

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UMSJ HEALTH SYSTEM LLC			D Employer identification number 46-2097818
	Doing Business As			E Telephone number (877) 829-5500
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 439,301,460.
	250 WEST PRATT STREET, 24TH FLOOR			
City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21201			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: PAUL NICHOLSON 7601 OSLER DRIVE TOWSON, MD 21204			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)	
J Website: WWW.STJOSEPHTOWSON.COM			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2012 M State of legal domicile: MD	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS GUIDED BY OUR CATHOLIC HEALTH CARE TRADITION OF LOVING SERVICE & COMPASSIONATE CARE.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15.		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,781.		
	6 Total number of volunteers (estimate if necessary)	6	669.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	146,378.		
b Net unrelated business taxable income from Form 990-T, line 34	7b	377,036.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	0.	Current Year	1,352,164.
	9 Program service revenue (Part VIII, line 2g)		0.		423,921,940.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.		0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		14,027,356.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.		439,301,460.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.		509,400.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		192,625,593.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		0.		0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.		243,240,779.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.		436,375,772.
19 Revenue less expenses. Subtract line 18 from line 12		0.		2,925,688.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	0.	End of Year	300,707,970.
	21 Total liabilities (Part X, line 26)		0.		404,843,380.
	22 Net assets or fund balances. Subtract line 21 from line 20.		0.		-104,135,410.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name FRANK GIARDINI	Preparer's signature <i>Frank S. Giardini</i>	Date 05/11/2017	Check <input type="checkbox"/> if self-employed	PTIN P00532355
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		Phone no. 215-561-4200	
	Firm's address ▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103				

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UMSJ HEALTH SYSTEM, LLC	Employer identification number (EIN) or 46-2097818
	Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST PRATT STREET, 24TH FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21201	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► S. MICHELLE LEE, 250 W. PRATT STREET BALTIMORE, MD 21201

Telephone No. ► 410 328-1376 FAX No. ► _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20____ or

► tax year beginning 07/01, 2015, and ending 06/30, 2016.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cumulative e-File History 2015	
FED	
Locator:	0333KM
Taxpayer Name:	UMSJ Health System, LLC
Return Type:	990, 990EZ & 990T (Corp)
Submitted Date:	10/10/2016 16:27:47
Acknowledgement Date:	10/10/2016 16:57:19
Status:	Accepted
Submission ID:	23695320162845000021

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UMSJ HEALTH SYSTEM, LLC	Employer identification number (EIN) or 46-2097818
	Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST PRATT STREET, 24TH FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21201	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of S. MICHELLE LEE, 250 W. PRATT STREET BALTIMORE, MD 21201.
Telephone No. 410 328-1376 Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 05/15, 2017.
- 5 For calendar year _____, or other tax year beginning 07/01, 2015, and ending 06/30, 2016.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature Frank S. Grandi Title TAX PRINCIPAL Date 01/31/2017

Cumulative e-File History 2015	
FED	
Locator:	0333KM
Taxpayer Name:	UMSJ Health System, LLC
Return Type:	990, 990EZ & 990T (Corp)
Submitted Date:	01/31/2017 10:00:30
Acknowledgement Date:	01/31/2017 10:27:21
Status:	Accepted
Submission ID:	23695320170315000021

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the 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.

4a (Code:) (Expenses \$ 380,370,797. including grants of \$ 509,400.) (Revenue \$ 423,921,940.)

ATTACHMENT 2

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 380,370,797.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>		
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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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, address, and telephone number of the person who possesses the organization's books and records: S. MICHELLE LEE 250 W PRATT ST BALTIMORE, MD 21201 410-328-1376

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

Check if Schedule O contains a response or note to any line 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HONORABLE FRANCIS X. KELLY CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(2) EDWARD J. GILLIS, ESQ. VICE-CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(3) JOHN W. ASHWORTH III DIRECTOR	1.00 49.00	X						0.	780,732.	23,637.
(4) REVEREND JOSEPH F. BARR DIRECTOR	1.00 0.	X						0.	0.	0.
(5) DAVID BRINKER, M.D. DIRECTOR	1.00 0.	X						0.	0.	0.
(6) ROBERT A. CHRENCIK DIRECTOR	1.00 49.00	X						0.	2,562,797.	23,637.
(7) JOHN P. COALE, ESQ. DIRECTOR	1.00 0.	X						0.	0.	0.
(8) MONSIGNOR RICHARD E. CRAMBLITT DIRECTOR	1.00 0.	X						0.	0.	0.
(9) R. MICHAEL GILL DIRECTOR	1.00 0.	X						0.	0.	0.
(10) PATRICK J. GOLES DIRECTOR	1.00 0.	X						0.	0.	0.
(11) CAROLINE A. GRIFFIN, ESQ. DIRECTOR	1.00 0.	X						0.	0.	0.
(12) HONORABLE ANDREW P. HARRIS, MD DIRECTOR	1.00 0.	X						0.	0.	0.
(13) MONSIGNOR J. BRUCE JARBOE DIRECTOR	1.00 0.	X						0.	0.	0.
(14) E. ALBERT REECE, M.D. DIRECTOR	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KIM SCHATZEL PHD. DIRECTOR	1.00 0.	X					0.	0.	0.	
(16) HONORABLE JAMES T. SMITH, JR. DIRECTOR	1.00 0.	X					0.	0.	0.	
(17) ADELE A. WILZACK, R.N. DIRECTOR	1.00 0.	X					0.	0.	0.	
(18) MOHANAKUMAR SUNTHARALINGAM PRESIDENT & CEO	40.00 10.00			X			1,242,092.	0.	157,792.	
(19) PAUL S. NICKOLSON CFO	40.00 10.00			X			438,645.	0.	27,035.	
(20) CRAIG J. CARMICHAEL VP - OPERATIONS	40.00 10.00				X		351,615.	0.	26,347.	
(21) GAIL P. CUNNINGHAM CMO	40.00 10.00				X		518,617.	0.	23,367.	
(22) WALTER J. FURLONG VP - BUSINESS DEVELOPMENT	40.00 10.00				X		377,991.	0.	24,128.	
(23) PAMELA A. JAMIESON CNO	40.00 10.00				X		344,238.	0.	21,102.	
(24) BRETT D. ROBERTS PHYSICIAN	40.00 0.					X	830,834.	0.	26,948.	
(25) FARHAN MAJEED PHYSICIAN	40.00 0.					X	1,010,070.	0.	34,074.	
1b Sub-total							0.	3,343,529.	47,274.	
c Total from continuation sheets to Part VII, Section A							7,535,561.	0.	417,582.	
d Total (add lines 1b and 1c)							7,535,561.	3,343,529.	464,856.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 276

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 57

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) HENRY SUN ----- PHYSICIAN	40.00 0.					X		957,792.	0.	23,814.
(27) STEPHEN H. POLLOCK ----- PHYSICIAN	40.00 0.					X		686,205.	0.	26,442.
(28) MICHAEL J. SCHULTZ ----- PHYSICIAN	40.00 0.					X		777,462.	0.	26,533.

1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 276

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	1,352,164.					
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f ▶			1,352,164.				
Program Service Revenue	2a <u>PATIENT SERVICES</u>	Business Code	900099	423,921,940.	423,921,940.			
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			423,921,940.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			0.			
4 Income from investment of tax-exempt bond proceeds . ▶				0.				
5 Royalties ▶				0.				
6a Gross rents		(i) Real	(ii) Personal					
		1,168,956.						
		b Less: rental expenses						
c Rental income or (loss)			1,168,956.					
d Net rental income or (loss) ▶				1,168,956.	1,168,956.			
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
d Net gain or (loss) ▶				0.				
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a								
		b Less: direct expenses b						
	c Net income or (loss) from fundraising events. ▶			0.				
9a Gross income from gaming activities. See Part IV, line 19 a								
	b Less: direct expenses b							
	c Net income or (loss) from gaming activities. ▶			0.				
10a Gross sales of inventory, less returns and allowances a								
	b Less: cost of goods sold b							
	c Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue			Business Code					
11a <u>PHYSICIAN SERVICES</u>		900099		8,272,712.	8,272,712.			
	b <u>PARKING</u>		900099		1,293,798.	1,293,798.		
		c <u>INCOME FROM JOINT VENTURE</u>		900099		663,525.	663,525.	
	d All other revenue			900099		2,628,365.	2,481,987.	146,378.
	e Total. Add lines 11a-11d ▶				12,858,400.			
12 Total revenue. See instructions. ▶				439,301,460.	437,802,918.	146,378.		

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 if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	509,400.	509,400.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,273,199.	862,856.	2,410,343.	
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	158,464,786.	131,343,410.	27,121,376.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,157,133.	3,420,468.	736,665.	
9 Other employee benefits	18,347,150.	15,158,860.	3,188,290.	
10 Payroll taxes	8,383,325.	6,846,248.	1,537,077.	
11 Fees for services (non-employees):				
a Management	65,229.		65,229.	
b Legal	0.			
c Accounting	0.			
d Lobbying	16,393.		16,393.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	67,750,507.	57,760,104.	9,990,403.	
12 Advertising and promotion	29,419.	23,854.	5,565.	
13 Office expenses	927,441.	758,533.	168,908.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	6,823,535.	5,957,441.	866,094.	
17 Travel	149,923.	121,438.	28,485.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	12,556,568.	10,170,820.	2,385,748.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	17,153,345.	13,910,508.	3,242,837.	
23 Insurance	9,101,547.	8,968,054.	133,493.	
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.)				
a <u>MEDICAL SUPPLIES</u>	78,873,550.	78,804,870.	68,680.	
b <u>PURCHASED SERVICES</u>	22,601,017.	20,813,550.	1,787,467.	
c <u>BAD DEBTS</u>	14,649,756.	14,649,756.		
d <u>UTILITIES</u>	3,722,899.	3,021,900.	700,999.	
e All other expenses	8,819,650.	7,268,727.	1,550,923.	
25 Total functional expenses. Add lines 1 through 24e	436,375,772.	380,370,797.	56,004,975.	
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	0. 1	1,287,471.
	2 Savings and temporary cash investments	0. 2	959,950.
	3 Pledges and grants receivable, net	0. 3	0.
	4 Accounts receivable, net	0. 4	34,815,764.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0. 5	0.
	6 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 organizations (see instructions). Complete Part II of Schedule L	0. 6	0.
	7 Notes and loans receivable, net	0. 7	3,381,588.
	8 Inventories for sale or use	0. 8	5,559,626.
	9 Prepaid expenses and deferred charges	0. 9	1,603,035.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 252,090,751.	
	b Less: accumulated depreciation	10b 53,341,436.	
	11 Investments - publicly traded securities	0. 11	0.
	12 Investments - other securities. See Part IV, line 11	0. 12	0.
	13 Investments - program-related. See Part IV, line 11	0. 13	0.
	14 Intangible assets	0. 14	0.
	15 Other assets. See Part IV, line 11	0. 15	54,351,221.
16 Total assets. Add lines 1 through 15 (must equal line 34)	0. 16	300,707,970.	
Liabilities	17 Accounts payable and accrued expenses	0. 17	57,952,449.
	18 Grants payable	0. 18	0.
	19 Deferred revenue	0. 19	128,688.
	20 Tax-exempt bond liabilities	0. 20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0. 21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0. 22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0. 23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0. 24	238,885,661.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0. 25	107,876,582.
	26 Total liabilities. Add lines 17 through 25	0. 26	404,843,380.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	0. 27	-104,136,130.
	28 Temporarily restricted net assets	0. 28	720.
	29 Permanently restricted net assets	0. 29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
33 Total net assets or fund balances	0. 33	-104,135,410.	
34 Total liabilities and net assets/fund balances	0. 34	300,707,970.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	439,301,460.
2	Total expenses (must equal Part IX, column (A), line 25)	2	436,375,772.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,925,688.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	0.
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	-107,061,098.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-104,135,410.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **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 of Contributors

