Return of Organization Exempt From Income

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection 06/30, 20 14

AF	or th	e 2013 calendar year, or tax year beginning 07/01, 2013, and endir	ng		06/	30, 20 14						
		C Name of organization	D	Employer ide	ntificati	on number						
В	leck if ap	picabla: WESTERN MD HEALTH SYSTEM CORP., INC.		52-0593	1531							
	Addre	Doing Business As										
	7	Number and effect (as D.O. have if well in not delivered to effect address)	E	Telephone nu	mber							
-	1	D 0 DOY 530		(240) 964	4-800	03						
	Tormi	City or town, state or province, country, and ZIP or foreign postal code										
	Amen	cumberland, MD 21501-0539	0	Gross receipt	8 \$	400,654	,247.					
	Applic	F Name and address of principal officer: KTMBERTY S. REPAC	н	(a) Is this a grou	p return fo	or Yes	X No					
Big Content Content		No										
ĺ	Tax-ex											
-				(c) Group exemp	tion numb	per 🕨						
-												
-	_											
	4		THE HE	ALTH								
-		STATUS AND CHAILTY OF LIFE OF THE INDIVIDUALS AND THE	COMMUN	TTTES								
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ove.							15.					
<u>ن</u>							10.					
es						2						
viti												
Ċ						057						
4												
	b	Net unrelated business taxable income from Form 990-T, line 34			/b							
				The second second second	2							
e												
en												
Re.												
			20				-					
				0,321,94		392,343	,400.					
				2 042 47		120 041	274					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,042,41		139,041	, 3/4.					
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-		U							
άX	u	Total fundraising expenses (Fart IX, Column (D), line 20)		0 669 60	-	000 000	200					
ш	17		25									
	18	그렇게하다 할 것 같아. 나는 사람들이 되었다면 그렇게 되었다면 그 사람들이 되었다면 되었다는 그 나는 사람들이 되었다면 하다면 하다면 하는데 되었다. 그 그렇게 다른데 하는데 되었다.	7									
- 40	19	Revenue less expenses. Subtract line 18 from line 12										
s or												
set	20	Total assets (Part X, line 16)										
d A	21	Total liabilities (Part X, line 26)	. 42									
ž.	22		, 14	14,000,01	1.	163,290	,164.					
Une	der per	nalties of perjury. I declare that I have examined this return, including accompanying schedules and state	ements, an	d to the best of wledge.	my kno	wledge and b	elief, it is					
- 1100	, 00110	City and complete. Because of property (exist) and sincer/to because of an international complete of the compl	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	./	11.							
01		Kembridy & Repair		5/14	1/15							
		Signature of officer		Date	,							
пе	re	Kimberly S Repac SR VICE President ICFU										
n		Print/Type preparer's name Preparer's signature Date] "		- 35 35					
			3/15				55					
		Firm's name ▶GRANT THORNTON LLP										
USE	Only	Firm's address ▶2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103		Phone no. 2	15-5							
May	the l	RS discuss this return with the preparer shown above? (see instructions)				X Yes	No					
For	Pape	rwork Reduction Act Notice, see the separate instructions.				Form 99	0 (2013)					

For	m 990 (2013) Page 2
P	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF WESTERN MD HEALTH SYSTEM IS TO IMPROVE THE HEALTH
	STATUS AND QUALITY OF LIFE OF THE INDIVIDUALS AND THE COMMUNITIES
	SERVED, ESPECIALLY THOSE IN NEED - SUPERIOR CARE FOR ALL WE SERVE.
2	Did the organization undertake any significant program services during the year which were not listed on the
•	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
2	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
42	(Code:) (Expenses \$ 227,028,906. including grants of \$) (Revenue \$263,481,946.)
40	ANCILLARY CARE
	WESTERN MARYLAND HEALTH SYSTEM (WMHS) OFFERS A COMPREHENSIVE RANGE
	OF GENERAL AND SPECIALTY SERVICES FOR PATIENTS. SURGICAL,
	LABORATORY, RADIOLOGY, CARDIOLOGY, CANCER, RESPIRATORY AND
	PULMONARY ARE THE LARGER SERVICES PROVIDED AT THE HOSPITAL. A
	SMALLER SCALE OF ANCILLARY SERVICES ARE PROVIDED AT THE NURSING
	HOME.
	NOME.
	(Code:) (Expenses \$ 69,180,354, including grants of \$) (Revenue \$ 80,288,341,)
4b	//0000:/
	INPATIENT ROUTINE CARE WESTERN MARYLAND HEALTH SYSTEM (WMHS) IS A FULL SERVICE COMMUNITY
	HOSPITAL LICENSED FOR 233 BEDS INCLUDING MEDICAL-SURGICAL,
	INTENSIVE CARE, HIGH LEVEL CARE, OBSTETRIC, PEDIATRIC, PSYCHIATRIC
	REHABILITATION, NURSERY, AND 88 NURSING HOME BEDS. FOR THE YEAR,
	12,823 PATIENTS WERE ADMITTED TO THE HOSPITAL AND FOR THE NURSING
	HOME, THE AVERAGE DAILY CENSUS WAS 84 PATIENTS. THE HEALTH SYSTEM
	ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. THOSE
	PATIENTS WHO MEET CERTAIN CRITERIA UNDER WMHS'S CHARITY CARE
	POLICIES RECEIVE SERVICES AT NO CHARGE OR AT AN AMOUNT LESS THAN
	FULL CHARGES.
	100
40	(Code:) (Expenses \$18,336,773. including grants of \$) (Revenue \$21,281,028)
	PHYSICIAN PRACTICES, CLINICS, AND HOME CARE WESTERN MARYLAND
	HEALTH SYSTEM (WMHS) OPERATES 14 PHYSICIAN PRACTICES, 2 URGENT
	CARE CLINICS, AND A HOME CARE PRACTICE. THE PHYSICIAN PRACTICES
	HAD 80,058 ENCOUNTERS; THE CLINICS HAD 17,102 ENCOUNTERS AND
	HOME CARE HAD 35,872 VISITS FOR THE YEAR.
V0.800	
4	d Other program services (Describe in Schedule O.) ATTACHMENT 1
	(Expenses \$ 13,817,815. including grants of \$) (Revenue \$ 16,036,481.)
4	e Total program service expenses ▶ 328,363,848.

