID RECIPIENTS BY COUNTY (TARGETED 10 ZIPS) WITHIN THE

CBSA

Schedule H (Form 990) 2011

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39.3%

SOURCE: HSCRC NON-CONFIDENTIAL DATABASE

PERCENTAGE OF UNINSURED PEOPLE BY COUNTY (TARGETED 10 ZIPS) WITHIN THE

CBSA

6.2%

SOURCE: HSCRC NON-CONFIDENTIAL DATABASE

SOCIAL DETERMINANTS OF HEALTH (SDOH)

LIFE EXPECTANCY

BALTIMORE CITY = 71.8 YEARS

- 21201 62.9 YEARS (UPTON/DRUID HEIGHTS)
- 21223 65 YEARS (SW BALTIMORE)
- 21216 & 21217 69.6 YEARS (MONDAWMIN)
- 21215 66.8 YEARS (PIMLICO)
- 21229 68.5/71.6 YEARS (ALLENDALE/EDMONDSON)
- 21230 68.6/70.8 YEARS (WASHINGTON VILLAGE/MORRELL PARK)
- 21230 77.1/73.3 YEARS (INNER HARBOR/S. BALTIMORE)

Schedule H (Form 990) 2011

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THE ENTIRE 10 ZIP CODE CBSA IS IN AN IDENTIFIED FOOD DESERT WITH LIMITED

FRESH OR HEALTH FOOD ITEMS AVAILABLE. IN ADDITION, THE DENSITY OF

ALCOHOL AND TOBACCO STORES IS TWICE TO THREE TIMES THE BALTIMORE CITY

AVERAGE. HOMICIDE AND DOMESTIC VIOLENCE RATES WITHIN THE CBSA ARE DOUBLE

THE BALTIMORE CITY AVERAGE.

#### PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

WITHIN EACH OF THE SIX STRATEGIC COMMUNITY PRIORITIES, UMMC SPONSORS

SEVERAL LARGER, SIGNIFICANT PROGRAMS IN EACH PRIORITY AREA. THE COMMUNITY

STRATEGIC PRIORITIES FOCUS ON:

\* CHRONIC DISEASE PREVENTION (2 PRIORITY AREAS)

-OBESITY/CV DISEASE/DIABETES PREVENTION (FROM THE HEART HEALTH FAIR,

DANCE FOR YOUR HEART, KIDS TO FARMER'S MARKET PROGRAM, GET FIT KIDS)

-CANCER PREVENTION (BALTIMORE CITY CANCER PREVENTION PROGRAM - BCCP)

-MATERNAL CHILD HEALTH (STORK'S NEST PROGRAM)

-INFECTIOUS DISEASE PREVENTION (2 PRIORITY AREAS)

-HIV PREVENTION (RAPID HIV TESTING IN PARTNERSHIP W/ JACQUES

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#### INITIATIVE)

-INFLUENZA PREVENTION (ANNUAL FLU CLINICS)

\* VIOLENCE PREVENTION - (VIP PROGRAM)

\* ACCESS TO CARE/PREVENTION (INTEGRATED WITHIN EACH ABOVE AREA THROUGH

FREE SCREENING PROGRAMS - BP, CHOLESTEROL, PREGNANCY, HIV, ETC.)

\* WORKFORCE DEVELOPMENT/LITERACY - (BACH FELLOWS, PROJECT SEARCH, YOUTH

WORKS, LIVE NEAR YOUR WORK)

IN ADDITION TO THE MAJOR INITIATIVES LISTED ABOVE, THERE WERE NUMEROUS OTHER, SMALLER EVENTS IN THE COMMUNITY IN THE PAST FISCAL YEAR TO INCLUDE OVER 60 LOCAL, NEIGHBORHOOD HEALTH FAIRS (IN SCHOOLS, NEIGHBORHOODS, & PLACES OF WORSHIP), 10 FLU CLINICS, LUNCH AND LEARN SESSIONS, INJURY PREVENTION DEMONSTRATIONS AND SAFETY CHECKS, AND DONATIONS TO OVER 25 NON-PROFIT ORGANIZATIONS TO BENEFIT THE COMMUNITY.

IN ADDITION TO THE IDENTIFIED STRATEGIC AND SUSTAINED PRIORITIES FROM THE CHNA, UMMC EMPLOYS THE FOLLOWING PRIORITIZATION FRAMEWORK WHICH IS STATED IN THE UMMC COMMUNITY OUTREACH PLAN. BECAUSE THE MEDICAL CENTER, SERVES

JSA

V 11-6.5

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THE REGION AND STATE WITH A LEADING TRAUMA CENTER, PRIORITIES MAY NEED TO

BE ADJUSTED RAPIDLY TO ADDRESS AN URGENT OR EMERGENT NEED IN THE

COMMUNITY, (I.E. DISASTER RESPONSE OR INFECTIOUS DISEASE ISSUE). THE

CHNA PRIORITIZED NEEDS FOR THE SUSTAINED AND STRATEGIC RESPONSE

CATEGORIES AND THE RAPID AND URGENT RESPONSE CATEGORIES' NEEDS WILL BE

DETERMINED ON AN AS-NEEDED BASIS.

UMMC WILL PROVIDE LEADERSHIP AND SUPPORT WITHIN THE COMMUNITIES SERVED AT

VARIETY OF RESPONSE LEVELS. RAPID AND URGENT RESPONSE LEVELS WILL

RECEIVE PRIORITY OVER SUSTAINED AND STRATEGIC INITIATIVES AS WARRANTED.

\* RAPID RESPONSE - EMERGENCY RESPONSE TO LOCAL, NATIONAL, AND

INTERNATIONAL DISASTERS, I.E. HAITI DISASTER, WEATHER DISASTERS -

EARTHQUAKE, BLIZZARDS, TERRORIST ATTACK

\* URGENT RESPONSE - URGENT RESPONSE TO EPISODIC COMMUNITY NEEDS, I.E. H1N1/ FLU RESPONSE

\* SUSTAINED RESPONSE - ONGOING RESPONSE TO LONG-TERM COMMUNITY NEEDS,

I.E. OBESITY AND TOBACCO PREVENTION EDUCATION, HEALTH SCREENINGS,

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WORKFORCE DEVELOPMENT, COMMUNITY ENGAGEMENT & EMPOWERMENT

\* STRATEGIC RESPONSE - LONG-TERM STRATEGIC LEADERSHIP AT LEGISLATIVE AND CORPORATE LEVELS TO LEVERAGE RELATIONSHIPS TO PROMOTE HEALTH-RELATED POLICY OR REFORM AND BUILD KEY NETWORKS, I.E. SUPPORTING POLICY ON SMOKE-FREE PARKS AND POOLS, REDEVELOPMENT OF HOLLINS MARKET AS A HEALTHY

FOOD HUB

NOW IN ITS SECOND YEAR, OUR COMMUNITY OUTREACH WEBSITE WAS CREATED IN FY'11 ON THE PUBLIC WEB SITE OF THE UNIVERSITY OF MARYLAND MEDICAL CENTER. ALL OF OUR COMMUNITY BENEFIT INFORMATION IS NOW AVAILABLE ONLINE AS WELL AS OUR COMMUNITY CALENDAR OF EVENTS AND INFORMATION ON OUR OUTREACH PROGRAMMING AND INITIATIVES. THE CHNA RECENTLY COMPLETED IN FY'12 IS ALSO AVAILABLE ON THIS SITE AS IS OUR COMMUNITY BENEFIT ANNUAL REPORT. FOR FY'12, THERE WERE 4,871 PAGE VIEWS WITH 2,300 UNIQUE VISITORS. THIS REPRESENTS A 55% INCREASE IN PAGE VIEWS AND A 65% INCREASE IN UNIQUE VISITORS AS COMPARED TO FY'11. A CALENDAR OF UPCOMING EVENTS IS POSTED FOR THE COMMUNITY ON THIS SITE.

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VISIT US AT WWW.UMM.EDU/COMMUNITY

#### UNMET COMMUNITY NEEDS

THE UMMC IDENTIFIED CORE COMMUNITY OUTREACH PRIORITIES TARGET THE

INTERSECTION OF THE IDENTIFIED COMMUNITY NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION. SEVERAL ADDITIONAL TOPIC AREAS WERE IDENTIFIED BY THE CET DURING THE CHNA PROCESS INCLUDING: BEHAVIORAL HEALTH NEEDS, LACK OF SAFE HOUSING, TRANSPORTATION NEEDS, AND SUBSTANCE ABUSE. WHILE THE MEDICAL CENTER WILL FOCUS THE MAJORITY OF OUR EFFORTS ON THE IDENTIFIED PRIORITIES OUTLINED IN THE TABLE ABOVE, WE WILL REVIEW THE COMPLETE SET OF NEEDS IDENTIFIED IN THE CHNA FOR FUTURE COLLABORATION AND WORK. THESE AREAS, WHILE STILL IMPORTANT TO THE HEALTH OF THE COMMUNITY, WILL BE MET THROUGH OTHER HEALTH CARE ORGANIZATIONS WITH OUR ASSISTANCE AS AVAILABLE.

THE UNMET NEEDS NOT ADDRESSED BY UMMC WILL BE ADDRESSED BY KEY BALTIMORE CITY GOVERNMENTAL AGENCIES, OTHER LOCAL HEALTHCARE PROVIDERS AND ORGANIZATIONS, AND EXISTING COMMUNITY-BASED ORGANIZATIONS WITH WHOM WE PARTNER WITH REGULARLY.

Complete this part to provide the following information.

- **1** Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- **3** Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health. Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

UMMC REMAINS COMMITTED TO EMPOWERING AND BUILDING HEALTHY COMMUNITIES.

## AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC) IS PART OF THE LARGER UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), WHICH INCLUDES TEN HOSPITALS AROUND THE CENTRAL MARYLAND REGION. UMMS CREATED THE UNIVERSITY OF MARYLAND COMMUNITY OUTREACH AND ADVOCACY TEAM WHICH MEETS MONTHLY TO ADDRESS THE HEALTH CARE NEEDS OF THE BALTIMORE COMMUNITY. THE GROUP IS COMPRISED OF COMMUNITY OUTREACH MANAGEMENT AND STAFF, CLINICIANS, EXECUTIVE LEADERSHIP FROM UMMS SYSTEM HOSPITALS, WHICH INCLUDES THE MEDICAL CENTER. UMMC PARTICIPATES IN THIS ADVOCACY TEAM AND REPRESENTATIVES COMMUNICATE PRIORITIES TO THE MEDICAL CENTER. IN ADDITION TO THE UMMS' PRIORITIES, UMMC DETERMINES ANNUAL COMMUNITY OUTREACH GOALS AND OBJECTIVES. FOR FY'11, UMMC WAS A MAJOR PARTICIPANT AND SPONSOR IN TWO ANNUAL UMMS OUTREACH HEALTH FAIRS, TAKE A LOVED ONE TO THE DOCTOR DAY AND SPRING INTO GOOD HEALTH.

JSA 1E1327 2.000

V 11-6.5

Complete this part to provide the following information.