2015

▶ **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 UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** 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

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **UMSJ HEALTH SYSTEM LLC**

Employer identification number
46-2097818

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,352,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

OTHER ACTIVITIES

SCHEDULE C, PART II-B, LINE 1I

THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 6.15% AND 22.12% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART II-B AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on 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.

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b 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 similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
 - b** Permanent endowment _____%
 - c** Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,165,362.		15,165,362.
b Buildings		141,849,578.	16,991,694.	124,857,884.
c Leasehold improvements		158,691.	53,833.	104,858.
d Equipment		89,095,041.	35,785,066.	53,309,975.
e Other		5,822,079.	510,843.	5,311,236.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				198,749,315.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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 "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) MALPRACTICE TRUST	10,107,315.
(2) OTHER	9,858,838.
(3) ECONOMIC INT. IN FOUNDATION	9,502,627.
(4) LONG TERM INVESTMENT - MRI	7,194,178.
(5) DEBT SERVICE FUND	5,816,365.
(6) INVESTMENT IN SUBSIDIARIES	2,532,150.
(7) OTHER RECEIVABLES	333,747.
(8) DUE FROM AFFILIATES	9,006,001.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	54,351,221.

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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) OTHER MALPRACTICE	15,652,021.
(3) ADVANCES FROM 3RD PARTY PAYORS	10,633,147.
(4) RETIRE PENSION	2,235,203.
(5) OTHER LIABILITIES	797,926.
(6) DUE TO AFFILIATE	78,558,285.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	107,876,582.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FIN48 FOOTNOTE PER AUDIT REPORT

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS A SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE CORPORATION). THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN THE INCOME TAXES (FIN 48) ON JULY 1, 2007. THE FOOTNOTE RELATED TO ASC 740 IN THE CORPORATION'S AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS: THE CORPORATION FOLLOWS A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECOGNIZED.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other <u>500.0000</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,734,246.		2,734,246.	.80
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			2,734,246.		2,734,246.	.80
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,536,116.	77,809.	1,458,307.	.35
f Health professions education (from Worksheet 5)			2,625,431.		2,625,431.	.62
g Subsidized health services (from Worksheet 6)			18,222,668.		18,222,668.	4.32
h Research (from Worksheet 7)			606,900.	45,368.	561,532.	.13
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			22,991,115.	123,177.	22,867,938.	5.42
k Total. Add lines 7d and 7j.			25,725,361.	123,177.	25,602,184.	6.22

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Schedule H (Form 990) 2015

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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.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			3,499.		3,499.	
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			3,499.		3,499.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	143,372,170.
6 Enter Medicare allowable costs of care relating to payments on line 5	142,410,347.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	961,823.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 UMSJ ST. JOSEPH MEDICAL CENTER, LLC
 250 WEST PRATT STREET
 BALTIMORE MD 21201
 HTTPS://WWW.STJOSEPHMD.COM/HOME.ASPX
 03-079

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X	X	X			X			1

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group UMMS ST. JOSEPH MEDICAL CENTER, LLC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12c regarding CHNA, implementation strategy, and excise tax.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group UMMS ST. JOSEPH MEDICAL CENTER, LLC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group UMMS ST. JOSEPH MEDICAL CENTER, LLC

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? If "No," indicate why:		X
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	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.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual 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? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY HEALTH NEEDS ASSESSMENT

SCHEDULE H, PART V, LINE 5

THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED ON MAY 12, 2015, ON WHICH DATE IT WAS APPROVED BY THE BOARD OF DIRECTORS AND IMPLEMENTED.

COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS. THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER SOUGHT COMMUNITY INPUT THROUGH KEY INFORMANT FOCUS GROUP DISCUSSIONS WITH COMMUNITY LEADERS AND PARTNERS AND AN ONLINE COMMUNITY MEMBER SURVEY AVAILABLE TO ALL BALTIMORE COUNTY RESIDENTS, AND INCLUSION OF COMMUNITY LEADERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, AND LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY, INCLUDING THE MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS.

AN ONLINE COMMUNITY SURVEY WAS CONDUCTED WITH INDIVIDUALS RESIDING IN BALTIMORE COUNTY BETWEEN JANUARY 29 AND MARCH 18, 2016. PAPER COPIES OF THE SURVEY WERE ALSO DISTRIBUTED AT VARIOUS HEALTH AND COMMUNITY CENTERS TO REACH A WIDER DEMOGRAPHIC. THE SURVEY WAS DESIGNED TO ASSESS THEIR HEALTH STATUS, HEALTH RISK BEHAVIORS, PREVENTIVE HEALTH PRACTICES AND NEEDS, HEALTH CARE ACCESS PRIMARILY RELATED TO CHRONIC DISEASES, AND COMMUNITY ASSETS AND OPPORTUNITIES. THE SURVEY TOOK APPROXIMATELY 10 TO 15 MINUTES TO COMPLETE. A TOTAL OF 924 RESIDENT SURVEYS WERE COMPLETED THROUGHOUT BALTIMORE COUNTY TO PROMOTE GEOGRAPHICAL AND ETHNIC DIVERSITY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AMONG RESPONDENTS.

TWO KEY INFORMANT FOCUS GROUPS WERE CONDUCTED AT UM ST. JOSEPH MEDICAL CENTER ON FEBRUARY 10 AND FEBRUARY 17, 2016. THERE WERE 12 PARTICIPANTS IN THE FIRST SESSION AND 11 PARTICIPANTS ATTENDED THE SECOND SESSION. THE PURPOSE OF THE FOCUS GROUPS WAS TO GATHER EXPERT-LEVEL QUALITATIVE FEEDBACK FROM A VARIETY OF HEALTH AND SOCIAL SERVICE PROVIDERS, WITH AN ACTIVE ROLE AND A BROAD UNDERSTANDING OF THE HEALTH CARE SYSTEM AND HEALTH NEEDS OF BALTIMORE COUNTY RESIDENTS.

KEY INFORMANT FOCUS GROUP PARTICIPANTS

GEORGE LAROCCO, MD, INTERNAL MEDICINE, HEALTH PART AT HEREFORD LIN ROMANO, COO, GEDCO BARBARA K. ANDERSON, EXECUTIVE DIRECTOR, PRO BONO COUNSELING KEITH JACOBS, DIRECTOR OF BUSINESS OPERATIONS, MAXIM HEALTHCARE CHRISTINE WOODS, PROGRAM DIRECTOR - WELLNESS, TOWSON UNIVERSITY WILLIAM S. QUEALE, MD, INTERNIST, MAXIM HEALTHCARE SERVICES RUTH HELTNE, VP, HEALTHY LIVING, Y IN CENTRAL MARYLAND KARA BARLOW, RN, WOMEN'S HEALTH ASSOCIATES JULIA JOHNSON, PRACTICE MANAGER, WOMEN'S HEALTH ASSOCIATES DELLA J. LEISTER, RN, DEPUTY HEALTH OFFICER, BALTIMORE COUNTY DEPARTMENT OF HEALTH MARY JO HUBER, RN, UM SJMC WAYNE BRANNOCK, COO, LORIEN HEALTH SYSTEMS MONICA FULTON, RN, DIRECTOR OF ONCOLOGY OPERATIONS, UM SJMC ANGELICA SFAKIANOUDIS, INTERN, BALTIMORE COUNTY DEPARTMENT OF AGING DONNA BILZ, PROGRAM COORDINATOR, BALTIMORE COUNTY DEPARTMENT OF AGING TED GROSS, MA, DIRECTOR OF SENIOR SERVICES, GEDCO KATHY MULFORD, MS, DIRECTOR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OF BONE HEALTH CENTER, TOWSON ORTHOPAEDIC ASSOCIATES

CAPTAIN STEVE ADELSBERGER, EMS SHIFT COMMANDER, BALTIMORE COUNTY FIRE
DEPARTMENT

NICOLETTE MORRIS, MD, PEDIATRICS, UM SJMC

KIRSTEN MCCRACKEN, RN, MSN, CNRN, SCRN, STROKE CENTER COORDINATOR, UM
SJMC

MATT GOLDSTEIN, DIRECTOR HEALTH SERVICES, TOWSON UNIVERSITY

JULIE VAUGHEN, MD, OWINGS MILLS INTERNAL MEDICINE

THE PRIORITIZATION SESSION WAS HOSTED THE MORNING OF FRIDAY, MAY 13, AT
UM ST. JOSEPH MEDICAL CENTER AND INCLUDED:

JACKIE SIMS, COMMUNITY MEMBER, PATIENT ADVISORY COUNCIL ROBERT BRESCHI,
COMMUNITY MEMBER, PATIENT ADVISORY COUNCIL DONNA BILZ, BALTIMORE COUNTY
DEPARTMENT OF AGING

IRENA KOYFMAN, CRNP, AND ITA CREMEN, MAXIM

LAURA CULBERTSON, RN, BALTIMORE COUNTY DEPARTMENT OF AGING

ALICE CHAN, POPULATION HEALTH MANAGER, UM SJMC

MICHAEL WAINWRIGHT, MS, ACSM, CEP, SUPERVISOR CARDIOVASCULAR FITNESS, UM
SJMC

KELLIE EDRIS, MARKETING, COMMUNICATIONS AND COMMUNITY HEALTH, UM SJMC

MARY JO ADAMS, RN, NURSE COORDINATOR, COMMUNITY HEALTH, UM SJMC KRISTEN

ARTES, MS, CHES, COMMUNITY HEALTH SPECIALIST, UM SJMC

DONNA COSTA, MA, MHS, ONCOLOGY OUTREACH MANAGER, UM SJMC

MARY JO HUBER, RN, NURSE MANAGER AT ST. CLARE MEDICAL OUTREACH, UM SJMC

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ADDRESSING SIGNIFICANT NEEDS FROM THE CHNA

SCHEDULE H, PART V, LINE 11

IN RESPONSE TO ACCESS TO CARE, THE FOLLOWING ACTIONS ARE BEING TAKEN:

-INCREASE THE NUMBER OF FREE FLU VACCINATIONS PROVIDED TO THE COMMUNITY.