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)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
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			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
6.50	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			-
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	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.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
J	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
4	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
1 44 (2	complete Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
~	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? 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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
. •	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Х	

52-0591531

Part IV Checklist of Required Schedules (continued)				
	_		Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any dome				
government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in				02
on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about co	ompensation of the			
organization's current and former officers, directors, trustees, key employees, and his	ghest compensated			
employees? If "Yes," complete Schedule J		23	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal arr	nount of more than			
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes	s," answer lines 24b	ŀ		
through 24d and complete Schedule K. If "No," go to line 25a		24a	Х	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period ex	xception?	24b		X
c Did the organization maintain an escrow account other than a refunding escrow at any t	time during the year			
to defease any tax-exempt bonds?		24c		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during	the year?	24d		X
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess				
with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualif	ied person in a prior			
year, and that the transaction has not been reported on any of the organization's prior Fo	rms 990 or 990-EZ?			
If "Yes," complete Schedule L, Part L		25b		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from	n or payable to any			
current or former officers, directors, trustees, key employees, highest compense			- }	
disqualified persons? If so, complete Schedule L, Part II.		26		X
27 Did the organization provide a grant or other assistance to an officer, director, trus	stee, key employee,			
substantial contributor or employee thereof, a grant selection committee member, or t	to a 35% controlled			11
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		Х
28 Was the organization a party to a business transaction with one of the following parti	ies (see Schedule L,	2.0		
Part IV instructions for applicable filing thresholds, conditions, and exceptions):				v
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	Part IV.	28a		X
b A family member of a current or former officer, director, trustee, or key employee				v
Schedule L, Part IV.		28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a fan	nily member thereof)		v	
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, P	'art IV	28c	Х	Х
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," co	omplete Schedule M	29	\rightarrow	
30 Did the organization receive contributions of art, historical treasures, or other similar	assets, or qualified	222	- 1	v
conservation contributions? If "Yes," complete Schedule M.,	**********	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," co				Х
Part I		31		
Did the organization sell, exchange, dispose of, or transfer more than 25% of its	net assets? If "Yes,"	22	-	X
complete Schedule N, Part II	an under Begulations	32		
Did the organization own 100% of an entity disregarded as separate from the organization	on under Regulations	33		Х
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	shedule D. Dort II III	33	-	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete So	Shedule R, Part II, III,	24	x	
or IV, and Part V, line 1		34 35a		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		
b If "Yes" to line 35a, did the organization receive any payment from or engage in an	Part V line 2	35b	l	
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, F	vompt pop charitable	330		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an experience of the section of		36		X
related organization? If "Yes," complete Schedule R, Part V, line 2		30		
Did the organization conduct more than 5% of its activities through an entity that is not a and that is treated as a partnership for federal income tax purposes? If "Yes," complete	Schedule D			
		37		Х
Part VI School of Control of				
Did the organization complete Schedule O and provide explanations in Schedule O for F 19? Note. All Form 990 filers are required to complete Schedule O	art vi, illes 110 and	38	х	
Tay Note. All Point and filets are required to complete achieving O			990	(2013

1	. /	MESTERN	MD	HEALTH	SISTEM	CORP.,	INC.	()	32-0391331	

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	L_L No
	Fator the number reported in Box 3 of Form 1006. Enter 0 if not applicable.		Yes	No
1 a	Effet the number reported in Box 3 of Point 1030. Effet 10-11 flot applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		-	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	х	
	reportable gaming (gambling) winnings to prize winners?	1c	*	10000
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 2, 437			
200	Statements, med for the calculat year chang with or within the year covered by the	2b	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		30%
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	х	BALAGEGE
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	X	
ď	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority		_	
4 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a	х	
h	account)?			0.000
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	The state of the s	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		6676	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
7	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		
	required to file Form 8282? ,	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	200		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\frac{x}{x}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	EXAM	
- 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		10.14	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		
	organization, have excess business holdings at any time during the year?	3		7.5.
9	Did the organization make any taxable distributions under section 4966?	9a		the state of the s
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			18.43
	Initiation fees and capital contributions included on Part VIII, line 12	18.50		
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:	200		1
	Gross income from members or shareholders			3655
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.),	200	100	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	9		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			295
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	533	5	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	100	
	the organization is licensed to issue qualified health plans	130	100	100
C	Enter the amount of reserves on hand	145		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		

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

Sect	ion A. Governing Body and Management				
		a el		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing		100		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		12.0		
b	Enter the number of voting members included in line 1a, above, who are independent L	1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	tionship with		**	
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or uncontrol over management duties customarily performed by or uncontrol over management duties.	der the direct			.,
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to ele	ect or appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval to	y) members,			
	stockholders, or persons other than the governing body?		7b	,	X
8	Did the organization contemporaneously document the meetings held or written actions under	rtaken during			
	the year by the following:		200		
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	<u> </u>
9	le there any officer director trustee or key employee listed in Part VII. Section A. Who cannot	be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Inte	ernal Revenue	Code) .)	T
		i		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes." did the organization have written policies and procedures governing the activities of s	such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b	17	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the form? .	11a	X	├
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? If "No," go to line 13		12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	hat could give			
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the po-	olicy? If "Yes,"			
	describe in Schedule Q how this was done		12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?		13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?		14	Х	1
15	Did the process for determining compensation of the following persons include a review an				
1000	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement			
	with a taxable entity during the year?		16a	X	
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			
	organization's exempt status with respect to such arrangements?		16b	X	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	501(c)(3)	s only)
	available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in Sci	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	ts, conflict of int	erest	polic	y, and
	financial statements available to the public during the tax year.			-57	
20	State the name, physical address, and telephone number of the person who possesses the books organization: Western Maryland Health System P.O. BOX 359 CUMBERLAND, MD 21501 240-	and records of t	he		
1000	Organization: ▶ WESTERN MARYLAND HEALTH SYSTEM P.O. BOX 359 CUMBERLAND, MD 21501 240-	964-8003			
JSA			Forn	n 990	(2013)