- **1** Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- **3** Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health. Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

STATE FILING OF COMMUNITY BENEFIT REPORT

MD,

SCHEDULE I (Form 990)	Grants a		омв №. 1545-0047					
Department of the Treasury Internal Revenue Service			rganization ans	swered "Yes" to F tach to Form 990.				Open to Public Inspection
Name of the organization							Employer identificat	ion number
UNIVERSITY OF N	MARYLAND MEDICAL SY	STEM COR	P				52-1362793	3
Part I General In	formation on Grants and	Assistance	)					
the selection crite	ation maintain records to sul ria used to award the grants V the organization's proced	or assistance	e?	-				X Yes No
to Form 99	d Other Assistance to G 00, Part IV, line 21, for ar be duplicated if additional	ny recipient	that received	ations in the Unit more than \$5,00	ed States. Com 00. Check this bo	plete if the organization one recipient	ation answered "Yention answered "Yention answered "Yention answered more the second sec	es" nan \$5,000. ▶
	address of organization government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RONALD MCDONALD H		52-1184957	501 (C) 3	70,000.				GENERAL ASSISTANCE
(2) UMBF INC								
	BALTIMORE, MD 21201	31-1678679	501 (C) 3	31,000.				GENERAL ASSISTANCE
(3) CARROLL HOSPITAL								
	WESTMINSTER, MD 21157	52-1115038	501 (C) 3	10,000.				GENERAL ASSISTANCE
	ORE CITY FOUNDATION INC.							
	EET BALTIMORE, MD 21218	52-1212473	501(C)3	25,000.				GENERAL ASSISTANCE
(5) AMERICAN HEART AS	SOCIATION							
	BALTIMORE, MD 21201	13-5613797	501 (C) 3	10,000.				GENERAL ASSISTANCE
(6) CIVISTA HEALTH FC	UNDATION							
616 E. CHARLES ST	LA PLATA, MD 20646	52-1414564	501 (C) 3	7,500.				GENERAL ASSISTANCE
(7) HEALTHCARE FINANC	IAL MGMT ASSOC							
6701 N CHARLES ST	BALTIMORE, MD 21204	36-231-8336	501 (C) 3	5,500.				GENERAL ASSISTANCE
(8) MARYLAND BLACK CA	UCUS FOUNDATION							
PO BOX 948 ANNAPC	DLIS, MD 21404	52-1417532	501 (C) 3	10,000.				GENERAL ASSISTANCE
(9) MARCH OF DIMES CE	NTRAL MD DIV							
210 KILEY DRIVE S	ALSBURY, MD 21801	13-1846366	501 (C) 3	10,000.				GENERAL ASSISTANCE
(10) MD AFRICAN AMERIC	AN MUSEUM CORP							
830 E. PRATT ST E	BALTIMORE, MD 21202	52-2107879	501 (C) 3	10,000.				GENERAL ASSISTANCE
(11) UNIV. OF MARYAND	MEDICAL SYSTEM FOUNDATION							
22 SOUTH GREENE S	TREET BALTIMORE, MD 21201	52-1362793	501 (C) 3	12,200.				GENERAL ASSISTANCE
(12) DOWNTOWN PARTNERS	HIP OF BALTIMORE	1						
217 NORTH CHARLES	STREET	52-1326864	501 (C) 3	15,000.				GENERAL ASSISTANCE
	er of section 501(c)(3) and g		-					
3 Enter total number	er of other organizations liste	ed in the line	1 table				<u></u>	
For Paperwork Reduc	ction Act Notice, see the Ins	structions fo	or Form 990.				Sched	ule I (Form 990) (2011)

SCHEDULE I (Form 990)			Assistance t ndividuals in	•	-		omb No. 1545-0047 20 <b>11</b>
		rganization ans	swered "Yes" to F tach to Form 990.				Open to Public Inspection
Name of the organization						Employer identificat	ion number
UNIVERSITY OF MARYLAND MEDICAL S	SYSTEM COR	P				52-1362793	3
Part I General Information on Grants ar	d Assistance	•					
1 Does the organization maintain records to s the selection criteria used to award the grar	ts or assistance	e?					X Yes No
2 Describe in Part IV the organization's proce	dures for mon	itoring the use of	of grant funds in the	United States.			
Part II Grants and Other Assistance to to Form 990, Part IV, line 21, for Part II can be duplicated if addition	any recipient	that received	more than \$5,00	00. Check this bo	olete if the organiza ox if no one recipier	nt received more the	es" nan \$5,000. ▶□
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CAL RIPKEN SR. FOUNDATION 1427 CLARKVIEW ROAD BALTIMORE, MD 21209		501 (C) 3	25,000.				GENERAL ASSISTANCE
(2) UNIV OF MARYLAND BALTIMORE							
620 WEST LEXINGTON STREET	52-6002033	115	50,000.				GENERAL ASSISTANCE
(3) BALTIMORE AREA COUNCIL BSA 701 WYMAN PARK DR BALTIMORE, MD 21211		501 (C) 3	6,000.				GENERAL ASSISTANCE
(4) UNIV OF MARYLAND SCHOOL OF NURSING							
655 WEST LOMBARD STREET BALTIMORE, MD 2120	1 52-6002036	115	25,000.				GENERAL ASSISTANCE
_(5)							
_(6)							
_(7)							
_(8)							
_(9)							
(10)							
(11)							
(12)							
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations list</li> </ul>							16.
3 Enter total number of other organizations lis For Paperwork Reduction Act Notice, see the			<u></u>	<u></u>			ule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_ 1					
2					
_ 3					
4					
5					
6					
7					
Part IV Supplemental Information. Complete t	his part to pro	vide the informa	tion required in	Part I, line 2, and an	y other additional information.

PART I, LINE 2

UNIVERSITY OF MARYLAND MEDICAL SYSTEM MAKES CONTRIBUTIONS TO

ORGANIZATIONS IN SUPPORT OF ITS OVERALL MISSION OF HEALTH PROMOTION IN

THE COMMUNITY IT SERVES.

Schedule I (Form 990) (2011)

SCHEDULI (Form 990	) For certain Officers, Di C ► Complete if the or	nsation Information rectors, Trustees, Key Employees, and Highest ompensated Employees ganization answered "Yes" to Form 990, Part IV, line 23.		<sup>B No. 1</sup> 20	11	
Department of the Internal Revenue		n 990. See separate instructions.		Inspe		
Name of the or			Employer identification			•
	TY OF MARYLAND MEDICAL SYSTEM	CORP	52-1362793			
Part I (	Questions Regarding Compensation					
					Yes	No
<ul> <li>990, I</li> <li>990, I</li> <li>b If any or re expla</li> <li>2 Did th direct</li> <li>3 Indica organ relate</li> <li>X</li> <li>X</li> </ul>	k the appropriate box(es) if the organization p Part VII, Section A, line 1a. Complete Part III First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account of the boxes on line 1a are checked, did imbursement or provision of all of the e in	to provide any relevant information regarding Housing allowance or residence for Payments for business use of perso Health or social club dues or initiation Personal services (e.g., maid, chauff the organization follow a written policy re- expenses described above? If "No," com o reimbursing or allowing expenses incurr , regarding the items checked in line 1a? anization used to establish the compensation that apply. Do not check any boxes for metho he CEO/Executive Director. Explain in Part II Written employment contract Compensation survey or study	g these items. personal use nal residence on fees eur, chef) garding payment plete Part III to ed by all officers, on of the ds used by a II.	1b 2	x x	
4 Durin	Form 990 of other organizations g the year, did any person listed in Form 990, ization or a related organization:					
a Rece	ve a severance payment or change-of-control	payment?		4a	Х	
<b>b</b> Partic	ipate in, or receive payment from, a supplem	ental nonqualified retirement plan?		4b	Х	
	ipate in, or receive payment from, an equity-b s" to any of lines 4a-c, list the persons and p			4c		X
5 For p comp	section 501(c)(3) and 501(c)(4) organization ersons listed in Form 990, Part VII, Section A ensation contingent on the revenues of:	, line 1a, did the organization pay or accrue a				V
<b>b</b> Any re	rganization? elated organization? s" to line 5a or 5b, describe in Part III.			5a 5b		X X
6 For p comp	ersons listed in Form 990, Part VII, Section A ensation contingent on the net earnings of:	2				
a The c	rganization?			6a		<u>X</u>
	elated organization?			6b		X
7 For p	s" to line 6a or 6b, describe in Part III. ersons listed in Form 990, Part VII, Section			_	v	
	ents not described in lines 5 and 6? If "Yes," o			7	Х	
to th	any amounts reported in Form 990, Part V e initial contract exception described in	Regulations section 53.4958-4(a)(3)? If	"Yes," describe			V
9 If "Ye	t III s" to line 8, did the organization also fo lations section 53.4958-6(c)?	ollow the rebuttable presumption proced	ure described in	8		<u> </u>

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

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

#### Page **2**

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
<b>(A)</b> Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	(i)	1,124,953.	937,125.	11,560.	204,107.	9,624.	2,287,369.	
1 ROBERT A CHRENCIK	(ii)	0	0	00	0	00	C	
	(i)	337,675.	164,939.	16,297.	48,165.	9,315.	576,391.	
2 LISA C ROWEN	(ii)	0	0	0	0	0	C	
	(i)	643,163.	325,097.	105,093.	9,800.	8,221.	1,091,374.	
3 HENRY J FRANEY	(ii)	0	0	0	0	0	C	
	(i)	401,936.	163,345.	69,093.	9,800.	8,497.	652,671.	
4 MEGAN M ARTHUR	(ii)	0	0	0	0	0	C	
	(i)	357,011.	155,527.	56,815.	9,800.	7,955.	587,108.	
5 JOHN W ASHWORTH III	(ii)	0	0	0	0	0	С	
	(i)	298,932.	130,500.	40,780.	9,800.	7,184.	487,196.	
6 MARK L WASSERMAN	(ii)	0	0	0	0	0	C	
	(i)	294,871.	126,406.	3,002.	41,948.	9,225.	475,452.	
7 GERALD L WOLLMAN	(ii)	0	0	0	0	0	C	
	(i)	317,271.	106,268.	5,215.	46,203.	9,287.	484,244.	
8 MARK KELEMEN	(ii)	0	0	0	0	0	0	
	(i)	689,045.	381,237.	129,101.	9,800.	7,908.	1,217,091.	
9 JEFFERY A RIVEST	(ii)	0	0	0	0	0	C	
	(i)	255,444.	58,000.	131,759.	9,800.	8,857.	463,860.	
10 ROBERT K ALLEN	(ii)	0	0	0	0	0		
	(i)	339,147.	161,040.	63,441.	9,800.	9,320.	582,748.	
11 ALISON G BROWN	(ii)	0	0	0	0	0		
	(i)	311,104.	114,117.	218,024.	9,800.	8,318.	661,363.	156,577
12 HERBERT C BUCHANAN	(ii)	0	120.024	007 770	0	0 407		105 007
TON D DUDNO	(i)	359,326.	138,234.	287,779.	9,800.	8,407.	803,546.	195,837
13 JON P BURNS	(ii)	400 104	212 770	70, 200	0	0 612		
	(i)	490,104.	212,770.	70,209.	9,800.	9,613.	792,496.	
14 GLENN F ROBBINS	(ii)	480.700	220 470	5 7 2 Q	60.201	0 211		
TONAMUAN E COMMITTE	(i)	489,792.	220,478.	5,732.	69,391.	8,211.	793,604.	
15 JONATHAN E GOTTLIEB	(ii)	205 710	196 705	52 005	U 0.000	4 700	640.04F	
VEIMU D DEDGINGED	(i)	395,719.	186,725.	52,005.	9,800.	4,796.	649,045.	
16 KEITH D PERSINGER	(ii)	ų	ų	U	U	U	L C	1

Schedule J (Form 990) 2011

Page 2

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

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

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

	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
<b>(A)</b> Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(i)	231,578.	99,336.	35,441.	9,453.	9,070.	384,878.	0
1 RICK E DUNNING (ii)	0	сС	00	0	C	C	0
(i)	L						
_2 (ii)							
(i)							
<u>3</u> (ii)							
(i)	L						
(ii)							
(i)							
<u>5</u> (ii)							
(i)							
<u>6</u> (ii)							
(i)							
(ii)							
(i)							
(ii)							
(1)							
<u>9</u> (ii)							
(1)							
<u>10 (ii)</u>							
(i) 11 (ii)							
(i) 12 (ii)							
12 (ii) (i)							
13 (ii)							
<u>- 13 (ii)</u> (i)							
14 (ii)		+	+			+	
(i)							
15 (ii)		+	+			+	
(i)							
<u>16</u> (ii)							

Schedule J (Form 990) 2011

#### Schedule J (Form 990) 2011

Page 3	3
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Part III Supplemental Information

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

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

SCHEDULE J, PART I, LINE 1A

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.