-INCREASE HEALTHCARE ACCESS AMONG UNDOCUMENTED POPULATION BY ACCEPTING NEW PATIENTS AT ST. CLARE MEDICAL OUTREACH (PROVIDES PRIMARY CARE FOR THE UNINSURED).

-EXTEND PCP OFFICE HOURS INTO EVENINGS AND WEEKENDS TO ACCOMMODATE VARIETY OF PATIENTS.

-ENHANCE PARTNERSHIP WITH CHOICEONE URGENT CARE CENTER BY OPENING ADDITIONAL SITES.

-OPEN A POST DISCHARGE CENTER WITH 3 DISCIPLINES, PHYSICIAN PROVIDER, PHARMACIST AND CASE MANAGER TO FOLLOW UP ON HIGH RISK PATIENTS DISCHARGED FROM UM SJMC AND TRANSITION THEM BACK INTO THE COMMUNITY.

-OPEN A BEHAVIORAL HEALTH CENTER AS PART OF THE POST DISCHARGE CENTER THAT CAN HELP AT RISK PATIENTS TRANSITION BACK INTO THE COMMUNITY (ENCOURAGES COUNSELING, MEDICATION ADHERENCE).

-FURTHER ENHANCE PARTNERSHIP WITH MAXIM TRANSITION ASSIST TO HELP HIGH RISK PATIENTS TRANSITION BACK INTO THE COMMUNITY ENSURING PROPER FOLLOW UP AND PSYCHOSOCIAL NEEDS ARE MET. COMMUNITY HEALTH WORKERS (CHW) WILL PROVIDE NON-CLINICAL IN-HOME SERVICES TO HIGH RISK UM SJMC DISCHARGED PATIENTS.

-PROVIDE TELEPHONE POST DISCHARGE FOLLOW UP TO HIGH RISK MEDICAL AND BEHAVIORAL HEALTH PATIENTS AND MAKE ARRANGEMENTS TO ASSIST OR AUGMENT DISCHARGE PLANS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-EDUCATE EMPLOYEES ABOUT HEALTH LITERACY.

-USE A 5TH GRADE READING LEVEL IN HEALTH LITERATURE AND FORMS.

IN RESPONSE TO MENTAL HEALTH AND SUBSTANCE ABUSE, THE FOLLOWING ACTIONS ARE BEING TAKEN:

-INCREASE THE NUMBER OF INDIVIDUALS WHO ARE SCREENED AND REFERRED FOR DEPRESSION.

-PROVIDE CULTURALLY APPROPRIATE ACCESS TO MENTAL HEALTH.

-DEVELOP AND DELIVER A PRESENTATION ON SUBSTANCE ABUSE AND SLEEP.

-PROVIDE EDUCATION & INFORMATION ON SMOKING CESSATION.

-PROVIDE INFORMATION AND EDUCATIONAL MATERIAL ON THE DANGERS OF TOBACCO USE AND SUBSTANCE ABUSE AT THE ANNUAL POWERED BY ME! CONFERENCE.

-PROVIDE EDUCATIONAL MATERIAL ON SIGNS/SYMPTOMS OF MENTAL HEALTH ISSUES AND APPROPRIATE TREATMENT OPTIONS AT THE ANNUAL POWERED BY ME! CONFERENCE

-PROVIDE EDUCATIONAL MATERIAL ON NEGATIVE EFFECTS OF PERFORMANCE ENHANCING DRUGS (PED) USE AND APPROPRIATE TREATMENT OPTIONS FOR PED USE AND /OR ABUSE

IN RESPONSE TO CHRONIC DISEASE (CARDIOVASCULAR DISEASE/OBESITY), THE FOLLOWING ACTIONS ARE BEING TAKEN:

-PROVIDE EDUCATION & INFORMATION ON THE IMPORTANCE ON HEALTHY EATING, HEART HEALTHY SHOPPING, NUTRITIONAL IMPORTANCE FOR WEIGHT LOSS, HYPERTENSION.

-ESTABLISH INDIVIDUALIZED A1C GOALS AND BLOOD GLUCOSE GOALS FOR EACH ST.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CLARE PATIENT. MONITOR AND PROVIDE EDUCATION AND SUPPORT AS NEEDED.

-INCREASE AWARENESS ON THE IMPORTANCE OF BLOOD PRESSURE MANAGEMENT AND THE SIGNS AND SYMPTOMS OF STROKE.

-CONTINUE FREE STROKE SCREENINGS.

-CONTINUE FREE BLOOD PRESSURE SCREENINGS.

-CONTINUE FREE CHOLESTEROL SCREENINGS.

-OFFER CHRONIC DISEASE SELF-MANAGEMENT PROGRAM TWICE A YEAR.

-CONTINUE AND EXPAND EVIDENCE-BASED DIABETES EDUCATION OPPORTUNITIES.

-CONTINUE FREE BODY COMPOSITION ANALYSIS WITH EDUCATION COUNSELING.

-PROMOTE HEALTHY WEIGHT LOSS AND MANAGEMENT.

-OFFER FREE WEEKLY YOGA CLASSES.

-IMPLEMENT 'BEMORE FIT N FUN' PROGRAM TO EDUCATE YOUTH ON THE IMPORTANCE OF A BALANCED DIET AND EXERCISE.

IN RESPONSE TO CANCER, THE FOLLOWING ACTIONS ARE BEING TAKEN:

-EDUCATE PRIMARY CARE PHYSICIANS ABOUT CANCER SCREENING GUIDELINES.

-IMPROVE EARLY CANCER DETECTION IN COMMUNITY WITH A FOCUS ON DISPARITIES.

-IMPLEMENT COLORECTAL CANCER SCREENING PROGRAM FOR EMPLOYEES.

-CONTINUE FREE BREAST CANCER SCREENINGS.

-CONTINUE FREE CERVICAL CANCER SCREENINGS.

IN RESPONSE TO FALL PREVENTION, THE FOLLOWING ACTIONS ARE BEING TAKEN:

-OFFER STEPPING ON FALL PREVENTION PROGRAM TWICE A YEAR.

-CONTINUE FREE BONE DENSITY SCREENINGS WITH EDUCATIONAL COUNSELING.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-DISTRIBUTE EDUCATIONAL MATERIAL ON WAYS TO REDUCE FALL RISK.

FOR THE FULL IMPLEMENTATION STRATEGY, PLEASE VISIT

[HTTPS://WWW.STJOSEPHTOWSON.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX](https://www.stjosephtowson.com/community-health-needs-assessment.aspx)

A PRIORITY THAT UM SJMC HAS NOT PURSUED IS DENTAL HEALTH SINCE WE DO NOT HAVE DENTAL RESOURCES AT UM SJMC. INDIVIDUALS IN NEED ARE REFERRED TO OTHER LOCAL DENTAL CLINICS (BALTIMORE COUNTY DEPARTMENT OF HEALTH, BALTIMORE CITY COMMUNITY COLLEGE AND UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY).

AT THIS TIME, WE HAVE NOT DEVELOPED A COMPREHENSIVE RESPONSE TO THE PRIORITY OF OBESITY IN CHILDREN AND ADOLESCENTS BECAUSE WE HAVE A VERY SMALL PEDIATRIC SERVICE AT UM SJMC AND NO ON-GOING RELATIONSHIPS WITH PEDIATRICIANS IN THE AREA WHICH IS THE APPROPRIATE ENTRY POINT FOR ADDRESSING THIS PRIORITY.

PART V, SECTION B, LINE 13H

THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN COMPLIANCE WITH THE NEW IRC SECTION 501(R) REGULATIONS UMMS HAS UPDATED THEIR FINANCIAL ASSISTANCE POLICY TO ENSURE ITS COMPLIANCE WITH IRS REGULATIONS.

PART V, SECTION B, LINE 16A

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE FAP WAS WIDELY AVAILABLE ON A WEBSITE (LIST URL):

[HTTPS://WWW.STJOSEPHTOWSON.COM/PATIENTS/FINANCIAL-ASSISTANCE-INTRO.ASPX](https://www.stjosephtowson.com/patients/financial-assistance-intro.aspx)

FINANCIAL ASSISTANCE POLICY, APPLICATION, AND PLAIN LANGUAGE SUMMARY
WEBSITE

PART V, SECTION B, LINE 16A, 16B, AND 16C

THE FAP APPLICATION FORM WAS WIDELY AVAILABLE ON A WEBSITE:

[HTTPS://WWW.STJOSEPHTOWSON.COM/PATIENTS/FINANCIAL-ASSISTANCE-INTRO.ASPX](https://www.stjosephtowson.com/patients/financial-assistance-intro.aspx)

CHARGING FAP-ELIGIBLE INDIVIDUALS

PART V, SECTION B, LINE 22D

ALL PATIENTS ARE CHARGED STATE REGULATED RATES, REGARDLESS OF THEIR
ABILITY TO PAY.