form 990 (2013)	() WESTERN	MD	HEALTH	SYSTEM	C
OIII, 000 (E0 10)					_

-										
1	5	0	1	-	E	0	7	=	2	7
	J	4	-	U	O	a	T	J	J	٦

Part VII

ORP., INC. Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

Independent Contractors

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

- 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 (A) Name and Title	(B) Average hours per Week (list any hours for related organizations below dotted line)	(do n	ot ch unless r and Institutional	Positive (C	tion more	o than highest compensated employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	_
		Ö	trustee			ısated					_
(1)MARY ANN JENKINS	2.50										
BOARD MEMBER		Х						C	0		_0
(2)SHIV KHANNA MD	2.50										
BOARD MEMBER		X						C	0		_0
(3)ELIZABETH HURWITZ-SCHWAB BOARD MEMBER	2.50	х						C	0		(
(4)JOYCE LAPP	2.50										_
BOARD MEMBER		X							0		(
(5)M KATHRYN BURKEY	2.50										_
BOARD MEMBER		Х							0	((
(6)MARY PIROLOZZI	2.50										
BOARD MEMBER		X						(0		(
(7)DAVID C MATHEWS	2.50										
BOARD MEMBER		X						(0		_(
(8)SHARON NICOL	2.50		Π								
BOARD MEMBER		X							0		_
(9)COURTNEY THOMAS	2.50										
BOARD MEMBER		X					1	9	0		_
(10)RICHARD WATRO	2.50		Π				Г				
BOARD MEMBER		X							0 0		_
(11)ROLF HAARSTAD	2.50										
VICE CHAIR				X					0 0		_
(12)GREGG WOLFF MD	2.50										
SECRETARY				X			\perp		0 0		
(13)JOHN DAVIS	3,50										
CHAIRMAN			1	X	_		1		0 0	7	_
(14)KIM LEONARD	3.50	4									
TREASURER				X					<u>o</u>	1	

3E1041 1.000

Part VII Section A. Officers, Direct	ors. Trustees. K	ev En	olar	ve	es.	and F	lial	hest Compensat	ed Employe	ees (co	ontinue	-	age o
(A) Name and title	(B) Average hours per week (list any hours for	(do i	not cl unles	Pos heck ss pe d a d	c) sition more erson lirect	than o	ne an ee)	(D) Reportable compensation from the	(E) Reportab compensation related organization	le n from	Est am comp	(F) timated ount o other pensati	f
	related organizations below dotted line)	I M D	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	nisc)	orga and	om the inization related nization	d
15) BARRY P RONAN	40.00)										50 (
PRESIDENT/ CEO	1000			X				669,613.			1	12,2	248.
16) NANCY D ADAMS	40.00	긱		x				246,869.		n		47.4	403.
VP. COO/ CNE	40.00	-		^			-	240,009.		- 		311.	105.
17) KIMBERLY S REPAC VP, CFO		4		x				312,568.		o		51,8	391.
18) JO M WILSON	40.00)	\vdash	1	-								
VP, SUPPORT OPERATIONS		-			x			169,913.		0		38,	514.
19) KEVIN R TURLEY	40.00)	T	!									-
VP, SUPPORT OPERATIONS					X			167,391.		0		39,	742.
20) MICHELE R MARTZ	40.00	0]		Π									
VP, REVENUE CYCLE					X			155,763.		0		37,	620.
21) WILLIAM BYERS	40.00	익						1.60 005				20	070
VP, CIO	10.0	_	-	-	X		-	160,285.		0		30,	072.
22) STEVEN R SMITH MD.	40.0	긱			x			284,674.		0		52	188.
PHYSICIAN ENTERPRISE DIR	40.0	1-	-	+-	^	_	╁	204,014	<u> </u>	-		527	200.
23) MARK G NELSON MD PHYSICIAN		-	1			x		598,181.		0		74.	369.
24) SUBRATO J DEB MD	40.0	0	+	+	+		-						
PHYSICIAN		7				X		470,071		O		54,	407.
25) CHRISTOPHER B HAAS MD	40.0	0	1		T		T						
PHYSICIAN			<u></u>		<u></u>	X	_	593,154		- 0		65,	446.
1b Sub-total								5,608,220	1	0	0	0.5	454,
c Total from continuation sheets to P	art VII, Section A							5,608,220		- 			454.
d Total (add lines 1b and 1c)	· · · · · · · · · · · ·		11-1				<u> </u>					05,	134.
Total number of individuals (including reportable compensation from the organization)	but not limited to	tnose	6	ea a	abov	e) wn	O I	eceived more man	φιού,φου σ	1			
reportable compensation from the or	gariization											Yes	No
3 Did the organization list any form	ner officer, direc	tor, o	r tr	uste	ee,	key	em	ployee, or highes	st compensa	ated			
employee on line 1a? If "Yes," comple	te Schedule J for s	uch in	divid	laut	٠.						3	Х	
4 For any individual listed on line 1a	, is the sum of re	eporta	ble	cor	npe	nsatio	n a	and other comper	sation from	the			
organization and related organiza	itions greater tha	in \$1	50,0	000	? 1	t "Ye	S,"	complete Scheal	ue J for s	sucn	4	Х	10000
individual			• •				٠.			 	4	A	
5 Did any person listed on line 1a re for services rendered to the organiza	eceive or accrue o tion? <i>If "Yes," comp</i> a	ompe lete So	nsat ched	tion lule	J fo	m an rsuch	y ui i pe	nrelated organizat erson , ,	on or inaivid	Juai	5		X
Section B. Independent Contractors													
 Complete this table for your five hig compensation from the organization year. 	hest compensated Report compensa	Indep	or th	lent ne c	aler	ntract idar y	ors ear	that received mor ending with or wit	e than \$100 thin the orga	,000 o nizatio	f n's tax		
	(A) usiness address							(B) Description of s	services	C	(C) Compen		
ATTACHMENT 2							1						
							-						
							-						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 35