SEVERANCE OR CHANGE OF CONTROL

SCHEDULE J, PART I, LINE 4A

ROBERT K. ALLEN - 85,776

#### SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

DURING THE FISCAL YEAR ENDED JUNE 30, 2012, CERTAIN OFFICERS AND KEY

EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM

(UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED

BELOW HAVE NOT VESTED IN THE PLAN THEREFORE THE ACCRUED CONTRIBUTION TO

THE PLAN FOR THE FISCAL YEAR IS REPORTED ON SCHEDULE J, PART II, COLUMN

C, RETIREMENT AND OTHER DEFERRED COMPENSATION: ROBERT A. CHRENCIK, LISA

Schedule J (Form 990) 2011

#### Part III Supplemental Information

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

C. ROWEN, JONATHAN E. GOTTLIEB, MARK KELEMEN & GERALD L. WOLMAN.

DURING THE FISCAL YEAR, ENDED JUNE 30, 2012, CERTAIN OFFICERS AND KEY

EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM

(UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED

BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE

CONTRIBUTIONS TO THE PLAN FOR THE FISCAL YEAR ARE REPORTED AS TAXABLE

COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER

**REPORTABLE COMPENSATION:** 

JEFFREY A. RIVEST, HENRY J. FRANEY, ROBERT K. ALLEN, ALLISON G. BROWN, KEITH D. PERSINGER, MEGAN M. ARTHUR, RICK E. DUNNING, GLENN F. ROBBINS, JOHN W. ASHWORTH, MARK L. WASSERMAN & ALLISON G. BROWN.

DURING THE FISCAL YEAR, ENDED JUNE 30, 2012, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN THE REPORTING TAX YEAR, THEREFORE THE Page 3

Page 3

#### Part III Supplemental Information

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

FULL VALUE OF THE PLAN, INCLUDING ANY CONTRIBUTIONS TO THE PLAN FOR THE

CURRENT FISCAL YEAR IS REPORTED AS TAXABLE COMPENSATION AND REPORTED ON

SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION. PRIOR

YEAR CONTRIBUTIONS TO THE PLAN WERE PREVIOUSLY REPORTED ON FORM 990 AND

ARE INDICATED ON SCHEDULE J, PART II, COLUMN (F).

HERBERT C. BUCHANAN & JON P. BURNS

NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF

THE OFFICERS AND KEY EMPLOYEES.

#### SCHEDULE K (Form 990)

# Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

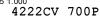
Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Bond Issues Part I (i) Pooled (h) On behalf of (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased financing issuer Yes No Yes No Yes No A MHHEFA 52-0936091 574217LP8 12/17/2003 37,590,847. ADVANCE REFUNDING х Х Х **B** MHHEFA 574217W92 144,317,619. CURRENT REFUNDING 52-0936091 06/25/2008 Х х х **C** MHHEFA 574217YG4 46,070,791. NEW MONEY 52-0936091 10/24/2006 Х х Х **D** MHHEFA 52-0936091 574217G74 09/12/2007 96,445,000. ADVANCE REFUNDING х х Х Part II Proceeds

	85,000. 90,847.		25,000.			4	00,000
37,5	90,847.	144 3					
37,5	90,847.	144 2					
	57,550,047.		17,619.	46,9	07,010.	96,4	45,000
				2,2	14,122.		
				3,498,365.			
4	44,968.	1,167,619.		3	50,032.	784,512.	
1,056,738.							13,877.
				40,844,491.			
36,089,142.		143,150,000.				95,646,611.	
				2008			
Yes	No	Yes	No	Yes	No	Yes	No
	Х	Х			Х		Х
Х			Х		Х	Х	
Х		Х		Х		Х	
Х		Х		Х		Х	
					·		
A	1	E	3	C	;	D	)
Yes	No	Yes	No	Yes	No	Yes	No
	Х		Х		Х		Х
	Х		Х		Х		Х
			I		Sc	hedule K (Fo	rm 990) 201
	1,03 36,03 Yes X X X X	36,089,142. Yes No X X X X Yes No X X X X X X X X X X X X X	1,056,738. 36,089,142. 143,1 Yes No Yes X X X X X X X X X X X X X X X	1,056,738. 36,089,142. 143,150,000. Yes No Yes No X X X X X X X X X X X X X X	1,056,738.       40,8         36,089,142.       143,150,000.         Yes       No         Yes       No         X       X         X <t< td=""><td>1,056,738.     40,844,491.       36,089,142.     143,150,000.       36,089,142.     143,150,000.       Yes     No       Yes     No       Yes     No       X     X</td><td>1,056,738.     40,844,491.       36,089,142.     143,150,000.     95,6       Yes     No     Yes     No     Yes       X     X     X     X     X       X     X     X     X     X       X     X     X     X     X       X     X     X     X     X       X     X     X     X     X       X     X     X     X     X       X     X     X     X     X       Yes     No     Yes     No     Yes       A     B     C     D       Yes     No     Yes     No     Yes       X     X     X     X     X       X     X     X     X     X</td></t<>	1,056,738.     40,844,491.       36,089,142.     143,150,000.       36,089,142.     143,150,000.       Yes     No       Yes     No       Yes     No       X     X	1,056,738.     40,844,491.       36,089,142.     143,150,000.     95,6       Yes     No     Yes     No     Yes       X     X     X     X     X       X     X     X     X     X       X     X     X     X     X       X     X     X     X     X       X     X     X     X     X       X     X     X     X     X       X     X     X     X     X       Yes     No     Yes     No     Yes       A     B     C     D       Yes     No     Yes     No     Yes       X     X     X     X     X       X     X     X     X     X





52-1362793

► Attach to Form 990. ► See ser

See separate instructions.

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#### SCHEDULE K (Form 990)

# Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Bond Issues Part I (i) Pooled (h) On (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased behalf of financing issuer Yes No Yes No Yes No A MHHEFA 52-0936091 574217G82 09/12/2007 41,350,000. ADVANCE REFUNDING х Х Х **B** MHHEFA 574217078 50,000,000. CURRENT REFUNDING 52-0936091 05/21/2008 Х х х **C** MHHEFA 574217086 75,000,000. CURRENT REFUNDING 52-0936091 05/21/2008 Х х Х **D** MHHEFA 52-0936091 574217094 05/21/2008 50,000,000. CURRENT REFUNDING х х х Part II **Proceeds** 

		Α		В	С	;	D	
1 Amount of bonds retired	1	75,000.						
2 Amount of bonds legally defeased								
3 Total proceeds of issue	46,8	37,192.	50,0	00,000.	75,0	00,000.	50,0	00,000.
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows.	45,7	92,457.						
7 Issuance costs from proceeds	3	36,219.	283,967.		4	25,158.	283,967.	
8 Credit enhancement from proceeds		5,947.		33,758.		50,542.		33,758.
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	702,569.		49,682,275.		74,524,300.		49,682,275.	
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	Х		Х		Х	
15 Were the bonds issued as part of an advance refunding issue?	Х			Х		Х		Х
16 Has the final allocation of proceeds been made?	Х		Х		Х		Х	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		Х		Х		Х	
Part III Private Business Use								
		Α		В	C	;	D	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned	Yes	No	Yes	No	Yes	No	Yes	No
property financed by tax-exempt bonds?		X		Х		Х		Х
2 Are there any lease arrangements that may result in private business use of bond-financed property?		Х		Х		Х		Х
For Paperwork Reduction Act Notice, see the Instructions for Form 990.						Sc	hedule K (Fo	rm 990) 2011
JSA 1E1295 1.000								
4222CV 700P V 11-6.5 52	3415						PAGE	79



Employer identification number 52-1362793

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► Attach to Form 990. ► See separate instructions.

#### SCHEDULE K (Form 990)

# Supplemental Information on Tax-Exempt Bonds

► Attach to Form 990.

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Bond Issues Part I (i) Pooled (h) On behalf of (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased financing issuer Yes No Yes No Yes No A MHHEFA 52-0936091 574217V28 05/21/2008 50,000,000. CURRENT REFUNDING х Х Х **B** MHHEFA 574217V36 05/21/2008 55,000,000. CURRENT REFUNDING 52-0936091 Х х х **C** MHHEFA 574217¥66 07/10/2008 89,764,001. CURRENT REFUNDING 52-0936091 х Х х **D** MHHEFA 52-0936091 5742175E1 01/07/2010 241,441,656. REFUNDING х х х Part II **Proceeds** ^ Р 2 п

		A		B	C	;	0	)
1 Amount of bonds retired					17,3	65,000.	10,4	60,000.
2 Amount of bonds legally defeased								
3 Total proceeds of issue	50,0	00,000.	55,0	00,000.	89,7	64,001.	241,4	41,656.
4 Gross proceeds in reserve funds							18,0	11,140.
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows.								
7 Issuance costs from proceeds	2	83,967.	309,350.		7	92,457.	2,6	56,305.
8 Credit enhancement from proceeds		33,758.		36,775.				
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds							96,0	13,445.
11 Other spent proceeds	49,682,275.		54,653,875.		88,971,544.		90,774,211.	
12 Other unspent proceeds							33,986,555.	
13 Year of substantial completion							2012	
<b>i</b>	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	Х		Х		Х		Х	
15 Were the bonds issued as part of an advance refunding issue?		Х		Х		Х		Х
16 Has the final allocation of proceeds been made?	Х		Х		Х			Х
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		Х		Х		Х	
Part III Private Business Use								
		Α		В	(	2	0	)
1 Was the organization a partner in a partnership, or a member of an LLC, which owned	Yes	No	Yes	No	Yes	No	Yes	No
property financed by tax-exempt bonds?		Х		Х		X		Х
2 Are there any lease arrangements that may result in private business use of bond-financed property?		Х		Х		Х		Х
For Paperwork Reduction Act Notice, see the Instructions for Form 990.						Sc	hedule K (Fo	orm 990) 2011
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► See separate instructions.

### UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

#### 52-1362793

Part III Private Business Use (Continued) MI	HHEFA							
		A		В	С		l	D
3a Are there any management or service contracts that may result in private business	Yes	No	Yes	No	Yes	No	Yes	No
use of bond-financed property?		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond- financed property?		x		x		x		x
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	•	%		%		%		
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	•	%		%		%		
6 Total of lines 4 and 5		%		%		%		(
7 Has the organization adopted management practices and procedures to								
ensure the post-issuance compliance of its tax-exempt bond liabilities?	x		х		х		Х	
ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		х		x		x	
ensure the post-issuance compliance of its tax-exempt bond liabilities?		A	Х	B		c		D
ensure the post-issuance compliance of its tax-exempt bond liabilities?		A No	X	BNo		C No		D No
ensure the post-issuance compliance of its tax-exempt bond liabilities?	Yes	1		-		-		
ensure the post-issuance compliance of its tax-exempt bond liabilities?  Part IV Arbitrage  Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	No		No		No		No
<ul> <li>ensure the post-issuance compliance of its tax-exempt bond liabilities?</li> <li>Part IV Arbitrage</li> <li>1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?</li> <li>2 Is the bond issue a variable rate issue?</li> <li>3a Has the organization or the governmental issuer entered into a qualified hedge with</li> </ul>	Yes	No X		No X		No X	Yes	No
<ul> <li>ensure the post-issuance compliance of its tax-exempt bond liabilities?</li> <li>Part IV Arbitrage</li> <li>1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?</li> <li>2 Is the bond issue a variable rate issue?</li> <li>3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?</li> </ul>	Yes	No X X		No X X		No X X X	Yes X	No X
<ul> <li>ensure the post-issuance compliance of its tax-exempt bond liabilities?</li> <li>Part IV Arbitrage</li> <li>1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?</li> <li>2 Is the bond issue a variable rate issue?</li> <li>2 Is the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?</li> <li>b Name of provider .</li> </ul>	Yes	No X X		No X X		No X X X	Yes X X	No X BANKAMER
<ul> <li>ensure the post-issuance compliance of its tax-exempt bond liabilities?</li> <li>Part IV Arbitrage</li> <li>1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?</li> <li>2 Is the bond issue a variable rate issue?</li> <li>3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?</li> <li>b Name of provider .</li> <li>c Term of hedge .</li> </ul>	Yes	No X X		No X X		No X X X	Yes X X	No X BANKAMER
<ul> <li>ensure the post-issuance compliance of its tax-exempt bond liabilities?</li> <li>Part IV Arbitrage</li> <li>1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?</li> <li>2 Is the bond issue a variable rate issue?</li> <li>3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?</li> <li>b Name of provider</li> <li>c Term of hedge</li> <li>d Was the hedge superintegrated?</li> </ul>	Yes	No X X X		No X X X		No X X X	Yes X X	No X BANKAMER 27.000
ensure the post-issuance compliance of its tax-exempt bond liabilities?         Part IV       Arbitrage         1       Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?         2       Is the bond issue a variable rate issue?         3a       Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?         b       Name of provider         c       Term of hedge         d       Was the hedge superintegrated?	Yes	No X X X		No X X X		No X X X	Yes X X	No X BANKAMER 27.000
ensure the post-issuance compliance of its tax-exempt bond liabilities?         Part IV       Arbitrage         1       Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?         2       Is the bond issue a variable rate issue?         3a       Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?         b       Name of provider         c       Term of hedge         d       Was the hedge superintegrated?	Yes	No X X X		No X X X		No X X X	Yes X X	No X BANKAMER 27.000
ensure the post-issuance compliance of its tax-exempt bond liabilities?         Part IV       Arbitrage         1       Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?         2       Is the bond issue a variable rate issue?         3a       Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?         b       Name of provider         c       Term of hedge         d       Was the hedge superintegrated?         e       Was the hedge terminated?         4a       Were gross proceeds invested in a guaranteed investment contract (GIC)?	Yes	No X X X		No X X X		No X X X	Yes X X	No X BANKAMER 27.000
<ul> <li>ensure the post-issuance compliance of its tax-exempt bond liabilities?</li> <li>Part IV Arbitrage</li> <li>1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?</li> <li>2 Is the bond issue a variable rate issue?</li> <li>2 Is the bond issue a variable rate issue?</li> <li>3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?</li> <li>b Name of provider</li> <li>c Term of hedge</li> <li>d Was the hedge superintegrated?</li> <li>e Was the hedge terminated?</li> <li>4a Were gross proceeds invested in a guaranteed investment contract (GIC)?</li> </ul>	Yes	No X X X		No X X X		No X X X	Yes X X	No X BANKAMER 27.000
ensure the post-issuance compliance of its tax-exempt bond liabilities?         Part IV       Arbitrage         1       Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?         2       Is the bond issue a variable rate issue?         3a       Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?         b       Name of provider         c       Term of hedge         d       Was the hedge terminated?         4a       Were gross proceeds invested in a guaranteed investment contract (GIC)?         b       Name of provider	Yes	No X X X		No X X X		No X X X	Yes X X	No X BANKAMER 27.000

Part V Procedures To Undertake Corrective Action	
Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary	
closing agreement program if self-remediation is not available under applicable regulations	No
Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).	

### UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

#### 52-1362793

Part III Private Bu	isiness Use (Continued)	IHHEFA							
			Α		В		С		D
3a Are there any ma	nagement or service contracts that may result in private business	Yes	No	Yes	No	Yes	No	Yes	No
	ed property?		X		Х		X		X
	bes the organization routinely engage bond counsel or other outside counse								
to review any manage	ement or service contracts relating to the financed property?				X				
	earch agreements that may result in private business use of bond		x		x		x		x
d If "Vee" to line 2	c, does the organization routinely engage bond counsel or othe	-			<u>л</u>		Л		
	review any research agreements relating to the financed property?								
	age of financed property used in a private business use by entities								
other than a sectio	n 501(c)(3) organization or a state or local government	▶	%		%		%		(
	age of financed property used in a private business use as a								
	d trade or business activity carried on by your organization		0/		0/		0/		
	1(c)(3) organization, or a state or local government		<u>%</u>		%		%		
• Total of lines 4 and	15	•	%		%		%		
7 Has the organization	on adopted management practices and procedures to	x		x		х		x	
ensure the post-iss	suance compliance of its tax-exempt bond liabilities?	. ^		~		Λ		Λ	
Part IV Arbitrage		<u> </u>		1	_				
			Α		В		<u> </u>		<b>D</b>
<b>1</b> Has a Form 803					-		C		D
	8-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu o		No	Yes	No	Yes	No	Yes	No
Arbitrage Rebate, b	been filed with respect to the bond issue?		No X		-	Yes	-	Yes	-
Arbitrage Rebate, b 2 Is the bond issue a	variable rate issue?	X	-	Yes X	No		No		No
Arbitrage Rebate, b 2 Is the bond issue a 3a Has the organizati	overn filed with respect to the bond issue?	. X	-		No	Yes	No	Yes	No
Arbitrage Rebate, b 2 Is the bond issue a 3a Has the organizati respect to the bond	been filed with respect to the bond issue? variable rate issue? on or the governmental issuer entered into a qualified hedge with d issue?	. X	X	x	No X	Yes X X	No X	Yes X X	No X
Arbitrage Rebate, b 2 Is the bond issue a 3a Has the organizati respect to the bond b Name of provider	been filed with respect to the bond issue? variable rate issue? on or the governmental issuer entered into a qualified hedge with d issue?	. X . X . JP MORGAN	X	x	No X	Yes X X	No	Yes X X	No X BANK AMER
Arbitrage Rebate, b 2 Is the bond issue a 3a Has the organizati respect to the bond b Name of provider c Term of hedge	been filed with respect to the bond issue?	X X X	X BANK AMER	x	No X BANK AMER	Yes X X	No X BANK AMER J	Yes X X	No X BANK AMER
Arbitrage Rebate, b 2 Is the bond issue a 3a Has the organizati respect to the bond b Name of provider c Term of hedge d Was the hedge su	been filed with respect to the bond issue?	. X . X . JP MORGAN	X BANK AMER 27.000	x	No X BANK AMER 34.600	Yes X X	No X BANK AMER J 34.600	Yes X X	No X BANK AMER 34.600
Arbitrage Rebate, b 2 Is the bond issue a 3a Has the organizati respect to the bond b Name of provider c Term of hedge d Was the hedge su e Was the hedge ter	been filed with respect to the bond issue?	. X X JP MORGAN	X BANK AMER 27.000	x	No X BANK AMER 34.600	Yes X X	No X BANK AMER J 34.600	Yes X X	No X BANK AMER 34.600
Arbitrage Rebate, b 2 Is the bond issue a 3a Has the organizati respect to the bond b Name of provider c Term of hedge d Was the hedge sug e Was the hedge ter 4a Were gross proces	been filed with respect to the bond issue?         variable rate issue?         on or the governmental issuer entered into a qualified hedge with dissue?         beerintegrated?         minated?         eds invested in a guaranteed investment contract (GIC)?	X X JP MORGAN	X BANK AMER 27.000	x	No X BANK AMER 34.600	Yes X X	No X BANK AMER J 34.600	Yes X X	No X BANK AMER 34.600
Arbitrage Rebate, b 2 Is the bond issue a 3a Has the organizati respect to the bond b Name of provider c Term of hedge d Was the hedge sug e Was the hedge ter 4a Were gross proceed b Name of provider	been filed with respect to the bond issue?	. X . X . JP MORGAN 	X BANK AMER 27.000	x	No X BANK AMER 34.600	Yes X X	No X BANK AMER J 34.600	Yes X X	No X BANK AMER 34.600
Arbitrage Rebate, b 2 Is the bond issue a 3a Has the organizati respect to the bond b Name of provider c Term of hedge d Was the hedge sur e Was the hedge ter 4a Were gross proceed b Name of provider c Term of GIC	been filed with respect to the bond issue?	. X X JP MORGAN 	X BANK AMER 27.000	x	No X BANK AMER 34.600	Yes X X	No X BANK AMER J 34.600	Yes X X	No X BANK AMER 34.600
Arbitrage Rebate, b 2 Is the bond issue a 3a Has the organizati respect to the bond b Name of provider c Term of hedge d Was the hedge sur e Was the hedge ter 4a Were gross proceed b Name of provider c Term of GIC d Was the regulator	been filed with respect to the bond issue?	. X X JP MORGAN	X BANK AMER 27.000	x	No X BANK AMER 34.600	Yes X X	No X BANK AMER J 34.600	Yes X X	No X BANK AMER 34.600

Part V	Procedures To Undertake Corrective Action	
Check the	box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary	
closing ag	reement program if self-remediation is not available under applicable regulations	٧o
Part VI	Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).	

#### UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

#### 52-1362793

Part	Private Business Use (Continued) ME	HEFA							
			4		В		c	[	)
3a A	re there any management or service contracts that may result in private business	Yes	No	Yes	No	Yes	No	Yes	No
	se of bond-financed property?		X		Х		X		Х
b If	"Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel or eview any management or service contracts relating to the financed property?								
	re there any research agreements that may result in private business use of bond- nanced property?		x		x		x		Х
d lf	"Yes" to line 3c, does the organization routinely engage bond counsel or other utside counsel to review any research agreements relating to the financed property?								
	nter the percentage of financed property used in a private business use by entities ther than a section 501(c)(3) organization or a state or local government		%		%		%		
r	inter the percentage of financed property used in a private business use as a esult of unrelated trade or business activity carried on by your organization, nother section 501(c)(3) organization, or a state or local government		%		%		%		
<b>6</b> T	otal of lines 4 and 5		%		%		%		
7 F	las the organization adopted management practices and procedures to								
	nsure the post-issuance compliance of its tax-exempt bond liabilities?	х		Х		Х		х	
		Х		х		Х		х	
e	nsure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		Х	
e	nsure the post-issuance compliance of its tax-exempt bond liabilities?	I	A.		B		c	X	)
e Part	Arbitrage Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	I	A No X		B No X		C No X		) No X
e Part I ⊢ A	Number of the post-issuance compliance of its tax-exempt bond liabilities?         V       Arbitrage         las a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of rrbitrage Rebate, been filed with respect to the bond issue?		No		No		No	[	No
e Part                 	Arbitrage Arbitrage Arbitrage Rebate, Yield Reduction and Penalty in Lieu of rbitrage Rebate, been filed with respect to the bond issue? Arbitrage Rebate a variable rate issue? Arbitrage Rebate issue a variable rate issue?	Yes	No	Yes	No		No X	[	No X
e Part I - F A 2 Is 3a - r	Arbitrage Arbitr	Yes X X	No X	Yes X X	No X		No X X	[	No X X
e Part 1 H 2 Is 3a H r0 b N	Arbitrage Arbitr	Yes X X	No X	Yes X X	No X		No X X	[	No X X
e Part I - A 2 Is 3a - F 3a - F 0 N c T	Arbitrage Arbitr	Yes X X	No X BANK AMER D	Yes X X	No X BANK AMER		No X X	[	No X X
e Part 1 2 1: 3a - 1 3a - 1 0 N c T d V	Arbitrage Arbitr	Yes X X	No X BANK AMER 0 34.600	Yes X X	No X BANK AMER 34.600		No X X	[	No X X X
e Part 1 F 2 Is 3a F r0 5 N c T d V e V	Arbitrage Arbitr	Yes X X	No X BANK AMER 0 34.600	Yes X X	No X BANK AMER 34.600		No X X	[	No X X X
e Part 1 F 2 Is 2 Is 70 3a F 70 5 N c T d V e V 4a V	Arbitrage Arbitr	Yes X X	No X BANK AMER 0 34.600	Yes X X	No X BANK AMER 34.600		No X X X	[	No X X X
e Part 1 H A 2 k 3a H rr 0 N c T d V e V 4a V b N	Arbitrage Arbitr	Yes X X	No X BANK AMER 0 34.600	Yes X X	No X BANK AMER 34.600		No X X X	[	No X X X
e Part 1 F 2 Is 3a F 70 b N c T d V e V 4a V b N c T	Arbitrage Arbitr	Yes X X	No X BANK AMER 0 34.600	Yes X X	No X BANK AMER 34.600		No X X X	[	No X X X
e Part 1 H 2 k 3a H rd 0 N c T d V 4a V 4a V 6 N c T d V	Arbitrage Arbitr	Yes X X	No X BANK AMER 0 34.600	Yes X X	No X BANK AMER 34.600		No X X X	[	No X X X

Part V

Part VI

**Procedures To Undertake Corrective Action** 

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary

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

closing agreement program if self-remediation is not available under applicable regulations

Yes X No

SCHEDULE L

#### (Form 990 or 990-EZ)

## Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

c.	2011			
-,	Open To Public			
ns.	Inspection			
Employer identification number				

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

#### UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

52-1362793

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

4	(a) Name of discussified person	(a) Name of disgualified person (b) Description of transaction		Corrected?	
-	(a) Name of disqualmed person			S N	o
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
-					_

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 3

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	• •	to or from anization?	<b>(c)</b> Original principal amount	(d) Balance due	<b>(e)</b> In d	default?	by bo	proved oard or nittee?	<b>(g)</b> W agreei	
	То	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
10)										
otal			▶\$			•		•		
Part III Grants or Assistance Benefiting Inter	ested	d Per	sons.							

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
_(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

52-1362793

Page 2

#### Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990. Part IV. line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	<b>(e)</b> Sh organi: reven	-
				Yes	No
(1) ATWOOD COLLINS	BOARD MEMBER	675,000.	SEE BELOW		х
(2) FRANCIS KELLY	BOARD MEMBER	104,579.	SEE BELOW		х
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

#### Part V Supplemental Information

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

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

PART IV

#### ATWOOD COLLINS

THE ORGANIZATION USES M&T BANK FOR MANY OF ITS BANKING SERVICES, INCLUDING TREASURY MANAGEMENT, DEPOSIT SERVICES, LINES OF CREDIT AND CORPORATE TRUST AND CUSTODY SERVICES. ATWOOD COLLINS IS EXECUTIVE VICE PRESIDENT OF M&T BANK AS WELL AS A BOARD MEMBER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM. SERVICES PROVIDED BY THE BANK ARE CHARGED AT OR BELOW FAIR MARKET VALUE.

#### FRANCIS KELLY

FRANCIS KELLY IS A BOARD MEMBER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM AS WELL AS THE CHAIRMAN AND CHIEF EXECUTIVE OFFICER OF KELLY & ASSOCIATES INSURANCE GROUP, INC. THE MEDICAL SYSTEM USES KELLY & ASSOCIATES TO PURCHASE HEALTH, VISION, DENTAL AND LIFE INSURANCE POLICIES FOR THE EMPLOYEES OF THE SYSTEM. SERVICES PROVIDED BY THE BANK ARE CHARGED AT OR BELOW FAIR MARKET VALUE. SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Employer identification number 52-1362793

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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

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

UPON COMPLETION OF THE IN-HOUSE REVIEW, GRANT THORNTON IS INSTRUCTED TO MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN. THE FINAL RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS THE RETURN.

PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN,

Schedule O (Form 990 or 990-EZ) 2011	Page 2
Name of the organization	Employer identification number
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	52-1362793

TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN OR OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. AT THE DISCRETION OF THE REVIEWING BOARD MEMBER, SUCH MEMBER WILL BRING ANY ISSUES OR QUESTIONS RELATED TO THE COMPLETED IRS FORM 990 TO THE ATTENTION OF THE BOARD.

NOTWITHSTANDING THE ABOVE, A BOARD RESOLUTION IS NOT REQUIRED FOR THE FILING OF THE ORGANIZATION'S IRS FORM 990. EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION. A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMSC) REVIEWS THE RESPONSES FOR UMMSC, UNIVERSITY SPECIALTY HOSPITAL AND JAMES LAWRENCE KERNAN HOSPITAL. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES.

THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED FOR UMMSC,

V 11-6.5

523415

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

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

ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION:

ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

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

Page 2

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A

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

EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.

THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

PROCESS FOR DETERMINING COMPENSATION FORM 990, PART VI, LINE 15B 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

V 11-6.5

Schedule O (Form 990 or 990-EZ) 2011	Page 2
Name of the organization	Employer identification number
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	52-1362793

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 MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

#### HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

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

REQUESTS FOR FORM 990 AND FORM 1023:

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

REQUESTED. IF THE REQUESTER APPEARS IN PERSON, THE INDIVIDUAL IS DIRECTED TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION AND THE FORM 990 AND/OR FORM 1023 ARE MADE AVAILABLE FOR INSPECTION.

THE INDIVIDUAL IS PERMITTED TO REVIEW THE RETURN, TAKE NOTES AND REQUEST A COPY. IF REQUESTED, A COPY IS PROVIDED ON THE SAME DAY. A NOMINAL FEE IS CHARGED FOR MAKING THE COPIES. THE ORGANIZATION MAY HAVE AN EMPLOYEE PRESENT DURING THE PUBLIC INSPECTION OF THE DOCUMENT.

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

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

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

NIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	52-1362793
	02 1002,90

FORM 990, PART XI, LINE 5

RECONCILIATION OF NET ASSETS:

LINE 5: OTHER CHANGES

CHANGE IN NET ASSETS OF FOUNDATION	1,158,000
SUPPORT FROM FOUNDATION	93,000
NET ASSETS RELEASED FROM RESTRICTIONS FOR PURCHASES	
OF PROPERTY AND EQUIPMENT	29,808,000
CHANGE FAIR VALUE- INTEREST RATE SWAP	(4,949,000)
CHANGE OWNERSHIP INT- NONCONSOLIDATED SUBSIDIARIES	(2,883,000)
CHANGE IN OWNERSHIP INT- JOINT VENTURES	(900,000)
PRIOR YEAR 36 S. PACA STREET NET ASSET ELIM NOT ADJUSTED	(11,337,000)
USH LOSS	(25,312,000)
CAPITAL TRANSFER	2,473,000
CONTRIBUTED CAPITAL - URNA	(2,135,000)
CONTRIBUTED CAPITAL - TRNA	489,000
OTHER	45,660
CHANGE IN FAIR MARKET VALUE- INVESTMENTS	(124,476,819)
TOTAL	(137,926,159)

HOURS ON RELATED ENTITY PART VII, SECTION A, COL (B) THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) IS A MULTI-ENTITY HEALTH CARE SYSTEM THAT INCLUDES 9 ACUTE CARE HOSPITALS, 3 ACUTE CARE HOSPITALS

V 11-6.5

Schedule O (Form 990 or 990-EZ) 2011	Page
Name of the organization	Employer identification number
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	52-1362793

OWNED IN JOINT VENTURE ARRANGEMENTS AND VARIOUS SUPPORTING ENTITIES. A NUMBER OF INDIVIDUALS PROVIDE SERVICES TO VARIOUS ENTITIES WITHIN THE SYSTEM. IN GENERAL, THE OFFICERS AND KEY EMPLOYEES OF UMMS AVERAGE IN EXCESS OF 40 HOURS PER WEEK SERVING THE DIFFERENT ENTITIES THAT COMPRISE UMMS.

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

UMMS, A PRIVATE, NON-PROFIT HEALTH SYSTEM, CONSISTS OF 11 HOSPITALS - THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC), THE ACADEMIC ""HUB"" - AND THE 10 COMMUNITY AND SPECIALTY HOSPITALS THROUGHOUT THE STATE OF MARYLAND. UMMC IS A NATIONAL AND REGIONAL REFERRAL CENTER FOR TRAUMA, CANCER CARE, NEUROCARE, CARDIAC CARE AND HEART SURGERY, WOMEN'S AND CHILDREN'S HEALTH AND ORGAN TRANSPLANTS. IT HAS ONE OF THE MOST TECHNOLOGICALLY ADVANCED OPERATING ROOM FACILITIES AND IS INTERNATIONALLY RECOGNIZED FOR ITS LEADERSHIP IN DEVELOPING AND PERFORMING MINIMALLY INVASIVE SURGICAL PROCEDURES. UMMS PROVIDES CHARITY CARE TO PATIENTS UNABLE TO PAY. CHARITY CARE FOR THE YEAR ENDED 6/30/2012 IS APPROXIMATELY \$50,003,000 AT COST.

ATTACHMENT 2

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

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
ROBERT A CHRENCIK	
PRESIDENT AND CEO	5.00
LISA C ROWEN	
SVP & CNO - UMMC	5.00

Schedule O (Form 990 or 990-EZ) 2011	Page 2
Name of the organization	Employer identification number
UNIVERSITY OF MARYLAND MEDICAL SYST	M CORP 52-1362793
	ATTACHMENT 2 (CONT'D)
JEFFERY A RIVEST	
PRESIDENT & CEO - UMMC	5.00
GLENN F ROBBINS	
SVP & CMO	5.00
JONATHAN E GOTTLIEB	
SVP & CMO	5.00
KEITH D PERSINGER	
SVP & CFO UMMC	5.00
JOHN W ASHWORTH III	
SVP NETWORK DEVELOPMENT	5.00

	ATTACHME	NT 3
990, PART VII- COMPENSATION OF THE FIVE HIC	GHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
WHITING TURNER CONTRACTING CO PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	59,035,546.
KINSLEY CONSTRUCTION PO BOX 2886 YORK, PA 17405	CONSTRUCTION	5,284,396.
ARAMARK HEALTHCARE 1101 MARKET ST PHILADEPHIA, PA 19107	FOOD SVC	5,161,527.
SIEMENS MEDICAL SYSTEM PO BOX 7777 PHILADEPHIA, PA 19175	MEDICAL SVC	4,425,677.
UNIVERSITY OF MD FACULTY PHYSICIANS 250 W PRATT ST, SUITE 901 BALTIMORE, MD 21201	PHYSICIAN SVC	4,025,319.
TOTAL COMPENSA	TION	77,932,465.