PART V, SECTION B, LINE 24

THE STATE OF MARYLAND IS A UNIQUE STATE IN REGARD TO THE
PROVISION OF HEALTH CARE SERVICES AND THEIR RELATED CHARGES BY HOSPITALS.
ALL HOSPITAL CHARGES PROCESSED TO ALL PAYORS, INCLUDING GOVERNMENTAL
PAYORS, ARE SET THROUGH MARYLAND'S HEALTH SERVICES COST COMMISSION.
ACCORDINGLY, ALL HOSPITAL CHARGES ARE NOT GROSS CHARGES AS DEFINED BY THE
IRS UNDER INTERNAL REVENUE CODE SECTION 501(R)(5)(B).

Part V Facility Information *(continued)*

Section D. 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? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 hospital 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.

COMMUNITY BENEFIT REPORT

SCHEDULE H, PART I, LINE 6B

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 15 OF EACH YEAR. IN ADDITION, THE ANNUAL COMMUNITY BENEFIT REPORT IS AVAILABLE UPON REQUEST AT THE ENTITY'S CORPORATE OFFICES.

COSTING METHODOLOGY

SCHEDULE H, LINE 7A, COLUMN(D)

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 hospital 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.

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 NATION. THE HEALTH SERVICES

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 hospital 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.

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

SCHEDULE H, LINE 7F COLUMN(D)

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 hospital 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.

COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

UM ST. JOSEPH MEDICAL CENTER ACTIVELY ENGAGES WITH SEVERAL LOCAL PARTNERS TO PROMOTE THE HEALTH OF THE COMMUNITY. WE HAVE AN ONGOING PARTNERSHIP WITH OUR LOCAL Y IN CENTRAL MARYLAND, THE OROKAWA Y IN TOWSON. IN ADDITION TO A SPONSORSHIP THAT BENEFITS THE Y'S GIVE EVERY CHILD A CHANCE CAMPAIGN, WE PLAN MONTHLY HEALTH EVENTS SUCH AS FREE LECTURES DELIVERED BY EXPERTS, HEALTH FAIRS AND SCREENINGS, AND FLU IMMUNIZATIONS. WE PROVIDE FURTHER SUPPORT AND EXPERTISE FOR THEIR INITIATIVES SUCH AS FAMILY HEALTH EVENTS, FITNESS CHALLENGES, AND AWARENESS EFFORTS. THIS PARTNERSHIP ALLOWS FOR GREATER ACCESS TO OUR SHARED COMMUNITY WHICH INCLUDES UNDERSERVED AND HIGH RISK POPULATIONS. THE COLLABORATION AND SHARED RESOURCES HAVE HELPED BOTH ORGANIZATIONS TO BETTER ASSESS HEALTH NEEDS AND GAIN TRUST WITHIN THE COMMUNITY. OUR EXISTING PROGRAMS HAVE BEEN WIDELY PROMOTED TO THEIR MEMBERSHIP AND WE HAVE BEEN ABLE TO OFFER TAILORED PROGRAMS TO MEET THE NEEDS OF THEIR MEMBERS.

UM ST. JOSEPH MEDICAL CENTER IS ALSO PROUD TO SUPPORT THE EFFORTS OF

Part VI Supplemental Information

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POWERED BY ME!, A PROGRAM THAT ENCOURAGES POSITIVE DECISION MAKING AMONG THE YOUTH IN OUR COMMUNITY. THIS INCLUDES AN ANNUAL CONFERENCE ATTENDED BY APPROXIMATELY 500 STUDENT ATHLETES, COACHES, AND ADMINISTRATORS FROM PUBLIC AND PRIVATE SCHOOLS IN BALTIMORE COUNTY, BALTIMORE CITY, HOWARD COUNTY, HARFORD COUNTY, PRINCE GEORGES COUNTY, AND ANNE ARUNDEL COUNTY. THE FOCUS OF THE CONFERENCE IS PERFORMANCE ENHANCEMENT, SUBSTANCE ABUSE, AND SOCIAL RESPONSIBILITY. THE MESSAGE IS DELIVERED BY PROFESSIONAL ATHLETES, HEALTH EXPERTS, COUNTY REPRESENTATIVES, AND OTHER STUDENTS. THE GOAL IS TO EMPOWER THESE YOUNG ADULTS TO ACT AS ROLE MODELS AND REDUCE THE PREVALENCE OF DRUG ABUSE, EATING DISORDERS, PARTNER VIOLENCE, AND BULLYING IN OUR COMMUNITY.

UM ST. JOSEPH MEDICAL CENTER IS A PART OF THE CORPORATE INTERNSHIP PROGRAM THROUGH CRISTO REY JESUIT HIGH SCHOOL LOCATED IN BALTIMORE CITY. ALONG WITH OUR FINANCIAL CONTRIBUTION, WE COMMIT TO HOSTING FOUR HIGH SCHOOL STUDENTS IN VARIOUS DEPARTMENTS ACROSS THE MEDICAL CENTER EACH YEAR. CURRENTLY, STUDENTS ARE PLACED IN DEPARTMENTS SUCH AS EMPLOYEE HEALTH, MOTHER BABY, BUILDING OPERATIONS, AND PATIENT TRANSPORT. THE

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STUDENTS ARE ONSITE 1-2 DAYS A WEEK THROUGHOUT THEIR SCHOOL YEAR. THEY LEARN VALUABLE SKILLS IN THE WORK SETTING AND GAIN EXPOSURE TO POTENTIAL CAREERS.

WE WORK COLLABORATIVELY WITH THE BALTIMORE COUNTY DEPARTMENT OF AGING TO DETERMINE TIMELY TOPICS AND SERVICES FOR THE SENIOR POPULATION. ON AN ANNUAL BASIS, WE TRAVEL TO THE MAJORITY OF THE SENIOR CENTERS THROUGHOUT THE COUNTY. MOST RECENTLY, WE DELIVERED PRESENTATIONS ON HOW MEDICATIONS CAN AFFECT SLEEP AND THE AGING BRAIN AT 14 OF THE BALTIMORE COUNTY SENIOR CENTERS. THE GOAL IS REDUCE DRUG ABUSE, DEPENDENCY, AND FALLS. ADDITIONALLY, WE CONTINUE TO OFFER FREE BONE DENSITY SCREENINGS TO SUPPORT BONE HEALTH AWARENESS AND REDUCED INJURIES FROM FALLS.

UM ST. JOSEPH MEDICAL CENTER IS REPRESENTED IN THE BALTIMORE COUNTY HEALTH COALITION AS WELL AS THE UNIVERSITY OF MARYLAND SYSTEM HEALTH IMPROVEMENT COMMITTEE WHICH ALLOWS OUR TEAM TO REMAIN WELL-INFORMED AND INVOLVED IN NEW INITIATIVES IN BALTIMORE COUNTY AND SURROUNDING COMMUNITIES.

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BAD DEBT EXPENSE

SCHEDULE H, PART III, LINES 2 & 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.

IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO REFLECT THE CURRENT HEALTHCARE ENVIRONMENT. UNDER THIS NEW WAIVER, SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF:

1. REVENUE GROWTH PER CAPITA
2. MEDICARE HOSPITAL REVENUE PER BENEFICIARY
3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY
4. MEDICARE READMISSION RATES
5. HOSPITAL ACQUIRED CONDITION RATE

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MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 4 & LINE 8

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5. HOSPITAL ACQUIRED CONDITION RATE

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NATIONALLY OVER THE SAME TIME FRAME.

COLLECTION POLICY

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 AND MEDICALLY NECESSARY 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

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ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS.

UMMC MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO OUR PATIENTS INCLUDING, BUT NOT LIMITED TO:

- SIGNAGE IN MAIN ADMITTING AREAS AND EMERGENCY ROOMS OF THE HOSPITAL
- UMMC WEBSITE
- PATIENT HANDBOOK DISTRIBUTED TO ALL PATIENTS
- BROCHURES EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL PATIENT CARE AREAS
- PATIENT PLAIN LANGUAGE SHEETS - NEWLY REVISED IN JUNE 2016, THIS HANDOUT WAS REVISED AND IS AT THE 5TH GRADE READING LEVEL (AVAILABLE IN ENGLISH, SPANISH, FRENCH & CHINESE BASED ON TOP LANGUAGES SPOKEN BY UMMC PATIENTS)
- APPEARING IN PRINT MEDIA THROUGH LOCAL NEWSPAPERS

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COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

IN FY15, THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER (UM ST. JOSEPH) UNDERTOOK A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO EVALUATE THE HEALTH NEEDS OF INDIVIDUALS LIVING IN BALTIMORE COUNTY, MARYLAND. THE AIM OF THE ASSESSMENT IS TO REINFORCE ST. JOSEPH'S COMMITMENT TO THE HEALTH OF RESIDENTS AND ALIGN ITS HEALTH PREVENTION EFFORTS WITH THE COMMUNITY'S GREATEST NEEDS. THE ASSESSMENT EXAMINED A VARIETY OF HEALTH INDICATORS INCLUDING CHRONIC HEALTH CONDITIONS, ACCESS TO HEALTH CARE AND SOCIAL DETERMINANTS OF HEALTH. UM ST. JOSEPH CONTRACTED WITH HOLLERAN CONSULTING, A RESEARCH FIRM BASED IN LANCASTER, PENNSYLVANIA, TO EXECUTE THIS PROJECT.

THE COMPLETION OF THE CHNA ENABLED UM ST. JOSEPH TO TAKE AN IN-DEPTH LOOK AT ITS COMMUNITY. THE FINDINGS FROM THE ASSESSMENT WERE UTILIZED BY UM ST. JOSEPH TO PRIORITIZE PUBLIC HEALTH ISSUES AND DEVELOP A COMMUNITY HEALTH IMPLEMENTATION PLAN FOCUSED ON MEETING COMMUNITY NEEDS. UM ST. JOSEPH IS COMMITTED TO THE PEOPLE IT SERVES AND THE COMMUNITIES WHERE

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THEY RESIDE. HEALTHY COMMUNITIES LEAD TO LOWER HEALTH CARE COSTS, ROBUST
COMMUNITY PARTNERSHIPS, AND AN OVERALL ENHANCED QUALITY OF LIFE.