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Part VII Section A. Officers, Directors, Tru		y Em	plo			and h	ligi			(CO			
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles r and	eck s pe	more rson irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations		Esti amo oi comp	mated ount of ther ensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	orgai and	n the nization related lization	1
26) DALE E WOLFORD MD	40.00					x		456,111.		0		58,5	15
PHYSICIAN 27) DOUGLAS TICE	40.00						_			1			
PHYSICIAN 28) TOM DOWDELL	40.00				-	Х		548,023.		0		57,4	29
VP, COO ENDED (12/28/12)	40.00						x	216,992.		0	2	22,1	.25
29) MARK SULLIVAN VP, HR ENDED (12/28/12)	40.00						х	194,516.		0	1	16,8	31
30) GEORGE GARROW	40.00			_				,		1			
VP, CMO (ENDED 11/27/13) 31) JAMES M RAVER MD	40.00				-		X	308,927.	!	0		53,6	98
PHYSICIAN (ENDED 11/07/12)	40.00						х	55,169.		0		4,9	56
				-						7		, P	
		-		-	\vdash					\dashv			
		-	_	_	-		-			-			
	 	1											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						A A A						
Total number of individuals (including but not reportable compensation from the organization)	limited to	those 8	liste	d a	bov	e) wh	o re	eceived more than	\$100,000 of				
												Yes	No
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	cer, direct Jule J for su	or, o ich ind	r tru divid	uste ual	ee,	key	em	ployee, or highes	st compensate		3	X	
4 For any individual listed on line 1a, is the	sum of re	porta	ble i	con	npe	nsatio	n a	and other comper	sation from the	€			
organization and related organizations granizations granizations	eater that	n \$1 	50,0	000	? ! 	f "Ye	s,"	complete Schedu	ule J for suc	n	4	х	
5 Did any person listed on line 1a receive of	accrue co	ompe	nsati	ion	fro	m an	y ur	nrelated organizat	ion or individua	ıl	5		x
for services rendered to the organization? If "Section B. Independent Contractors													
 Complete this table for your five highest cor compensation from the organization. Report year. 	npensated compensat	indep tion fo	end or the	ent e c	col	ntract idar y	ors ear	that received mor ending with or wit	e than \$100,00 thin the organiz	00 o	f n's tax		
(A) Name and business ad	ldress							(B) Description of s	services	С	(C) ompens	ation	
							#						
			-					and the second s					
2 Total number of independent contractors (including	out n	ot li	mit.	ad	to the	188	listed above) who	o received		512 - 23	550	43.4
more than \$100,000 in compensation from the	he organiz	ation	▶	11111	ou_		,30	noted above, will	1000,100			990	

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII. (D) (B) Related or (C) (A) Unrelated Revenue Total revenue business excluded from tax exempt revenue under sections function 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 16 10 Fundraising events C 502,703 1d Related organizations 910,396 1e Government grants (contributions) . . All other contributions, gifts, grants, 14,741. and similar amounts not included above . Noncash contributions included in lines 1a-1f: \$. 1,427,840 Total. Add lines 1a-1f Program Service Revenue **Business Code** 262,613,909 868,037. 263,481,946. 2a ANCILLARY CARE 621990 80,288,341 621990 80,288,341. INPATIENT ROUTINE CARE 21,281,028 21,281,028 621990 PHYSICIAN PRACTICES, CLINICS & HOME CARE 16,036,481 16,036,481. 621990 EMERGENCY CARE All other program service revenue 381,087,796 investment income (including dividends, interest, and 3 -10,328. 4,216,915. 4,206,587 Income from investment of tax-exempt bond proceeds 0 5 Royalties (ii) Personal (i) Real 13,665. 803,073. 6a Gross rents 754,519. b Less: rental expenses . . . 48,554. 13,665. Rental income or (loss) . . 62,219. 62,219 <u>. . . Þ</u> Net rental income or (loss) (I) Securities (ii) Other Gross amount from sales of 7a 8,208,607. 86,551. assets other than inventory Less: cost or other basis 7,545,478. 8,850. and sales expenses 77,701. 663,129. Gain or (loss) 740,830. 740,830 Net gain or (loss) 8a Gross income from fundraising Other Revenue events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events . .. Gross income from gaming activities. 9a See Part IV, line 19 a b Less: direct expenses b 0 c Net income or (loss) from gaming activities. Gross sales of inventory, less 10a returns and allowances a b Less: cost of goods sold b Net income or (loss) from sales of inventory. **Business Code** Miscellaneous Revenue 82,485 82,485. CAFETERIA 621500 11a 1,313,193. 1,313,193. REIMBURSEMENT OF EXPENSES 621500 3,424,450 3,424,450. 621500 MISCELLANEOUS All other revenue 4,820,128. Total. Add lines 11a-11d . . 5,019,964. 385,039,887. 857,709. 392,345,400.