Schedule O (Form 990 or 990-EZ) 2011	Page 2
Name of the organization	Employer identification number
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	52-1362793
A	TTACHMENT 4
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES	
	ENDING

TOTALS

JSA			
1E1228 2.000	4222CV	700P	

DESCRIPTION

PREPAID EXPENSES

Schedule O (Form 990 or 990-EZ) 2011

BOOK VALUE

123,514,960.

123,514,960.

SCHEDULE R (Form 990)	Related Orga	anizations	s an	d Unrelate	ed Partnersh	ips		<u>омв №. 1</u> 20)	<u>545-0047</u>
Department of the Treasury	Complete if the organized of the orga	zation answered	"Yes"	to Form 990, Par	rt IV, line 33, 34, 35, 3	86, or 37.		Open to	Public
Internal Revenue Service	Attach t	o Form 990.		See separa	te instructions.			Inspec	ction
Name of the organization								dentification	number
UNIVERSITY OF	MARYLAND MEDICAL SYSTEM CORP						52-13	52793	
Part I Identific	cation of Disregarded Entities (Complete if t	he organizatio	n ans	swered "Yes" to	o Form 990, Part	IV, line 33.)			
	(a) Name, address, and EIN of disregarded entity		F	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	(f Direct co ent	ntrolling
(1) 36 S. PACA	STREET, LLC 5	6-2544990							· · ·
36 S. PACA STR	EET BALTIMORE, MD 21	211	REN	TAL	MD	1,137,000.	14,057,000.	N/A	
(2) SJMC PHYSIC		6-4734065							
250 W. PRATT S	TREET BALTIMORE, MD 21	201	HEA	LTHCARE	MD			UMMS	
		5-5565991							
251 W. PRATT S	TREET BALTIMORE, MD 21	201	HEA	LTHCARE	MD			UMMS	
(4) UNIV OF MD		5-5559036							
252 W. PRATT S	TREET BALTIMORE, MD 21	201	HEA	LTHCARE	MD			UMMS	
_(5)									
(6)									
Part II Identific one or n	cation of Related Tax-Exempt Organizations	(Complete if the tax year.)	the o	organization an	swered "Yes" to F	Form 990, Part IV	/, line 34 becaus	e it had	
Nam	(a) Name, address, and EIN of related organization		ity	(c) Legal domicile (sta or foreign countr		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section cont	<b>g)</b> 512(b)(13) trolled tity?
								Yes	No
(1) BALTIMORE WASHING	GTON EMERGENCY PHYS, INC 52-1756326 VE GLEN BURNIE, MD 21061								
		HEALTH CAL	RE	MD	501(C)(3)	11A	BWMS		X
	GTON HEALTHCARE SERVICES 52-1830243 VE GLEN BURNIE, MD 21061								
		HEALTH CAL	RE	MD	501(C)(3)	11A	BWMS		X
(3) BALTIMORE WASHING	GTON MEDICAL CENTER, INC 52-0689917 VE GLEN BURNIE, MD 21061				F 0 1 / G \ / 2 \	0.0	DUNG		
		HEALTH CAL	RE	MD	501(C)(3)	03	BWMS		X
BALTIMORE WASHING	GTON MEDICAL SYSTEM, INC 52-1830242 VE GLEN BURNIE, MD 21061			MD	501 (C ) (2)	117	TIMMO	v	
	R FOUNDATION, INC. 52-1813656	HEALTH CAL	KĽ	MD	501(C)(3)	11A	UMMS	X	
(5) BW MEDICAL CENTER 301 HOSPITAL DRIV		HEALTH CAL		MD	501(C)(3)	11C	BWMS		v
	VELOPMENT CORPORATION 52-1318404	ILEADIN CA				110	DWPIS		X
301 HOSPITAL DRIV		REAL ESTA	гE	MD	501(C)(2)		NCC		x
(7) NORTH COUNTY COR		NUAL DOIA							
		REAL ESTA	ял	MD	501(C)(2)		BWMS		x
For Paperwork Reduction	Act Notice, see the Instructions for Form 990.			- <b></b>	p = ( 0 ) ( 2 )	1		lule R (Form	L

1E1307 1.000 4222CV 700P

JSA

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Department of the Treasury Attach to Form 990. See separate instructions. Internal Revenue Service Name of the organization 52-1362793

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state	Total income	End-of-year assets	Direct controlling
Name, address, and Environ disregarded entity	I minary activity	Legal domicile (state or foreign country)	rotar moome	End of your doooto	entity
		or loreigh country)			entity
(1)					
(2)					
(3)					
_(					
(4)					
(5)					
_(_)					
(6)					
	1				

#### Part II

SCHEDULE R

(Form 990)

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

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 cont	<b>g)</b> 512(b)(13) rolled tity?
							Yes	No
(1) CHESTER RIVER HEALTH FOUNDATION, INC.	52-1338861							
	STERTOWN, MD 21620	FUNDRAISING	MD	501(C)(3)	07	CRHS		x
(2) CHESTER RIVER HEALTH SYSTEM, INC.	52-2046500							
100 BROWN STREET CHE	STERTOWN, MD 21620	HEALTH CARE	MD	501(C)(3)	11A	UMMS	Х	
(3) CHESTER RIVER HOSPITAL CENTER, INC.	52-0679694							
	STERTOWN, MD 21620	HEALTH CARE	MD	501(C)(3)	03	CRHS		x
(4) CHESTER RIVER MANOR, INC.	52-6070333							
200 MORGNEC ROAD CHE	STERTOWN, MD 21620	HEALTH CARE	MD	501(C)(3)	09	CRHS		X
(5) MARYLAND GENERAL CLINICAL PRACTICE GROUP	52-1566211							
827 LINDEN AVE BAL	TIMORE, MD 21201	HEALTH CARE	MD	501(C)(3)	11B	MGHS		Х
(6) MARYLAND GENERAL COMM HEALTH FOUNDATION	52-2147532							
827 LINDEN AVE BAL	TIMORE, MD 21201	FUNDRAISING	MD	501(C)(3)	11C	MGHS		х
(7) MARYLAND GENERAL HEALTH SYSTEMS, INC.	52-1175337							
	TIMORE, MD 21201	HEALTH CARE	MD	501(C)(3)	11B	UMMS	х	

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Schedule R (Form 990) 2011



### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
	1			1	

#### Part II

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

(a) Name, address, and EIN of related organization				(d) Exempt Code section	ection (e) Public charity status (if section 501(c)(3))	( <b>f</b> ) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1) MARYLAND GENERAL HOSPITAL, INC.	52-0591667							
827 LINDEN AVE	BALTIMORE, MD 21201	HEALTH CARE	MD	501(C)(3)	03	MGHS		x
(2) CARE HEALTH SERVICES, INC.	52-1510269							
219 SOUTH WASHINGTON STREET	EASTON, MD 21601	HEALTH CARE	MD	501(C)(3)	09	SHS		x
(3) DORCHESTER GENERAL HOSPITAL FOUNDATI	<sup>CON</sup> 52-1703242							
219 SOUTH WASHINGTON STREET	EASTON, MD 21601	FUNDRAISING	MD	501(C)(3)	11D	SHS		x
(4) MEMORIAL HOSPITAL FOUNDATION, INC.	52-1282080							
219 SOUTH WASHINGTON STREET	EASTON, MD 21601	FUNDRAISING	MD	501(C)(3)	11A	SHS		x
(5) SHORE CLINICAL FOUNDATION, INC.	52-1874111							
219 SOUTH WASHINGTON STREET	EASTON, MD 21601	HEALTH CARE	MD	501(C)(3)	03	SHS		x
(6) SHORE HEALTH SYSTEM, INC.	52-0610538							
219 SOUTH WASHINGTON STREET	EASTON, MD 21601	HEALTH CARE	MD	501(C)(3)	03	UMMSC	x	
(7) JAMES LAWRENCE KERNAN HOSP ENDOW FD	23-7360743							
2200 KERNAN DRIVE	BALTIMORE, MD 21207	FUNDRAISING	MD	501(C)(3)	11B	UMMSC	x	

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Schedule R (Form 990) 2011



Employer identification number 52-1362793

# Related Organizations and Unrelated Partnerships

Department of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
Internal Revenue Service	<ul> <li>Attach to Form 990.</li> <li>See separate instructions.</li> </ul>
Name of the organization	

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
_(1)					
(2)					
(3)					
(6)					

#### Part II

SCHEDULE R

(Form 990)

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

(a) Name, address, and EIN of related organization				(d) Exempt Code section		(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1) JAMES LAWRENCE KERNAN HOSPITAL, INC.	52-0591639							
2200 KERNAN DRIVE	BALTIMORE, MD 21207	HEALTH CARE	MD	501(C)(3)	03	UMMSC	Х	
(2) SHIPLEY'S CHOICE MEDICAL PARK, INC.	04-3643849							<u> </u>
22 SOUTH GREENE STREET	BALTIMORE, MD 21201	REAL ESTATE	MD	501(C)(2)		UMMSC	х	
(3) UMMS FOUNDATION, INC.	52-2238893							
22 SOUTH GREENE STREET	BALTIMORE, MD 21201	FUNDRAISING	MD	501(C)(3)	11A	UMMSC	х	
(4) UNIVERSITY SPECIALTY HOSPITAL	52-0882914							
611 SOUTH CHARLES STREET	BALTIMORE, MD 21230	HEALTH CARE	MD	501(C)(3)	03	UMMSC	Х	
(5) CIVISTA HEALTH, INC.	52-2155576							
PO BOX 1070	LA PLATA, MD 20646	HEALTHCARE	MD	501(C)(3)	11C	UMMSC	Х	
(6) CIVISTA MEDICAL CENTER, INC.	52-0445374							
PO BOX 1070	LA PLATA, MD 20646	HEALTHCARE	MD	501(C)(3)	03	CIVHS		x
(7) CIVISTA HEALTH FOUNDATION, INC.	52-1414564							
PO BOX 1070	LA PLATA, MD 20646	FUNDRAISING	MD	501(C)(3)	11A	CIVHS		x

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Schedule R (Form 990) 2011



#### SCHEDULE R **Related Organizations and Unrelated Partnerships** (Form 990) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Department of the Treasury Attach to Form 990. See separate instructions. Internal Revenue Service Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP 52-1362793 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part I (a) (b) (c) (d) (e) Legal domicile (state Name, address, and EIN of disregarded entity Total income End-of-year assets Direct controlling Primary activity or foreign country) entity 141

(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

#### Part II

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
						Yes	No
(1) CIVISTA HEALTH AUXILIARY, INC. 52-1131193							
PO BOX 1070 LA PLATA, MD 20646	FUNDRAISING	MD	501(C)(3)	11A	CIVHS		X
_(2)	_						
(3)	-						
(4)	-						
(5)	-						
(6)	_						
	_						

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Schedule R (Form 990) 2011



(f)

Schedule R (Form 990) 2011

Page 2

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(† Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No		<b>(k)</b> Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	No		Yes	No	
(1) ARUNDEL PHYSICIANS ASSOCIATES,												
301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A	N/A								
(2) CENTRAL MARYLAND RADIOLOGY ONC												
10710 CHARTER DRIVE	HEALTH CARE	MD	UMMSC	RELATED	4,620,000.	7,608,500.		x	c	x		50.0000
(3) INNOVATIVE HEALTH, LLC 52-1997												
29165 CANVASBACK DRIVE, SUITE	BILLING	MD	N/A	N/A								
(4) BALTIMORE WASHINGTON IMAGING,												
301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A	N/A								
(5) NORTH ARUNDEL SENIOR LIVING, L												
301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A	N/A								
(6) NAH/SUNRISE OF SEVERNA PARK, L												
301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A	N/A								
(7) SHIPLEY'S IMAGING CENTER, LLC												
22 SOUTH GREENE STREET	HEALTH CARE	MD	N/A	N/A						x		50.0000