UM ST. JOSEPH CONDUCTED AN INDEPENDENT COMMUNITY HEALTH SURVEY THE
PREVIOUS YEAR. THE SURVEY SOUGHT TO GATHER INFORMATION AROUND THE MOST
SALIENT HEALTH ISSUES IN BALTIMORE COUNTY AND IDENTIFY THE COMMON
BARRIERS THAT KEEP PEOPLE FROM SEEKING MEDICAL CARE. NOTWITHSTANDING THE
DIFFERENT METHODOLOGIES USED IN THE CURRENT CHNA AND THE SURVEY UM ST.
JOSEPH UNDERTOOK, SOME NOTABLE SIMILARITIES WERE OBSERVED IN THE FINDINGS
BETWEEN THE TWO STUDIES.

ELIGIBILITY EDUCATION

SCHEDULE H, PART VI, LINE 3

OUR FINANCIAL ASSISTANCE POLICY AND THE COMMUNICATION ABOUT OUR FINANCIAL
ASSISTANCE POLICY IS REGULARLY REVIEWED TO MAKE SURE IT IS AVAILABLE TO
OUR PATIENTS IN A VARIETY OF FORMATS AND THAT IT IS AVAILABLE IN
CULTURALLY/LINGUISTICALLY SENSITIVE MANNER AND AT A READING COMPREHENSIVE
LEVEL APPROPRIATE TO THE POPULATION OF OUR COMMUNITY BENEFIT SERVICE
AREA.

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UM ST. JOSEPH CREATED A NEW PLAIN LANGUAGE SUMMARY OF ITS FINANCIAL ASSISTANCE POLICY IN ADDITION TO ITS ALREADY-EXISTING PATIENT INFORMATION SHEET. TRANSLATIONS OF THE FINANCIAL ASSISTANCE POLICY ARE AVAILABLE IN THE FOLLOWING LANGUAGES: ENGLISH, SPANISH, FRENCH, RUSSIAN, CHINESE, KOREAN, VIETNAMESE AND TAGALOG.

THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR PATIENTS WHO WOULD OTHERWISE BE BILLED FOR SERVICES ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS IS COMMUNICATED TO PATIENTS IN MULTIPLE WAYS:

AT ALL OUR POINTS OF REGISTRATION IN THE HOSPITAL (GENERAL REGISTRATION, EMERGENCY DEPARTMENT) AND IN OUR SPECIALIZED SERVICE AREAS (PERINATAL CENTER, CANCER INSTITUTE, ETC.) LARGE SIGNS ARE POSTED INFORMING THE PATIENT THAT IF THEY FACE PROBLEMS IN PAYING FOR THEIR CARE, THEY MAY APPLY FOR FINANCIAL ASSISTANCE. THE PHONE NUMBER IS POSTED FOR THEM TO CONTACT ONE OF OUR FINANCIAL COUNSELORS.

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WHEN PATIENTS ARE REGISTERING IN THE HOSPITAL FOR INPATIENT TREATMENT OR OUTPATIENT TREATMENT, THEY ARE GIVEN THE PATIENT FINANCIAL INFORMATION SHEET THAT IS PRINTED ON TWO SIDES IN ENGLISH AND SPANISH. THIS PATIENT FINANCIAL INFORMATION SHEET IS AVAILABLE AT EVERY POINT OF ENTRANCE TO THE HOSPITAL AND EVERY POINT OF SERVICE DELIVERY. IT IS ALSO INCLUDED IN THE PATIENT INFORMATION PACKET GIVEN TO EACH PATIENT AS WELL AS ONLINE.

WHEN PATIENTS ARE INPATIENTS AND DO NOT HAVE ANY HEALTH INSURANCE, ONE OF OUR FINANCIAL COUNSELORS VISITS THEM IN THEIR ROOM AND DISCUSSES WITH THEM AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS SUCH AS MEDICAID OR STATE PROGRAMS OFFERING HEALTH CARE ASSISTANCE AND ASSISTS THE PATIENTS WITH APPROPRIATE QUALIFICATIONS TO APPLY.

WHEN PATIENTS RECEIVE OUTPATIENT SERVICES AND DO NOT HAVE ANY HEALTH INSURANCE, THE FINANCIAL COUNSELOR SENDS THEM INFORMATION ABOUT THEIR POTENTIAL ELIGIBILITY FOR VARIOUS GOVERNMENT BENEFITS SUCH AS MEDICAID OR STATE PROGRAMS OFFERING HEALTH CARE ASSISTANCE, AND INVITES THEM TO CALL

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(SPANISH AND ENGLISH-SPEAKING FINANCIAL COUNSELORS ARE AVAILABLE) TO
DISCUSS APPLYING FOR THESE PROGRAMS.

WHEN A PATIENT APPLIES FOR FINANCIAL ASSISTANCE, OUR BILINGUAL FINANCIAL
ASSISTANCE COUNSELOR WORKS WITH THE PATIENT TO GATHER APPROPRIATE
DOCUMENTS AND SUBMIT THEIR APPLICATION FOR FINANCIAL ASSISTANCE.

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

THE COMMUNITY SERVED BY UM ST. JOSEPH FALLS PRIMARILY WITHIN BALTIMORE
COUNTY WITH A FEW OUTLYING AREAS IN HARFORD COUNTY AND BALTIMORE CITY.

THE IMMEDIATE GEOGRAPHIC AREA IN WHICH UM SJMC IS LOCATED IS
PREDOMINANTLY A MIDDLE-CLASS/UPPER MIDDLE-CLASS POPULATION. WHILE THERE
ARE, INDEED, PEOPLE FROM THE AREA PROXIMATE TO UM SJMC WHO RECEIVE
CHARITY CARE, THIS IS NOT WHERE THE GREATEST NEED FOR CHARITY CARE EXISTS
FOR US. A SIGNIFICANT PORTION OF THE CHARITY CARE CASES ARE CONCENTRATED
IN TWO AREAS, THE NORTHERN SEGMENT OF BALTIMORE COUNTY AROUND HUNT VALLEY
AND COCKEYSVILLE, AND THE EASTERN SEGMENT IN THE CARNEY/PARKVILLE AREA.

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THE 'HIDDEN' POPULATION RECEIVING A SIGNIFICANT AMOUNT OF CHARITY CARE IS
 A GROWING HISPANIC IMMIGRANT POPULATION IN THE HUNT VALLEY/COCKEYSVILLE
 AREA. THIS HAS CREATED A POCKET OF FINANCIALLY CHALLENGED PEOPLE IN AN
 AREA THAT IS USUALLY VIEWED AS FAIRLY AFFLUENT.

BALTIMORE COUNTY DEMOGRAPHICS:

POPULATION: 805,029 (U.S. CENSUS, 2010)

POPULATION BY RACE-ETHNIC ORIGIN: (U.S. CENSUS, 2010)

WHITE: 64.6%

BLACK OR AFRICAN AMERICAN: 26.1%

AMERICAN INDIAN-ALASKA NATIVE: 0.3%

ASIAN: 5.0%

POPULATION BY AGE: (U.S. CENSUS, 2015)

PERSONS UNDER 5: 6.0%

PERSONS UNDER 18: 18.3%

20 TO 44 YEARS: 32.6%

45 TO 64 YEARS: 27%

65 YEARS AND OLDER: 16.1%

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 hospital 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.

EDUCATIONAL ATTAINMENT: (2014 AMERICAN COMMUNITY SURVEY ONE-YEAR ESTIMATES)

LESS THAN 9TH GRADE: 3.8%

9TH TO 12TH GRADE, NO DIPLOMA: 5.8%

HIGH SCHOOL GRADUATE (INCLUDES EQUIVALENCY): 27.7%

SOME COLLEGE, NO DEGREE: 18.6%

ASSOCIATE'S DEGREE: 6.9%

BACHELOR'S DEGREE: 21.6%

GRADUATE OR PROFESSIONAL DEGREE: 15.6%

AS REPORTED IN OUR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT, THERE WAS A GOOD REPRESENTATION OF ZIP CODES IN THE SURVEY AND PARTICIPANTS WERE WELL SPREAD OUT THROUGHOUT THE COUNTY. NEARLY 40% OF ALL RESPONDENTS RESIDE IN ZIP CODES 21234, 21093, 21236, 21286, 21204, 21030 AND 21212.

OF THE TOTAL 924 RESPONDENTS, THE MAJORITY OF RESPONDENTS WERE FEMALE (81%) AND BETWEEN THE AGES OF 55 TO 64 YEARS (24%). AN ADDITIONAL 22% OF ALL RESPONDENTS WERE BETWEEN THE AGES OF 65 AND 80 YEARS. OVER

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THREE-QUARTERS OF RESPONDENTS IDENTIFY THEMSELVES AS WHITE (79%). THE NEXT LARGEST POPULATION IS THE BLACK/AFRICAN-AMERICAN RACE, AT 13% OF SURVEY PARTICIPANTS. ABOUT 8% OF ALL RESPONDENTS IDENTIFY THEMSELVES AS LATINO/HISPANIC. THE MOST COMMON 'OTHER' RACE MENTIONED WAS 'MIXED.'

IN REGARD TO EDUCATIONAL ATTAINMENT, A LITTLE MORE THAN A QUARTER OF RESPONDENTS (27.0%) HAVE ATTAINED AN UNDERGRADUATE DEGREE OR HIGHER. ANOTHER 24% OF SURVEY PARTICIPANTS HAVE A GRADUATE OR PROFESSIONAL-LEVEL DEGREE. THE MAJORITY OF RESPONDENTS IN THE 'OTHER' CATEGORY INDICATED THEY HAVE A NURSING DIPLOMA. THE SURVEY ALSO SHOWED THAT A GREATER SHARE OF RESPONDENTS (44%) HAD AN ANNUAL HOUSEHOLD INCOME OF \$75,000 OR MORE AND ABOUT 10% OF RESPONDENTS FALL IN THE LOWEST INCOME BRACKETS, WITH AN ANNUAL HOUSEHOLD INCOME OF LESS THAN \$20,000.

RESPONDENTS WERE ASKED TO INDICATE WHETHER OR NOT THEY HAVE HEALTH CARE COVERAGE, INCLUDING INSURANCE, PREPAID PLANS, OR GOVERNMENT PLANS, SUCH AS MEDICAID OR MEDICAL ASSISTANCE. SEVENTY-ONE PERCENT OF RESPONDENTS REPORTED THEY PREDOMINATELY OBTAIN THEIR HEALTH CARE COVERAGE THROUGH

Part VI Supplemental Information

Provide the following information.