12

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check it Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations In the United States. See Part IV, line 21 .	0		,	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	o			
•	The state of the s				
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	o			
		0			
	Benefits paid to or for members	-		——————————————————————————————————————	
5	Compensation of current officers, directors, trustees, and key employees	2,941,156.	2,735,275.	205,881.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	102,494,615.	95,319,992.	7,174,623.	
	Pension plan accruals and contributions (include section				
0	401(k) and 403(b) employer contributions)	10,179,390.	9,466,833.	712,557.	
	Other employee benefits	16,200,700.	15,066,651.	1,134,049.	
	STATE OF THE STATE	7,225,513.	6,719,727.	505,786.	
	Payroll taxes				
	Fees for services (non-employees):	o			
	Management	767,489.		767,489.	
	Legal	140,000.		140,000.	
	Accounting	0			
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17,	208,972.		208,972.	
	Investment management fees ,	200/3/2.		200/372.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	2,375,655.	2,209,359.	166,296.	
OMESIC .	(A) amount, list line 11g expenses on Schedule O.)	347,440.	323,119.	24,321.	
	Advertising and promotion	58,709,240.	54,599,593.	4,109,647.	
	Office expenses	4,413,024.	4,104,112.	308,912.	
	Information technology,	4,413,024.	4,104,112.	300,912.	
	Royalties	4 503 640	4,206,985.	216 655	
16	Occupancy	4,523,640.		316,655.	
	Travel	921,348.	856,854.	64,494.	
18	Payments of travel or entertainment expenses	ļ			
	for any federal, state, or local public officials	9			
	Conferences, conventions, and meetings	15 000 000		15 000 000	
20	Interest	15,082,862.		15,082,862.	
	Payments to affiliates	27 202 040	25 200 673	1 004 276	
22	Depreciation, depletion, and amortization	27,203,949.	25,299,673.	1,904,276.	
23	Insurance	3,692,976.	3,434,468.	258,508.	
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.)	50 600 154	72 105 112	F 504 041	
1000	CONTRACTUAL/CHARITY	78,629,154.	73,125,113.	5,504,041.	
	BAD DEBTS	8,746,201.	8,133,967.	612,234.	***************************************
0.0	MEDICAL PROFESSIONAL FEES	9,116,716.	8,478,546.	638,170.	
d	MINORITY INTEREST	2,547,968.	2,369,610.	178,358.	
	All other expenses	12,461,749.	11,913,971.	547,778.	
	Total functional expenses. Add lines 1 through 24e	368,929,757.	328,363,848.	40,565,909.	
26	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				
(0.1	following SOP 98-2 (ASC 958-720)	Q			

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Form 990 (2013)

	rt X	Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	48,724,379.	1	47,802,933.
	2	Savings and temporary cash investments	39,021,558.	2	66,695,793.
	3	Pledges and grants receivable, net	C	3	(
	4	Accounts receivable, net	40,847,055.	4	44,050,214
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	q	5	
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		B and	
		organizations (see instructions). Complete Part II of Schedule L	q	6	(
Assets	7	Notes and loans receivable, net	0	7	
188	8	Inventories for sale or use	5,955,717.	8	5,752,339
•	9	Prepaid expenses and deferred charges	3,788,996.	9	3,771,857.
	10 a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a 529, 738, 648.			
	b	Less: accumulated depreciation	332,336,421.		314,130,635
	11	Investments - publicly traded securities	0	11	(
	12	Investments - other securities. See Part IV, line 11	0	12	(
	13	Investments - program-related. See Part IV, line 11	0	13	(
	14	Intangible assets	0	14	()
	15	Other assets. See Part IV, line 11	93,601,727.		97,652,261
	16	Total assets. Add lines 1 through 15 (must equal line 34)	564,275,853.		579,856,032
	17	Accounts payable and accrued expenses	29,793,834.		31,601,649
	18	Grants payable	0	18	
	19	Deferred revenue	015 015 000	19	700 700 000
	20	Tax-exempt bond liabilities	317,915,000.		309,780,000
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	U	21	· · · · · · · · · · · · · · · · · · ·
Liabilities	22	Loans and other payables to current and former officers, directors,			
api		trustees, key employees, highest compensated employees, and			Bridge Bridge
		disqualified persons. Complete Part II of Schedule L.,,,,,	C	22	
	23	Secured mortgages and notes payable to unrelated third parties	<u> </u>	23	(
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	70 567 000		75 104 210
		of Schedule D	72,567,008.		75,184,219
	26	Total liabilities. Add lines 17 through 25	420,213,642.	26	410,303,000
es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	143,627,500.		162,868,854
Bal	28	Temporarily restricted net assets	127,748.		160,871
P	29	Permanently restricted net assets	244,763	29	260,439
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	.
Se	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	144,000,011		163,290,164
	34	Total liabilities and net assets/fund balances	564,275,853	. 34	579,856,032
_					Form 990 (2013

Form 990 (2013)

Form 98	00 (2013)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				400.
2	Total expenses (must equal Part IX, column (A), line 25)	2				757.
3	Revenue less expenses. Subtract line 2 from line 1	3				643.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14			011.
5	Net unrealized gains (losses) on investments	5		1,8	46,1	074.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-	.5,9	71,	564.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
11.7	33, column (B))	10	16	3,2	90,	164.
Part	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
			_		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," es	xplain	in			t SYEW
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis		1			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight	- 1		(E.L.)	
	of the audit, review, or compilation of its financial statements and selection of an independent account		- 1	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e		in		100	
	Schedule O.				12/15	17.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo i	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Name of the organization 52-0591531 WESTERN MD HEALTH SYSTEM CORP., INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). X 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III-Non-functionally integrated b Type II c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of organization (vi) is the (vii) Amount of monetary (v) Did you notify (iv) is the (i) Name of supported (II) EIN nization in organization in support the organization (described on lines 1-9 organization col. (i) listed in in col. (i) of your col. (i) organized above or IRC section your governing (see instructions)) support? in the U.S.? document? No No Yes No Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