Part IV

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ARUNDEL PHYSICIANS ASSOCIATES, INC. 52-19926	49						
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	N/A	C CORP			
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES 52-19366	56						
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	N/A	C CORP			
(3) BW PROFESSIONAL SERVICES, INC. 52-16556	40						
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	N/A	C CORP			
(4) COUNCIL OF UNIT OWNERS OF MD GEN PC 52-18911	26						
827 LINDEN AVENUE BALTIMORE, MD 21201	REAL ESTATE	MD	UMMSC	C CORP	282,691.	135,452.	100.0000
(5) SHORE HEALTH ENTERPRISES, INC. 52-13632	01						
219 SOUTH WASHINGTON STREET EASTON, MD 21601	REAL ESTATE	MD	N/A	C CORP			
(6) TERRAPIN INSURANCE COMPANY 98-01292	32						
P.O. BOX 1109 KY1-1102	INSURANCE	0	UMMSC	C CORP	15,592,000.	75,155,000.	50.0000
(7) UNIVERSITY LITHOTRIPTER, INC. 52-14510	21						
22 SOUTH GREENE STREET BALTIMORE, MD 21201	HEALTH CARE	MD	UMMSC	C CORP	0	0	100.0000

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

Page 2

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	<b>j)</b> eral or aging mer?	<b>(k)</b> Percentage ownership
							Yes	No	, ,	Yes	No	
(1) UNIVERSITYCARE, LLC 52-1914892	-											
22 SOUTH GREENE STREET	HEALTH CARE	MD	UMMSC	RELATED	4,848,300.	630,000.		х	0	х		90.0000
_(2)	-											
(3)	-											
	_											
<u>(6)</u>	-											
(7)	-											

## Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership
(1) UMMS SELF INSURANCE TRUST 52-6315433							
22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UMMSC	TRUST	49,419,696.	127,478,129.	91.0000
(2) NA EXECUTIVE BUILDING CONDO ASSN, INC.							
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	N/A	C CORP			
(3) CIVISTA CARE PARTNERS 52-2176314							
701 EAST CHARLES STREET LA PLATA, MD 20646	HEALTH CARE		N/A	C CORP			
(4)	-						
(5)	-						
(6)	-						
	-						

Schedule R (Form 990) 2011

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

Schedule R (Form 990) 2011

Part V

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	s No
1	During the tax year, did the organization engage in any of the following transactions with one or more re					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1	a	X
b	Gift, grant, or capital contribution to related organization(s)			1	b	X
с	Gift, grant, or capital contribution from related organization(s)			1	c >	۲.
d	Loans or loan guarantees to or for related organization(s)			1	dک	۲.
е	Loans or loan guarantees by related organization(s)			1	e	X
f	Sale of assets to related organization(s)			1	f	X
g	Purchase of assets from related organization(s)			1	g	X
h	Exchange of assets with related organization(s)			1	h	X
i	Lease of facilities, equipment, or other assets to related organization(s)				i	X
				· · · F		
i	Lease of facilities, equipment, or other assets from related organization(s)			1	j >	۲.
k	Performance of services or membership or fundraising solicitations for related organization(s)			1	k <sup>2</sup>	(
I	Performance of services or membership or fundraising solicitations by related organization(s)			1	I	X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	m	X
n	Sharing of paid employees with related organization(s)			1	n	X
				•••		
ο	Reimbursement paid to related organization(s) for expenses			1	0	X
р	Reimbursement paid by related organization(s) for expenses			1	p <sup>3</sup>	(
-						
q	Other transfer of cash or property to related organization(s)			. 1	q <sup>y</sup>	۲.
r	Other transfer of cash or property from related organization(s)				r	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete th				lds.	
	(a)	(b)	(c)	(d	)	
	Name of other organization	Transaction type (a–r)	Amount involved	Method of o amount		
		(jpo (d 1)		uniouni		-
(1)	JAME L KERNAN HOSPITAL INC	P	6,999,460.			
(2)	JAME L KERNAN HOSPITAL INC	K	299,968.			
(3)	UNIVERSITY SPECIALTY HOSPITAL	J	104,439.			
(4)	UNIVERSITY SPECIALTY HOSPITAL	K	159,481.			
(5)	UNIVERSITY SPECIALTY HOSPITAL	P	635,791.			
(6)	MARYLAND GENERAL HOSPITAL INC	P	7,137,970.			
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Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Schedule R (Form 990) 2011

Part V

Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations list	ed in Parts II–IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	-		1	a	
b	Gift, grant, or capital contribution to related organization(s)			1	b	
с	Gift, grant, or capital contribution from related organization(s)			1	lc	
d	Loans or loan guarantees to or for related organization(s)			1	ld	
е	Loans or loan guarantees by related organization(s)			1	le	
f	Sale of assets to related organization(s)				1f	
g	Purchase of assets from related organization(s)			1	lg	
h	Exchange of assets with related organization(s)			1	h	
i	Lease of facilities, equipment, or other assets to related organization(s)			1	1i	
j	Lease of facilities, equipment, or other assets from related organization(s)				1j	
k	Performance of services or membership or fundraising solicitations for related organization(s)			1	l k	
I	Performance of services or membership or fundraising solicitations by related organization(s)			1	11	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	m	
n	Sharing of paid employees with related organization(s)			1	n	
ο	Reimbursement paid to related organization(s) for expenses			1	lo	
р	Reimbursement paid by related organization(s) for expenses			1	р	
q	Other transfer of cash or property to related organization(s)			1	q	
r	Other transfer of cash or property from related organization(s)			1	1r	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	this line, including cove	red relationships and transa	ction thresho	olds.	
	(a) Name of other organization	<b>(b)</b> Transaction	<b>(c)</b> Amount involved	(c Method of c	<b>d)</b> dotormin	ina
		type (a–r)	Amount involved	amount		
(1)	BALTIMORE WASHINGTON MEDICAL CENTER INC	Р	10,787,701.			
(2)	SHORE HEALTH SYSTEM INC	P	7,254,870.			
(3)	SHORE HEALTH SYSTEM INC	0	192,069.			
(5)			25270051			
(4)	CHESTER RIVER HOSPITAL CENTER INC	P	1,906,568.			
(5)	CIVISTA MEDICAL CENTER INC	P	781,049.			
(6)	UMMS FOUNDATION INC	с	5,434,814.			
JSA		· · · · · · · · · · · · · · · · · · ·		Schedule R (F	orm 990	) 2011
1E1309 1.00						
	4222CV 700P V 11-6.5 523415			PAGE	104	