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THEIR OWN OR SOMEONE ELSE'S EMPLOYER SPONSORED PLANS. ABOUT 5% OF
RESPONDENTS CITED THEY WERE CURRENTLY UNINSURED. APPROXIMATELY 86% OF
SURVEY PARTICIPANTS IN BALTIMORE COUNTY HAVE AT LEAST ONE PERSON WHO THEY
THINK OF AS THEIR PERSONAL DOCTOR. IN OTHER WORDS, AT LEAST 12% ARE
WITHOUT A MEDICAL HOME.

SURVEY PARTICIPANTS WERE ASKED TO RATE THEIR OVERALL HEALTH. IN GENERAL,
SELF-REPORTED MEASURES OF HEALTH ARE FAVORABLE AMONG RESPONDENTS. OVER
ONE-HALF OF RESPONDENTS (53%) REPORTED HAVING VERY GOOD OR EXCELLENT
OVERALL HEALTH. APPROXIMATELY 14% OF RESPONDENTS REPORTED HAVING FAIR OR
POOR HEALTH. IN ADDITION, APPROXIMATELY HALF OF THE RESPONDENTS REPORTED
NOT SUFFERING FROM PHYSICAL ILLNESS OR INJURY DURING THE PREVIOUS 30
DAYS. HOWEVER, NEARLY A QUARTER (24%) REPORTED HAVING ONE TO TWO DAYS OF
POOR PHYSICAL HEALTH AND 10% REPORTED HAVING THREE TO FOUR DAYS OF POOR
PHYSICAL HEALTH. INABILITY TO WORK DUE TO POOR PHYSICAL HEALTH WAS ALSO
MEASURED IN THE SURVEY. A STRONG MAJORITY OF RESPONDENTS IN BALTIMORE
COUNTY (78%) REPORTED THERE WERE NO DAYS THEY WERE UNABLE TO WORK DUE TO
POOR HEALTH. IN CONTRAST, ABOUT 6% OF RESPONDENTS REPORTED BEING UNABLE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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TO WORK FOR 11 DAYS OR MORE IN THE PAST MONTH BECAUSE OF POOR PHYSICAL HEALTH.

SOME CHRONIC CONDITIONS ARE OF CONCERN IN BALTIMORE COUNTY. HIGH BLOOD PRESSURE WAS THE MOST CITED HEALTH ISSUE RESPONDENTS ENCOUNTER (44%). HIGH CHOLESTEROL WAS RANKED SECOND WITH ABOUT 39% OF RESPONDENTS SELECTING THE ISSUE AND WAS FOLLOWED BY ARTHRITIS WITH APPROXIMATELY 31% OF RESPONDENTS IDENTIFYING IT AS A HEALTH CONCERN THEY HAVE BEEN DIAGNOSED WITH. SURVEY PARTICIPANTS WERE ALSO ASKED IN A DIFFERENT SET OF QUESTIONS IF THEY HAVE EVER BEEN DIAGNOSED WITH CANCER, TO WHICH ABOUT 22% (N=189) REPORTED THAT THEY HAVE. AMONG THESE RESPONDENTS, THE MOST COMMON TYPES OF CANCER REPORTED BY RESPONDENTS WERE BREAST CANCER (36%) AND SKIN CANCER OTHER THAN MELANOMA (22%).

THE OTHER SET OF SURVEY QUESTIONS DEALT WITH IDENTIFYING THE MOST PRESSING HEALTH ISSUES FACING BALTIMORE COUNTY RESIDENTS. OVERWEIGHT/OBESITY TOPPED THE LIST WITH CLOSE TO 60% OF RESPONDENTS SELECTING THE ISSUE AS ONE OF THE TOP FIVE MOST PRESSING HEALTH ISSUES FACING THEIR COUNTY. CANCER AND DRUG ABUSE/ALCOHOL ABUSE WERE ALSO HEALTH

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CONCERNS SHARED BY 53% AND 43% OF RESPONDENTS RESPECTIVELY. THE FOURTH MOST PRESSING HEALTH ISSUE WAS HEART DISEASE, WITH A 42% RATING, AND DIABETES WAS RANKED 5TH WITH A RATING OF 37%.

PROMOTION OF COMMUNITY HEALTH

SCHEDULE H, PART VI, LINE 5

UM ST. JOSEPH TAKES ITS RESPONSIBILITY AS A HEALTH RESOURCE TO THE COMMUNITY SERIOUSLY. FOUNDED ON A MISSION OF PROVIDING CARE TO THE SICK AND THE UNDERSERVED, UM ST. JOSEPH OPERATES THE ST. CLARE MEDICAL OUTREACH CLINIC THAT SERVES A MAINLY HISPANIC POPULATION WITH NO ACCESS TO HEALTH CARE INSURANCE. THE 100% CHARITY CARE IS FUNDED BY THE HOSPITAL AND FOCUSES MAINLY ON PRIMARY CARE FOR ADULTS BUT WILL ALSO TAP INTO SPECIALTY CARE RESOURCES AS NEEDED. TO HELP BETTER UNDERSTAND THE NEEDS OF OUR COMMUNITY, UM ST. JOSEPH ALSO OPERATES A PATIENT AND FAMILY ADVISORY COUNCIL THAT HELPS GUIDE HOSPITAL DIRECTION FOR COMMUNITY SERVICES AS WELL AS RAISING OPERATIONAL AND EXPERIENCE CONCERNS.

UM ST. JOSEPH MEDICAL CENTER MENTORS CLINICAL STUDENTS FROM A VARIETY OF

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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HEALTH FIELDS AND SCHOOLS. OUR EMPLOYEES RECOGNIZE THE IMPORTANCE OF PROVIDING HANDS ON EXPERIENCES FOR THESE STUDENTS, AND THE MEDICAL CENTER APPRECIATES THAT THESE LABOR HOURS FOSTER MORE QUALIFIED GRADUATES JOINING THE WORKFORCE.

AFFILIATED HEALTH CARE SYSTEM

SCHEDULE H, PART VI, LINE 6

AS A MEMBER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, UM-SJMC PARTICIPATES ANNUALLY IN MULTIPLE COMMUNITY-BASED EVENTS, I.E., HEALTH FAIRS, SCREENINGS AND EDUCATIONAL OPPORTUNITIES ACROSS THE UMMS SYSTEM, PARTICULARLY IN COLLABORATION WITH THE DOWNTOWN UNIVERSITY OF MARYLAND MEDICAL CENTER.

STATE FILING OF COMMUNITY BENEFIT REPORT

SCHEDULE H, PART VI, LINE 7

MARYLAND

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) CRISTO REY CORPORATE INTERNSHIP PROGRAM 420 S CHESTER ST. BALTIMORE, MD 21231	20-5300491	501(C)(3)	26,500.				GENERAL ASSISTANCE
(2) UMMS ST. JOSEPH FOUNDATION, INC. 250 W PRATT BALTIMORE, MD 21201	52-1681044	501(C)(3)	450,000.				GENERAL ASSISTANCE
(3) HOUSE OF RUTH MARYLAND, INC. 2201 ARGONNE DRIVE BALTIMORE, MD 21218	52-1100236	501(C)(3)	10,000.				GENERAL ASSISTANCE
(4) TOWSON UNIVERSITY FOUNDATION 8000 YORK ROAD TOWSON, MD 21252	52-0939453	501(C)(3)	15,000.				GENERAL ASSISTANCE
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2015)

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	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GRANTMAKING

SCHEDULE I, PART I, LINE 2

THE UNIVERSITY OF MARYLAND ST. JOSEPH HEALTH SYSTEM MAKES CONTRIBUTIONS TO ORGANIZATIONS IN SUPPORT OF ITS OVERALL MISSION OF HEALTH PROMOTION IN THE COMMUNITY IT SERVES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UMSJ HEALTH SYSTEM LLC

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

46-2097818

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
3		
4a		X
4b	X	
4c		X
5a		
5b		
6a		
6b		
7	X	
8		X
9		

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

Schedule J (Form 990) 2015

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 on 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN W. ASHWORTH III DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	511,790.	169,396.	99,546.	10,600.	13,037.	804,369.	0.
2 ROBERT A. CHRENCIK DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,254,208.	1,054,693.	253,896.	10,600.	13,037.	2,586,434.	0.
3 MOHANAKUMAR SUNTHARALIN PRESIDENT & CEO	(i)	1,056,863.	181,688.	3,541.	141,713.	16,079.	1,399,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 PAUL S. NICKOLSON CFO	(i)	286,616.	95,370.	56,659.	10,600.	16,435.	465,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CRAIG J. CARMICHAEL VP - OPERATIONS	(i)	241,372.	75,735.	34,508.	9,912.	16,435.	377,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 GAIL P. CUNNINGHAM CMO	(i)	367,714.	99,960.	50,943.	10,600.	12,767.	541,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 WALTER J. FURLONG VP - BUSINESS DEVELOPMENT	(i)	237,573.	65,459.	74,959.	9,797.	14,331.	402,119.	47,867.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 PAMELA A. JAMIESON CNO	(i)	259,163.	50,219.	34,856.	10,523.	10,579.	365,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 BRETT D. ROBERTS PHYSICIAN	(i)	480,438.	349,945.	451.	10,600.	16,348.	857,782.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 FARHAN MAJEED PHYSICIAN	(i)	669,029.	340,371.	670.	10,600.	23,474.	1,044,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 HENRY SUN PHYSICIAN	(i)	588,358.	368,910.	524.	10,600.	13,214.	981,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 STEPHEN H. POLLOCK PHYSICIAN	(i)	678,250.	0.	7,955.	10,600.	15,842.	712,647.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 MICHAEL J. SCHULTZ PHYSICIAN	(i)	767,366.	0.	10,096.	10,600.	15,933.	803,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

DURING THE FISCAL YEAR- ENDED JUNE 30, 2016, 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:

MOHANAKUMAR SUNTHARALINGAM

DURING THE FISCAL YEAR-ENDED JUNE 30, 2016, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM

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.