Pa	(Complete only if you checke	d the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
	Part III. If the organization fai	ls to qualify u	nder the tests	listed below, p	olease comple	ete Part III.)	
	tion A. Public Support			T	10.0015	Т	T
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.				1		1
	tion B. Total Support	() 0000	T (1) 0040	1 () 0044	T (1) 0045	1 / 1 20/0	T
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		1		1		
12	Gross receipts from related activities, etc. (s						
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>		nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	tion C. Computation of Public Sup					TT	
14	Public support percentage for 2013 (li		소프트 - 시민이지가 배경된 bernete (전환, 50 metric 1986				%
15	Public support percentage from 2012					15	%
16a	331/3% support test - 2013. If the o						
L	this box and stop here. The organization						
a	331/3% support test - 2012. If the check this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part IV how the organization meets to	2013. If the or meets the "fa	ganization did racts-and-circums	not check a box stances" test, c	on line 13, 16 heck this box a	Sa, or 16b, and and stop here.	line 14 is Explain in
b	organization	2012. If the o	rganization did	not check a bo	x on line 13, 1	6a, 16b, or 17a	, and line
	Explain in Part IV how the organization supported organization	on meets the	"facts-and-circu	mstances" test.	The organizat	ion qualifies as	a publicly
18	Private foundation. If the organization						

WESTERN MD HEALTH SYSTEM CORP., INC.

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						7
	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	ı					
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
11 0	Add lines 7a and 7b						
4	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,					19 See 19 Se	
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
1	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 5010	'c)(3)
	organization, check this box and stop here					The same of the sa	-
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8	, column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2012 Sche	edule A, Part III, Iir	ne 15			16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2013 (II					17	%
18	Investment income percentage from 2012	Schedule A, Part	III, line 17			18	%
19 a	33 1/3 % support tests - 2013. If the or					e than 331/3%,	and line
	17 is not more than 331/3 %, check th	is box and sto	p here. The orga	anization qualifie	s as a publicly	supported organi	zation >
b	331/3% support tests - 2012. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16 is	more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check			- Comment of the Comm		Annual Control of the	
20	Private foundation. If the organization	dld not check	a box on line	14, 19a, or 19t	o, check this bo	x and see instr	
						canadida & /F	00 000 EZI 2042

Schedule A (Form 990 or 990-EZ) 2013

Supplemental Information. 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)

WESTERN MD HEALTH SYSTEM CORP., INC.

Schedule of Contributors

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

			52-0591531
Organiza	ation type (check one):		
Filers of:	:	Section:	
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	on
		501(c)(3) taxable private foundation	
	nly a section 501(c)(7),	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See
General	Rule		
X	i or an organization in	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 c e contributor. Complete Parts I and II.	r more (in money or
Special I	Rules		
	under sections 509(a)	B) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 1000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form I.	year, a contribution of
	during the year, total	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitates, or the prevention of cruelty to children or animals. Complete Parts I, II,	ole, scientific, literary,
	during the year, contri not total to more than year for an exclusively	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a butions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the \$1,000. If this box is checked, enter here the total contributions that were religious, charitable, etc., purpose. Do not complete any of the parts unless tation because it received <i>nonexclusively</i> religious, charitable, etc., contributions.	se contributions did received during the st the General Rule utions of \$5,000 or
990-EZ,	or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990; or check the box on line F certify that it does not meet the filing requirements of Schedule B (Form 990)	of its Form 990-EZ or on its

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) (2013)

Name of organization WESTERN MD HEALTH SYSTEM CORP., INC.

Employer identification number 52-0591531

Part I	Contributors (see instructions). Use duplicate copies of Pari	I if additional space is need	led.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	STATE OF MD DEPT HEALTH & MENTAL HYGIENE 301 W PRESTON STREET BALTIMORE, MD 21201	\$876,649.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	ALLEGANY COUNTY HEALTH DEPT BOX 1745, WILLOWBROOK ROAD CUMBERLAND, MD 21502	\$20,071.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	WESTERN MD INSURANCE COMPANY PO BOX 10233, 171 ELGIN AVE KY1-1002 GEORGE TOWN GRAND CAYMAN CAYMAN ISLANDS	\$10,200.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	WESTERN MARYLAND HEALTH FOUNDATION P.O. BOX 539 CUMBERLAND, MD 21501	\$502,703.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WESTERN MD HEALTH SYSTEM CORP., INC.

Employer identification number 52-0591531

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given Part I (see instructions) (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given Part I (see instructions) (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

Name of organization WESTERN MD HEALTH SYSTEM CORP., INC.

Eniproyer Identification number 52-0591531

Part III	Exclusively religious, charitable, etc. that total more than \$1,000 for the y	ear. Complete colun	nns (a) through (e) and the following line entry.
	For organizations completing Part III, contributions of \$1,000 or less for the	enter the total of <i>excl</i> e year. (Enter this inf	<i>lusively</i> religious, o ormation once. Se	charitable, etc., ee instructions.) ▶ \$
	Use duplicate copies of Part III if addit	ional space is neede	d.	
(a) No. from Part i	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
		(e) Transfe	r of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	and ZIP + 4	Relatio	nship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047

Open to Public Inspection

WES	TERN MD HEALTH SYSTEM CORP., INC.		52-0591531
Pa	Organizations Maintaining Donor Advi Complete if the organization answered	sed Funds or Other Similar Funds or A	Accounts.
***************************************		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held in	donor advised
,	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
•	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par	Conservation Easements. Complete if	the organization answered "Yes" to Fo	rm 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by th		
	Preservation of land for public use (e.g., rec	1	of an historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization is	neld a qualified conservation contribution in	n the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
C	Number of conservation easements on a certified		
d	Number of conservation easements included in (conservation)		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra		
	tax year ▶		
4	Number of states where property subject to cons	ervation easement is located >	70° pm too pm too our our our our our
5	Does the organization have a written policy regard		
	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation ea	sements during the year
			