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

Schedule R (Form 990) 2011

Part V

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 (interest (i) annuties (iii) routines (iii) controlled organization(s)  Gift, grant, or capital contribution to related organization(s)  Gift, grant, or capital contribution to related organization(s)  Leave of the guarantees by related organization(s)  Leave of the assets from related organization(s)  A a b c d assets to related organization(s)  Leave of the assets from related organization(s)  Leave of cast to related organization(s)  Leave of facilities, equipment, or other assets to related organization(s)  Leave of facilities, equipment, or other assets to related organization(s)  Leave of facilities, equipment, or other assets to related organization(s)  Leave of facilities, equipment, and related organization(s)  Leave of facilities, equipment, or other assets to related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Performance of services or membership or fundraising so		. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes
b GHi, grant, or capital contribution for related organization(s) c GHi, grant, or capital contribution for related organization(s) d Loans or loan guarantees to or for related organization(s) f Sale of assets to related organization(s) f Sale of assets to related organization(s) f Sale of assets to related organization(s) f Lease of assets to related organization(s) Lease of facilities, equipment, or other assets to related organization(s) l Lease of facilities, equipment, or other assets to related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) m Sharing of facilities, equipment, or other assets with related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) m Sharing of facilities, equipment, and the related organization(s) f Reimbursement paid to related organization(s) f Other transfer of cash or property to related organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transf						
b GHi, grant, or capital contribution for related organization(s) c GHi, grant, or capital contribution for related organization(s) d Loans or loan guarantees to or for related organization(s) f Sale of assets to related organization(s) f Sale of assets to related organization(s) f Sale of assets to related organization(s) f Lease of assets to related organization(s) Lease of facilities, equipment, or other assets to related organization(s) l Lease of facilities, equipment, or other assets to related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) m Sharing of facilities, equipment, or other assets with related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) m Sharing of facilities, equipment, and the related organization(s) f Reimbursement paid to related organization(s) f Other transfer of cash or property to related organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transfer of cash or property to melated organization(s) f Other transf	а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1	a
Gift, grant, or capital contribution from related organization(s).       1c         L cans or loan guarantees by related organization(s).       1d         2 Loans or loan guarantees by related organization(s).       1d         1 Sale of assets to related organization(s).       1d         2 Lease of facilities, equipment, or other assets to related organization(s).       1d         2 Lease of facilities, equipment, or other assets to related organization(s).       1d         2 Lease of facilities, equipment, or other assets to related organization(s).       1d         2 Performance of services or membership or fundralsing solicitations by related organization(s).       1d         2 Performance of services or membership or fundralsing solicitations by related organization(s).       1d         3 Sharing of facilities, equipment, maing lists, or other assets with related organization(s).       1d         4 Reimbursement paid to related organization(s).       1d         5 Reimbursement paid by related organization(s).       1d         1 Other transfer of cash or property to related organization(s).       1d         1 Mame of other assets is from related organization(s).       1d         1 Name of other assets with related organization(s).       1d         1 Name of other organization(s)       1d         1 Name of cash or property to related organization(s).       1d         1 Name of other organization	C	Gift, grant, or capital contribution to related organization(s)			1	b
Loans or loan guarantees to or for related organization(s)       1d         Loans or loan guarantees by related organization(s)       1e         Sale of assets to related organization(s)       1f         Purchase of assets with related organization(s)       1f         Lease of facilities, equipment, or other assets from related organization(s)       1f         Lease of facilities, equipment, or other assets from related organization(s)       1f         Performance of services or membership or fundraising solicitations for related organization(s)       1f         Performance of services or membership or fundraising solicitations for related organization(s)       1f         Sharing of facilities, equipment, or other assets in or related organization(s)       1f         Performance of services or membership or fundraising solicitations for related organization(s)       1f         Sharing of facilities, equipment, and ing lists, or other assets with related organization(s)       1f         Sharing of paid employees with related organization(s)       1f         Reimbursement paid to related organization(s) for expenses       1f         Q Other transfer of cash or property tor related organization(s)       1f         Mame of other organization       1f <td>;</td> <td>Gift, grant, or capital contribution from related organization(s)</td> <td></td> <td></td> <td>. 1</td> <td>С</td>	;	Gift, grant, or capital contribution from related organization(s)			. 1	С
Lears or loan guarantees by related organization(s)       11         Sale of assets to related organization(s)       11         Purchase of assets to related organization(s)       11         Exchange of assets to related organization(s)       11         Lease of facilities, equipment, or other assets for related organization(s)       11         Performance of services or membership or fundraising solicitations for related organization(s)       11         Performance of services or membership or fundraising solicitations by related organization(s)       11         Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       11         Reimbursement paid to related organization(s) for expenses       10         Reimbursement paid to related organization(s) for expenses       10         Other transfer of cash or property to related organization(s)       11         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.       11         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.       11         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.       14         If the answer to any of the above is "Yes",	1	oans or loan guarantees to or for related organization(s)			1	d
Purchase of assets from related organization(s)       19         Exchange of assets with related organization(s)       11         Lease of facilities, equipment, or other assets from related organization(s)       11         Lease of facilities, equipment, or other assets from related organization(s)       11         Performance of services or membership or fundraising solicitations for related organization(s)       11         Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       11         Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       11         Reimbursement paid to related organization(s) for expenses       10         Reimbursement paid to related organization(s) for expenses       10         Other transfer of cash or property from related organization(s)       11         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.       11         (a)       (a)       (b)       (c)         Name of other organization       (a)       (b)       (c)         (b)       (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)		oans or loan guarantees by related organization(s)			1	e
Purchase of assets three related organization(s)       19         Exchange of assets with related organization(s)       11         Lease of facilities, equipment, or other assets from related organization(s)       11         Lease of facilities, equipment, or other assets from related organization(s)       11         Lease of facilities, equipment, or other assets from related organization(s)       11         Performance of services or membership or fundraising solicitations by related organization(s)       11         Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       11         Reimbursement, pailing lists, or other assets       10         Reimbursement paid to related organization(s)       11         Other transfer of cash or property to related organization(s)       11         Other transfer of cash or property from related organization(s)       11         If the answer to any of the above is "Yes." see the instructoms for information on who must complete this line, including covered relationships and transaction thresholds.       11         (a)       (a)       (b)       (c)         Name of other organization       (a)       (b)       (c)         (b)       (c)       (c)       (c)       (d)         (b)       (c)       (c)       (c)       (d)         (c)       (c)       (c) <td></td> <td>Sale of assets to related organization(s)</td> <td></td> <td></td> <td>. 1</td> <td>f</td>		Sale of assets to related organization(s)			. 1	f
Exchange of assets with related organization(s)       In         Lease of facilities, equipment, or other assets to related organization(s)       Ii         Lease of facilities, equipment, or other assets for melated organization(s)       Ii         Performance of services or membership or fundraising solicitations by related organization(s)       Iii         Sharing of paid employees with related organization(s)       Im         Reimbursement paid to related organization(s)       Im         Reimbursement paid to related organization(s)       Im         Other transfer of cash or property to related organization(s)       Im         Other transfer of cash or property from related organization(s)       Im         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.       (m)         (C)       Method of demmined of other organization(s)       Im         (C)       Name of other organization(s)       Im         (C)       Method of demomined of the other organization(s)       Im         (C)       Amount involved       Im         (C)       Amount involved       Im         (C)       Method of demomined of the other organization(s)       Im         (C)       Method of demomined of the other organization       Im         (C) <td></td> <td>Purchase of assets from related organization(s)</td> <td></td> <td></td> <td>1</td> <td>g</td>		Purchase of assets from related organization(s)			1	g
Lease of facilities, equipment, or other assets to related organization(s)       11         Lease of facilities, equipment, or other assets from related organization(s)       11         Performance of services or membership or fundraising solicitations for related organization(s)       11         Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       11         Sharing of paid employees with related organization(s)       11         Reimbursement paid to related organization(s)       11         Reimbursement paid to related organization(s)       10         Other transfer of cash or property to related organization(s)       11         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.         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.         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.         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.         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.         If the answer		Exchange of assets with related organization(s)			1	h
Performance of services or membership or fundraising solicitations for related organization(s)		ease of facilities, equipment, or other assets to related organization(s)			1	i
Performance of services or membership or fundraising solicitations for related organization(s)		ease of facilities, equipment, or other assets from related organization(s)			. 1	j
Performance of services or membership or fundraising solicitations by related organization(s)       11         Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         Sharing of paid employees with related organization(s)       1n         Reimbursement paid to related organization(s) for expenses       1o         Reimbursement paid by related organization(s) for expenses       1g         Other transfer of cash or property to related organization(s)       1g         Other transfer of cash or property from related organization(s)       1g         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.       (e)         (m)       (m)       Method of determin amount involved       Method of determin amount involved         (a)       (b)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)         (b)       Name of other organization       (c)       (c)       (c)         (c)       Method of determin amount involved       (c)       (c)       (c)         (c)       Method of determin amount involved       (c)       (c)       (c)         (c)       Method of determin amount involved       (c)       (c)       (c)		Performance of services or membership or fundraising solicitations for related organization(s)			. 1	k
a Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1m         Sharing of paid employees with related organization(s)       1m         Reimbursement paid to related organization(s) for expenses       1o         Reimbursement paid by related organization(s) for expenses       1o         Other transfer of cash or property to related organization(s).       1q         Other transfer of cash or property from related organization(s).       1q         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)       Amount involved       (c)         Method of determin amount involved       (c)       (d)       Method of determin amount involved         CHESTER RIVER HOSPITAL CENTER INC       Q       793,308.       (d)         CIVISTA MEDICAL CENTER INC       Q       6,500,000.       (d)         MARYLAND GENERAL HOSPITAL INC       Q       2,135,173.       (d)         Image: Comparison of the above is the set of a		Performance of services or membership or fundraising solicitations by related organization(s)			1	I
Sharing of paid employees with related organization(s)       1n         Reimbursement paid to related organization(s) for expenses       1o         Reimbursement paid by related organization(s) for expenses       1o         Other transfer of cash or property to related organization(s).       1r         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)         (b)       (c)       (d)         Name of other organization       (d)         Name of other organization       (d)         (d)       Method of determin amount involved	ı	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	m
Reimbursement paid by related organization(s) for expenses       1p         Other transfer of cash or property to related organization(s).       1q         Other transfer of cash or property from related organization(s).       1r         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.       (d)         Mame of other organization       10       Amount involved       (d)         Name of other organization       (a)       Amount involved       (d)         CHESTER RIVER HOSPITAL CENTER INC       Q       793,308.       (d)         CIVISTA MEDICAL CENTER INC       Q       6,500,000.       (d)         MARYLAND GENERAL HOSPITAL INC       Q       2,135,173.       (d)         MARYLAND GENERAL HOSPITAL INC       Q       2,135,173.       (d)		Sharing of paid employees with related organization(s)			1	n
Reimbursement paid by related organization(s) for expenses       1p         Other transfer of cash or property to related organization(s).       1q         Other transfer of cash or property from related organization(s).       1r         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.       (d)         Mame of other organization       (b)       (c)       Amount involved         Name of other organization       (d)       Method of determin amount involved         CHESTER RIVER HOSPITAL CENTER INC       Q       793,308.       V         CLIVISTA MEDICAL CENTER INC       Q       6,500,000.       V         MARYLAND GENERAL HOSPITAL INC       Q       2,135,173.       V		Reimbursement paid to related organization(s) for expenses			1	0
Other transfer of cash or property to related organization(s)       If	)	Reimbursement paid by related organization(s) for expenses			1	a
Other transfer of cash or property from related organization(s)					••	
Other transfer of cash or property from related organization(s)	a	Other transfer of cash or property to related organization(s)			1	a
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)       (b)       (c)       (d)         Name of other organization       (b)       Amount involved       (d)       (d)       (d)         (c)       (c)       (c)       (c)       (d)       (d)       (d)         (c)       (c)       (c)       (c)       (d)       (d)       (d)         (c)       (c)       (c)       (c)       (d)       (d)       (d)       (d)         (c)       (c) <th>-1 r</th> <th>Other transfer of cash or property from related organization(s)</th> <th></th> <th></th> <th>1</th> <th>•</th>	-1 r	Other transfer of cash or property from related organization(s)			1	•
(a) Name of other organization     (b) Transaction type (a-r)     (c) Amount involved     (d) Method of determin amount involved       )     CHESTER RIVER HOSPITAL CENTER INC     Q     793,308.       (a)     Q     6,500,000.       (a)     Q     6,500,000.       (b)     Q     2,135,173.       (c)     Q     2,135,173.						
type (a-r)       amount involved         ) CHESTER RIVER HOSPITAL CENTER INC       Q       793,308.         ) CIVISTA MEDICAL CENTER INC       Q       6,500,000.         ) MARYLAND GENERAL HOSPITAL INC       Q       2,135,173.         )		•		ered relationships and transaction	thresho	lds.
) CHESTER RIVER HOSPITAL CENTER INC       Q       793,308.         ) CIVISTA MEDICAL CENTER INC       Q       6,500,000.         ) MARYLAND GENERAL HOSPITAL INC       Q       2,135,173.         )			(b)			
CIVISTA MEDICAL CENTER INC       Q       6,500,000.         MARYLAND GENERAL HOSPITAL INC       Q       2,135,173.         Image: Comparison of the provide pro			Transaction	(c)	<b>(d</b> lethod of d	) etermini
MARYLAND GENERAL HOSPITAL INC Q 2,135,173.			Transaction	(c)	<b>(d</b> lethod of d	) etermini
		Name of other organization	Transaction type (a–r)	(C) Amount involved N	<b>(d</b> lethod of d	) etermini
		CHESTER RIVER HOSPITAL CENTER INC	Transaction type (a-r)	(c) Amount involved N 793,308.	<b>(d</b> lethod of d	) etermini
		CHESTER RIVER HOSPITAL CENTER INC CIVISTA MEDICAL CENTER INC	Transaction       type (a-r)       Q       Q	(c) Amount involved M 793,308. 6,500,000.	<b>(d</b> lethod of d	) etermini
	)	CHESTER RIVER HOSPITAL CENTER INC CIVISTA MEDICAL CENTER INC	Transaction       type (a-r)       Q       Q	(c) Amount involved M 793,308. 6,500,000.	<b>(d</b> lethod of d	) etermini
Sahadula D./Farm 00	)	CHESTER RIVER HOSPITAL CENTER INC CIVISTA MEDICAL CENTER INC	Transaction       type (a-r)       Q       Q	(c) Amount involved M 793,308. 6,500,000.	<b>(d</b> lethod of d	) etermini
Schedule R (Form 99)	)	CHESTER RIVER HOSPITAL CENTER INC CIVISTA MEDICAL CENTER INC	Transaction       type (a-r)       Q       Q	(c) Amount involved M 793,308. 6,500,000.	<b>(d</b> lethod of d	) etermini
	) ) )	CHESTER RIVER HOSPITAL CENTER INC CIVISTA MEDICAL CENTER INC	Transaction       type (a-r)       Q       Q	(c) Amount involved M 793,308. 6,500,000.	<b>(d</b> lethod of d	) etermini
	) ) )	CHESTER RIVER HOSPITAL CENTER INC CIVISTA MEDICAL CENTER INC MARYLAND GENERAL HOSPITAL INC	Transaction       type (a-r)       Q       Q	(c) Amount involved N 793,308. 6,500,000. 2,135,173.	(d lethod of d amount i	) etermini nvolved

52-1362793

## 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) (c) Primary activity Legal domicile (state or foreign country) u		(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		e amount in box 20 of Schedule K-1 (Form 1065)		(j) eral or aging tner?	(k) Percentage ownership	
			section 512-514)	Yes	No			Yes	No	(	Yes	No		
_(1)	-													
_(2)	-													
(3)	-													
(4)	-													
(5)	-													
( <u>6</u> )	_													
	_													
	-													
(10)	-													
(11)	-													
(12)	-													
(13)														
(14)	-													
(15)	-													
(16)	-													

Schedule R (Form 990) 2011

Schedule R (F	form 990) 2011	Page 5
Part VII	Supplemental Information	
	Complete this part to provide additional information for responses to questions on Schedule R (see	
	instructions).	