(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:

CRAIG J. CARMICHAEL

GAIL P. CUNNINGHAM

PAMELA A. JAMIESON

PAUL S. NICHOLSON

ROBERT A. CHRENCIK

JOHN W. ASHWORTH

DURING THE FISCAL YEAR-ENDED JUNE 30, 2016, 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 FULL VALUE OF THE PLAN, INCLUDING ANY CONTRIBUTIONS TO THE PLAN FOR THE CURRENT FISCAL YEAR IS REPORTED AS TAXABLE COMPENSATION AND REPORTED ON

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.

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).

WALTER J. FURLONG

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 L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total ▶							\$						

Part III Grants or Assistance Benefiting Interested Persons.

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

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose 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.

Schedule L (Form 990 or 990-EZ) 2015

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	(e) Sharing of organization's revenues?	
				Yes	No
(1) SENATOR FRANCIS KELLY, JR	CHAIRMAN OF THE BOARD	177,777.	GROUP INSURANCE ADMINISTRATOR		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SENATOR FRANCIS KELLY, JR.

FRANCIS KELLY IS THE CHAIRMAN OF BOARD OF THE UNIVERSITY OF MARYLAND ST.

JOSEPH HEALTH SYSTEM AS WELL AS THE CHAIRMAN AND CHIEF EXECUTIVE OFFICER

OF KELLY & ASSOCIATES INSURANCE GROUP, INC. THE HEALTH SYSTEM USES KELLY

& ASSOCIATES TO PURCHASE HEALTH, VISION, DENTAL, AND LIFE INSURANCE

POLICIES FOR THE EMPLOYEES OF THE SYSTEM. SERVICES PROVIDED BY KELLY &

ASSOCIATES ARE CHARGED AT OR BELOW FAIR MARKET VALUE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2015

**Open to Public
Inspection**

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

NOTE ON REORGANIZATION:

FORM 990

ON JULY 1, 2015 UMSJ HEALTH SYSTEM, LLC (THE PARENT OF ALL OF THE ST JOSEPH MEDICAL SYSTEM ENTITIES) WAS LEGALLY MERGED INTO UMSJ HEALTH SYSTEM I, LLC (A 501(C)(3) TAX EXEMPT ORGANIZATION). ALSO EFFECTIVE ON THAT DATE, THE LEGAL NAME OF THE TAX EXEMPT ORGANIZATION WAS CHANGED FROM UMSJ HEALTH SYSTEM I, LLC TO UMSJ HEALTH SYSTEM, LLC. PRIOR TO JULY 1, 2015, ALL OF THE ACTIVITY OF THE ST JOSEPH MEDICAL SYSTEM WAS REPORTED ON THE 990 TAX RETURN OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMSC). SUBSEQUENT TO THAT DATE AND IN ALL FUTURE REPORTING PERIODS, ALL ACTIVITY WILL BE REPORTED ON THE IRS FORM 990 OF THE ST JOE MEDICAL SYSTEM'S OWN PARENT COMPANY, UMSJ HEALTH SYSTEM, LLC.

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6, 7A & 7B

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

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE ACCOUNTING FIRM OF GRANT THORNTON. ACCOUNTING PERSONNEL IN FINANCE SHARED SERVICES AT THE

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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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 AN 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, 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.

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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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, 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, 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.

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE. SUCH INDIVIDUAL HAVING A POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS.

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

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

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

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINES 15A AND 15B

THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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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.

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:

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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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

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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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.

HOURS ON RELATED ENTITIES

PART VII, SECTION A, COL (B)

THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) IS A MULTI-ENTITY HEALTH CARE SYSTEM THAT INCLUDES 11 ACUTE CARE HOSPITALS, 1 ACUTE CARE HOSPITAL OWNED IN A JOINT VENTURE ARRANGEMENT 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.

CONSOLIDATION TOTAL REVENUE PER 990

FORM 990, PART VIII

ENTITY	CONTRIBUTIONS	PROGRAM	INVEST/RENTAL	OTHER
UMMRSS LLC 45-5565991	-	849,265	-	-
UMRPS LLC 45-5559036	-	3,606,267	-	86,775
UMSJP LLC 30-0755741	-	-	-	1,570,149
UMSJMG LLC 37-1704041	-	33,705,458	-	8,228,809
UMSJO LLC 32-0391006	-	24,031,639	-	-
UMSJMC 35-2445106	1,352,164	361,729,311	1,168,956	2,912,667
TOTAL	1,352,164	423,921,940	1,168,956	12,858,400

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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CONSOLIDATION TOTAL EXPENSE PER 990

FORM 990, PART IX

ENTITY	PROGRAM	MANAGEMENT	FUNDRAISING
UMMRSS LLC 45-5565991	1,287,748	96,447	-
UMRPS LLC 45-5559036	2,629,072	283,221	-
UMSJP LLC 30-0755741	2,072,966	127,551	-
UMSJMG LLC 37-1704041	49,568,236	8,212,813	-
UMSJO LLC 32-0391006	27,041,855	1,585,401	-
UMSJMC 35-2445106	297,771,190	45,699,542	-
TOTAL	380,370,797	56,004,975	-

CONSOLIDATION, BALANCE SHEET- ASSETS

ENTITY	TOTAL ASSETS
UMMRSS LLC 45-5565991	1,160,455
UMRPS LLC 45-5559036	2,247,100
UMSJP LLC 30-0755741	2,706,581
UMSJMG LLC 37-1704041	4,283,687
UMSJO LLC 32-0391006	1,572,290
UMSJMC 35-2445106	288,737,857
TOTAL	300,707,970

CONSOLIDATION, BALANCE SHEET- LIABILITIES AND FUND BALANCE

ENTITY	TOTAL	TOTAL	TOTAL
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Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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LIABILITIES	FUND BALANCE		
UMMRSS LLC 45-5565991	2,626,718	(1,466,263)	(1,160,455)
UMRPS LLC 45-5559036	478,764	1,768,336	2,247,100
UMSJP LLC 30-0755741	4,956,829	(2,250,248)	(2,706,581)
UMSJMG LLC 37-1704041	54,652,284	(50,368,597)	(4,283,687)
UMSJO LLC 32-0391006	23,150,166	(21,577,876)	(1,572,290)
UMSJMC 35-2445106	318,978,619	(30,240,765)	288,737,854
TOTAL	404,843,380	(104,135,410)	300,707,970

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

TRANSFER OF ST. JOSEPH ENTITIES' (105,385,436)

FUND BALANCE FROM UMMSC

OTHER CHANGES IN NET ASSETS (1,675,662)

TOTAL (107,061,098)

TRANSFER OF NET ASSETS

FORM 990, PART XI, LINE 9

UMSJ HEALTH SYSTEM, LLC (UMSJHS) RECEIVED ITS 501(C)(3) EXEMPTION LETTER IN NOVEMBER OF 2014. ON JULY 1, 2015, UMSJHS BECAME THE PARENT COMPANY FOR ALL ENTITIES IN THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL SYSTEM AND NOW REPORTS THE CONSOLIDATED FINANCIAL INFORMATION AND ACTIVITIES OF

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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THE FOLLOWING RELATED ENTITIES, WHICH WERE PREVIOUSLY REPORTED UNDER THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION:

UM MEDICAL REGIONAL SUPPLIER, LLC
 UM REGIONAL PROFESSIONAL SERVICES, LLC
 UMSJ PROPERTIES, LLC
 UMSJ MEDICAL GROUP, LLC
 UMSJ ORTHOPAEDICS, LLC
 UMSJ MEDICAL CENTER

AS SUCH, UMSJHS NOW REPORTS THESE ENTITIES' COMBINED ENDING NET ASSETS OR FUND BALANCES AT 6/30/15, -\$105,385,436, PREVIOUSLY INCLUDED ON THE UMMS CORPORATION BALANCE SHEET, AS A TRANSFER OF NET ASSETS ON THIS FORM 990 FOR UMSJHS.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ORGANIZATION'S MISSION IS GUIDED BY OUR CATHOLIC HEALTH CARE TRADITION OF LOVING SERVICE AND COMPASSIONATE CARE. AS AN INTEGRAL MEMBER OF UNIVERSITY OF MARYLAND MEDICAL SYSTEM, WE PROVIDE ACCESS TO A FULL SPECTRUM OF HEALTH CARE SERVICES THAT IMPROVES THE HEALTH OF THE COMMUNITIES WE SERVE.

UMSJ HEALTH SYSTEM, LLC (UMSJHS) RECEIVED ITS 501(C)(3) EXEMPTION LETTER IN NOVEMBER OF 2014. ON JULY 1, 2015, UMSJHS BECAME THE PARENT COMPANY FOR ALL ENTITIES IN THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL SYSTEM. THIS SYSTEM IS AN INTEGRAL PART OF THE UNIVERSITY OF

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

MARYLAND MEDICAL SYSTEM AND ALLOWS THE SYSTEM TO PROVIDE QUALITY INTEGRATED CARE TO PATIENTS IN THE NORTH BALTIMORE AREA.

STARTING JULY 1, 2015, UMSJHS REPORTS THE CONSOLIDATED FINANCIAL INFORMATION AND ACTIVITIES OF THE FOLLOWING RELATED ENTITIES, WHICH WERE PREVIOUSLY REPORTED UNDER THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION:

UM MEDICAL REGIONAL SUPPLIER, LLC
 UM REGIONAL PROFESSIONAL SERVICES, LLC
 UMSJ PROPERTIES, LLC
 UMSJ MEDICAL GROUP, LLC
 UMSJ ORTHOPAEDICS, LLC
 UMSJ MEDICAL CENTER

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

UMSJ HEALTH SYSTEM, LLC (UMSJHS) SUPPORTS THE ACTIVITIES OF ITS SUPPORTED ORGANIZATION, THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER.

UMSJ HEALTH SYSTEM, LLC (UMSJHS) RECEIVED ITS 501(C)(3) EXEMPTION LETTER IN NOVEMBER OF 2014. ON JULY 1, 2015, UMSJHS BECAME THE PARENT COMPANY FOR ALL ENTITIES IN THE UNIVERSITY OF MARYLAND ST.

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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ATTACHMENT 2 (CONT'D)

JOSEPH MEDICAL SYSTEM. THIS SYSTEM IS AN INTEGRAL PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM AND ALLOWS THE SYSTEM TO PROVIDE QUALITY INTEGRATED CARE TO PATIENTS IN THE NORTH BALTIMORE AREA.