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easeme	ents during the year
	> \$		
8	Does each conservation easement reported on li		
	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text organization's accounting for conservation easem		cial statements that describes the
Pai			ar Similar Accete
IFEI	Complete if the organization answere	d "Yes" to Form 990. Part IV. line 8.	a Sililla Assets.
4-		about the contract of the cont	rate with a state was at a state of the land of the land of the state
1a	If the organization elected, as permitted under sworks of art, historical treasures, or other simpublic service, provide, in Part XIII, the text of the	ilar assets held for public exhibition, edi	revenue statement and balance sneet ucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that de	scribes these items.
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other simi public service, provide the following amounts rela		ucation, or research in furtherance of
			> •
	(i) Revenues included in Form 990, Part VIII, line		
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of		
а	following amounts required to be reported under Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		
-	aperwork Reduction Act Notice, see the Instructions f	or Form 990.	Schedule D (Form 990) 2013

-	dule D (Form 990) 2013	TERN MD HEALTI			52-05	Page 2
Pa	rt III Organizations Maintainin	g Collections of	Art, Historical T	reasures, or Oth	ner Similar Asse	ts (continued)
3	Using the organization's acquisitio collection items (check all that appli	n, accession, and o y):	ther records, check	any of the follow	ring that are a sign	nificant use of its
a b c	Public exhibition Scholarly research Preservation for future gener		e Other	or exchange program		
4	Provide a description of the organ XIII.	ization's collections	and explain now t	ney further the org	ganization's exemp	t purpose in Part
5	During the year, did the organizatio				-	
-	assets to be sold to raise funds rath					Yes No
Pai	t IV Escrow and Custodial Ari			ization answered	"Yes" to Form 99	0, Part IV, line 9,
	or reported an amount on	Form 990, Part X	, line 21.			
	Is the organization an agent, trusted included on Form 990, Part X? If "Yes," explain the arrangement in					Yes No
	ii 100, explain the dirangement in	r are zerr and comple	to the following tab		Amount	
c	Beginning balance			10	7 HITOUR	
	Additions during the year					
e	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amo					Yes No
	If "Yes," explain the arrangement in			has been provided		
Par						
U Cal	e Endoument and Com	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	319,428.	720,859.	1,567,441.	2,281,205.	2,244,200.
b	Contributions	96,831.	40,000.	30,000.	94,675.	353,302.
C	Net investment earnings, gains,		•	•		
	and losses	15,676.	3,904.	-4,723.	-755.	12,294.
d	Grants or scholarships					
	Other expenditures for facilities					
	and programs	76,140.	445,335,	871,859.	807,684.	328,591.
f	Administrative expenses					
g	End of year balance	355,795.	319,428.	720,859.	1,567,441.	2,281,205.
2	Provide the estimated percentage of					.,
a	Board designated or quasi-endowm					
b	Permanent endowment ▶ 73.0		-			
	Temporarily restricted endowment					
,-	The percentages in lines 2a, 2b, an		00%.			
3a	Are there endowment funds not in t			are held and admir	nistered for the	
	organization by:	**************************************	and a second			Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(ii), are the related organic	anizations listed as r	equired on Schedule	R?		3b
4	Describe in Part XIII the intended us					

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value Part VI

15,000,000,4.5.550	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	depreciation	(d) Book value
1a	Land		7,614,249.		7,614,249.
b	Buildings		333,284,582.	69,664,102.	263,620,480.
C	Leasehold improvements				
d	Equipment		180,719,453.	143,852,491.	36,866,962.
е	Other		8,120,364.	2,091,420.	6,028,944.
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10	O(o).) ▶	314,130,635.

Schedule D (Form 990) 2013

-	-
/	- 1
	- 3
	- 1

Schedule D (Form 990) 2013		Page 3
Cond VIII Investments C	Mhay Casuritias	

(a) Description of security or category	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12.
(including name of security)	(5) 500% (4.40	Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(D)		
<u>(E)</u>		
<u>(F)</u>		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
		
Part VIII Investments - Program Related.		
Part VIII Investments - Program Related.	"Yes" to Form 990,	, Part IV, line 11c. See Form 990, Part X, line 13.
Part VIII Investments - Program Related.	"Yes" to Form 990,	(c) Method of valuation:
Part VIII Investments - Program Related. Complete if the organization answered (a) Description of Investment		
Part VIII Investments - Program Related. Complete if the organization answered (a) Description of Investment (1)		(c) Method of valuation:
Part VIII Investments - Program Related. Complete if the organization answered (a) Description of Investment (1) (2)		(c) Method of valuation:
Part VIII Investments - Program Related. Complete if the organization answered (a) Description of Investment (1) (2) (3)		(c) Method of valuation:
Part VIII Investments - Program Related. Complete if the organization answered (a) Description of Investment (1) (2) (3) (4)		(c) Method of valuation:
Investments - Program Related. Complete if the organization answered (a) Description of Investment (1) (2) (3) (4) (5)		(c) Method of valuation:
Investments - Program Related. Complete if the organization answered (a) Description of Investment (1) (2) (3) (4) (5) (6)		(c) Method of valuation:
Investments - Program Related. Complete if the organization answered (a) Description of Investment (1) (2) (3) (4) (5) (6) (7)		(c) Method of valuation:
Investments - Program Related. Complete if the organization answered (a) Description of Investment (1) (2) (3) (4) (5) (6) (7) (8)		(c) Method of valuation:
Part VIII Investments - Program Related. Complete if the organization answered (a) Description of Investment (1) (2) (3) (4) (5) (6) (7) (8) (9)		(c) Method of valuation:
Investments - Program Related. Complete if the organization answered (a) Description of Investment (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		(c) Method of valuation:
Investments - Program Related. Complete if the organization answered (a) Description of Investment (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Part VIII Investments - Program Related. Complete if the organization answered (a) Description of Investment (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered	(b) Book value	(c) Method of valuation:

(a) Description	(b) Book value
(1) FUNDS ON DEPOSIT WITH TRUSTEE	15,673,200.
(2) OTHER ACCOUNTS RECEIVABLE	4,667,945.
(3) A/R FROM AFFILIATES	2,146,272.
(4) IMPREST FUND - W/C	1,058,357.
(5) INVESTMENT - BOARD DESIGNATED	8,279,736.
(6) RESTRICTED BY DONOR	367,414.
(7) INVESTMENT IN AFFILIATES	16,005,524.
(8) OTHER LONG TERM INVESTMENTS	45,751,029.
(9) UNDER BOND INDENTURE	3,702,784.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	97,652,261.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FEDERAL INCOME TAXES	344.
(3) PAYABLES TO THIRD PARTY	6,291,169.
(4) BOND PREMIUM	8,871,360.
(5) DEFERRED COMP	711,164.
(6) PROFESSIONAL INSURANCE	13,227,450.
(7) PENSION LIABILITY	44,409,651.
(8) MINORITY INTEREST PAYABLE	1,557,987.
(9) LOAN PAYABLE HAYSTACK	115,094.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	75,184,219.

^{2.} Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

0 1 1	The second contract of the con	12-0	231231
	ule D (Form 990) 2013		Page 4
Part		٦.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		207 207 666
1	Total revenue, gains, and other support per audited financial statements	1	307,397,666
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments 2a 1,846,074.		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d -87, 548, 327.		05 500 050
е	Add lines 2a through 2d	2e	-85,702,253
3	Subtract line 2e from line 1	3	393,099,919
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b -754,519.		
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c	-754,519
5		5	392,345,400
Part		rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	279,587,980
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		
C	Other leads		
d	Other (Describe in Part XIII.) 2c 2d -1,793,450.		
ę	Add lines 2a through 2d	2e	-1,793,450.
3	Subtract line 2e from line 1	3	281,381,430.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		0.000
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b 87,548,327.		
C		4c	87,548,327
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	368,929,757
	Supplemental Information.		
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt V, li	ne 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
SEE	PAGE 5		
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#### Part XIII Supplemental Information (continued)

#### ENDOWMENT FUNDS

#### PART V LINE 4

INTENDED USES OF THE INCOME FROM THE PUGH ENDOWMENT FUND ARE TO PROVIDE FREE BEDS AND FREE SERVICE TO THOSE WHO MAY BECOME PATIENTS AND WHO THROUGH FINANCIAL INABILITY MAY BE UNABLE TO MAKE PROVISIONS FOR THEIR OWN MEDICAL AND/OR SURGICAL RELIEF. ANDERSON FAMILY FOUNDATION ENDOWMENT FUND IS RESTRICTED FOR USE TO ADDRESS HOSPITAL ACQUIRED INFECTIONS.

#### OTHER REVENUES INCLUDED ON FORM 990

PART XII LINE 2D

INVESTMENT MANAGEMENT FEES (RE-CLASS TO EXPENSES) (208, 972)

CONTRACTUAL ALLOW. & CHARITY (RE-CLASS TO EXPENSES) \$ (87, 375, 355)

TOTAL \$(87,584,327)

PART XII LINE 4B

\$ (754,519) RENTAL EXPENSES (RE-CLASS FROM EXPENSES):

OTHER EXPENSES INCLUDED ON FORM 990

PART XII LINE 2D

DISTRIBUTIONS TO NON-CONTROLLING INTERESTS: \$ 2,547,969

\$ (754,519) RENTAL EXPENSES RECLASSED TO REVENUE:

TOTAL PART XII LINE 2D \$1,793,450

PART XII LINE 4B

208,972 INVESTMENT MANAGEMENT FEES (RE-CLASS TO EXPENSES)

Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)

CONTRACTUAL ALLOW. & CHARITY (RE-CLASS TO EXPENSES)

\$ 87,375,355

TOTAL

\$ 87,584,327

LIABILITY FOR UNCERTAIN TAX POSITIONS (FIN 48 FOOTNOTE)

SCHEDULE D PART X

THE HEALTH SYSTEM AND SUBSTANTIALLY ALL OF ITS AFFILIATES ARE EXEMPT FROM FEDERAL INCOME TAX, EXCEPT FOR UNRELATED BUSINESS INCOME, WHICH IS NONEXISTENT, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR THESE ENTITIES.

### SCHEDULE F (Form 990)

## Statement of Activities Outside the United States

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

WEST	ERN MD HEALTH SYSTEM	CORP., INC	C		52-059153	31
Part	General Information of Form 990, Part IV, line 14	n Activities lb.	Outside the U			ered "Yes" on
	or grantmakers. Does the organ					
	assistance, the grantees' eligibilit					
g	grants or assistance?					Yes No
	For grantmakers. Describe in		ganization's pr	ocedures for monitoring	the use of its grants	and other
a	assistance outside the United Sta	ites.				
3 /	Activities per Region. (The follow	ing Part I, line	3 table can be	duplicated if additional sp	pace is needed.)	
	(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, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	INSURANCE	1,255,417.
(2)						
(3)						
(4)						
(5)						
			*****			
(6)						<del> </del>
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						<u> </u>
(15)						
(16)						
TOUR TO MAKE THE TOUR	,					
(17) 3a	Sub-total,	<b></b>				1,255,417.
b	Total from continuation					
_	sheets to Part I					
С	Totals (add lines 3a and 3b)					1,255,417.

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

JSA 3E1274 1.000 0120ET 700P 5/12/2015 8:46:46 AM V 13-7.15

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(1)				appraisal, other)
(2)				
	·			
(3)				,
(4)				
(5)				
(6)				
(8)				
(6)				
(19)				
(44)				
(12)				
(13)				
(14)				
(15)				
(16)				

Enter total number of other organizations or entities........... e

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

Part | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be dunlicated if additional space is needed.

Part III can be duplicated if additional space is needed.	itional space is needed.			State Control of the			
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					Management of the second		
1.1							
(7)							
(3)							
(4)							
(5)							
(6)							
(0)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
						Schi	Schedule F (Form 990) 2013

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Schedi	ile F (Form 990) 2013		Page 4
Part	IV 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	s 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	s 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	s 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? 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)	Yes	s 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	s 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	s X No

Schedule F (Form 990) 2013

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).