STARTING JULY 1, 2015, UMSJHS REPORTS THE CONSOLIDATED FINANCIAL INFORMATION AND ACTIVITIES OF THE FOLLOWING RELATED ENTITIES, WHICH WERE PREVIOUSLY REPORTED UNDER THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION:

UM MEDICAL REGIONAL SUPPLIER, LLC
 UM REGIONAL PROFESSIONAL SERVICES, LLC
 UMSJ PROPERTIES, LLC
 UMSJ MEDICAL GROUP, LLC
 UMSJ ORTHOPAEDICS, LLC
 UMSJ MEDICAL CENTER

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TOWSON ORTHOPAEDIC ASSOCIATES 8322 BELONA AVENUE BALTIMORE, MD 21204	BILLING & MGMT	10,632,714.
CROTHALL 13028 COLLECTIONS DRIVE CHICAGO, IL 60693	HOUSEKEEPING	3,986,475.
STRYKER FLEX FINANCIAL DIV OF STRYKER SA 25652 NETWORK PLACE	CONSTRUCTION	1,558,513.

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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ATTACHMENT 3 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CHICAGO, IL 60673		
PST SERVICES, INC. P.O. BOX 742526 ATLANTA, GA 30374-2526	PHYS. BILLING SVCS.	2,576,248.
PULMONARY & CRITICAL CARE ASSOCIATES 400 REDLAND CT., STE 208 OWINGS MILLS, MD 21117-3292	MEDICAL SERVICES	2,138,647.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SJMC PHYSICIANS, LLC 36-4734065 7601 OSLER DRIVE TOWSON, MD 20204	HEALTHCARE	MD			UMSJHS
(2) UNIV OF MD MED REG SUPPLIER SERVICES 45-5565991 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	813,000.	1,161,000.	UMSJHS
(3) UNIV OF MD MED REG PROF SERVICES 45-5559036 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	3,940,000.	2,246,000.	UMSJHS
(4) UMSJ PROPERTIES, LLC 30-0755741 7601 OSLER DRIVE TOWSON, MD 21204	RENTAL	MD	1,570,000.	2,707,000.	UMSJHS
(5) UNIV OF MD ST JOSEPH MEDICAL CENTER, LLC 35-2445106 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	352886000.	288740000.	UMSJHS
(6) UNIV OF MD ST JOSEPH MEDICAL GROUP, LLC 37-1704041 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	41,995,000.	4,283,000.	SJMC PHYSICI

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BALTIMORE WASHINGTON EMERGENCY PHYS INC 52-1756326 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	11A	UMBWMS		X
(2) BALTIMORE WASHINGTON HEALTHCARE SERVICES 52-1830243 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	11A	UMBWMS		X
(3) BALTIMORE WASHINGTON MEDICAL CENTER INC 52-0689917 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	03	UMBWMS		X
(4) UM BALTIMORE WASHINGTON MEDICAL SYSTEM, 52-1830242 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	11A	UMBWMS		X
(5) BW MEDICAL CENTER FOUNDATION INC 52-1813656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	FUNDRAISING	MD	501(C)(3)	11C	BWMS		X
(6) NORTH ARUNDEL DEVELOPMENT CORPORATION 52-1318404 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	501(C)(2)		NCC		X
(7) NORTH COUNTY CORPORATION 52-1591355 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	501(C)(2)		UMBWMS		X

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Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UNIV OF MD ST JOSEPH ORTHOPAEDICS, LLC 32-0391006 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	22,528,000.	1,574,000.	SJMC PHYSICI
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHESTER RIVER HEALTH FOUNDATION INC 52-1338861 100 BROWN STREET CHESTERTOWN, MD 21620	FUNDRAISING	MD	501(C)(3)	08	UMSRH		X
(2) UNIV OF MD SHORE REGIONAL HEALTH, INC 52-2046500 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	11A	UMMSC		X
(3) CHESTER RIVER HOSPITAL CENTER 52-0679694 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	03	UMSRH		X
(4) CHESTER RIVER MANOR INC 52-6070333 200 MORGNEC ROAD CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	09	UMSRH		X
(5) MARYLAND GENERAL CLINICAL PRACTICE GROUP 52-1566211 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	11B	UMMTH		X
(6) MARYLAND GENERAL COMM HEALTH FOUNDATION 52-2147532 827 LINDEN AVENUE BALTIMORE, MD 21201	FUNDRAISING	MD	501(C)(3)	11C	UMMTH		X
(7) UNIVERSITY OF MARYLAND MIDTOWN HEALTH, I 52-1175337 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	11B	UMMSC		X

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Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MARYLAND GENERAL HOSPITAL INC 827 LINDEN AVENUE BALTIMORE, MD 21201 52-0591667	HEALTHCARE	MD	501(C)(3)	03	UMMTH		X
(2) CARE HEALTH SERVICES INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1510269	HEALTHCARE	MD	501(C)(3)	09	UMSRH		X
(3) DORCHESTER GENERAL HOSPITAL FOUNDATION 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1703242	FUNDRAISING	MD	501(C)(3)	11D	UMSRH		X
(4) MEMORIAL HOSPITAL FOUNDATION INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1282080	FUNDRAISING	MD	501(C)(3)	11A	UMSRH		X
(5) UNIVERSITY OF MARYLAND COMMUNITY MEDICAL 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1874111	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X
(6) SHORE HEALTH SYSTEM INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-0610538	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X
(7) JAMES LAWRENCE KERNAN HOSP ENDOW FD 2200 KERNAN DRIVE BALTIMORE, MD 21207 23-7360743	FUNDRAISING	MD	501(C)(3)	11B	UMMSC		X

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Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

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Internal Revenue Service

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Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) JAMES LAWRENCE KERNAN HOSPITAL INC 2200 KERNAN DRIVE BALTIMORE, MD 21207 52-0591639	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X
(2) UMMS FOUNDATION, INC. 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-2238893	FUNDRAISING	MD	501(C)(3)	11A	UMMSC		X
(3) UNIVERSITY OF MD MEDICAL SYSTEM CORP 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1362793	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X
(4) UNIVERSITY OF MARYLAND CHARLES REGIONAL PO BOX 1070 LA PLATA, MD 20646 52-2155576	HEALTHCARE	MD	501(C)(3)	11C	UMMSC		X
(5) CIVISTA MEDICAL CENTER, INC. PO BOX 1070 LA PLATA, MD 20646 52-0445374	HEALTHCARE	MD	501(C)(3)	03	UMCRH		X
(6) CHARLES REGIONAL MEDICAL CENTER FOUNDATI PO BOX 1070 LA PLATA, MD 20646 52-1414564	FUNDRAISING	MD	501(C)(3)	11A	UMCRH		X
(7) CHARLES REGIONAL MEDICAL CENTER AUXILIAR PO BOX 1070 LA PLATA, MD 20646 52-1131193	FUNDRAISING	MD	501(C)(3)	11A	UMCRH		X

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Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNIV OF MD ST. JOSEPH FOUNDATION, INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1681044	FUNDRAISING	MD	501(C)(3)	11A	UMMSC		X
(2) HARFORD MEMORIAL HOSPITAL, INC. 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-0591484	HEALTHCARE	MD	501(C)(3)	03	UMUCHS		X
(3) UCH LEGACY FUNDING CORPORATION 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-0882914	FUNDRAISING	MD	501(C)(3)	11A	UMUCHS		X
(4) UM UPPER CHESAPEAKE HEALTH SYSTEM, INC. 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1398513	HEALTHCARE	MD	501(C)(3)	11C; III-FI	UMUCHS		X
(5) UPPER CHESAPEAKE HEALTH FOUNDATION, INC. 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1398507	FUNDRAISING	MD	501(C)(3)	11A	UMUCHS		X
(6) UPPER CHESAPEAKE MEDICAL CENTER, INC. 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1253920	HEALTHCARE	MD	501(C)(3)	03	UMUCHS		X
(7) UPPER CHESAPEAKE MEDICAL SERVICES, INC. 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1501734	HEALTHCARE	MD	501(C)(3)	09	UMUCHS		X

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Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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▶ **Attach to Form 990.**

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Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UPPER CHESAPEAKE PROPERTIES, INC. 52-1907237 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	501(C)(2)		UMUCHS		X
(2) UPPER CHES RESIDENTIAL HOSPICE HOUSE, IN 26-0737028 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HOSPICE	MD	501(C)(3)	07	UMUCHS		X
(3) UPPER CHESAPEAKE/ST. JOSEPH HOME CARE, I 52-1229742 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HOSPICE	MD	501(C)(3)	09	UMUCHS		X
(4)							
(5)							
(6)							
(7)							

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Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ARUNDEL PHYSICIANS ASSOCIATES 301 HOSPITAL DRIVE GLEN BURNIE	HEALTHCARE	MD	N/A									
(2) BALTIMORE WASHINGTON IMAGING, 301 HOSPITAL DRIVE GLEN BURNIE	HEALTHCARE	MD	N/A									
(3) INNOVATIVE HEALTH LLC 52-19972 29165 CANVASBACK DRIVE, SUITE	BILLING	MD	N/A									
(4) CENTRAL MARYLAND RADIOLOGY ONC 10710 CHARTER DRIVE COLUMBIA,	HEALTHCARE	MD	N/A									
(5) UNIVERSITYCARE LLC 52-1914892 22 SOUTH GREENE STREET BALTIMO	HEALTHCARE	MD	N/A									
(6) O'DEA MEDICAL ARTS LIMITED PAR 7601 OSLER DRIVE TOWSON, MD 21	RENTAL	MD	UMSJHS									
(7) ADVANCED IMAGING AT ST. JOSEPH 7601 OSLER DRIVE TOWSON, MD 21	HEALTHCARE	MD	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ARUNDEL PHYSICIANS ASSOCIATES, INC. 52-1992649 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORP					
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES, 52-1936656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORP					
(3) BW PROFESSIONAL SERVICES, INC. 52-1655640 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORP					
(4) UNIV OF MARYLAND CHARLES REGIONAL CARE P 52-2176314 PO BOX 1070 LA PLATA, MD 20646	HEALTHCARE	MD	N/A	C CORP					
(5) UNIVERSITY MIDTOWN PROF CENTER, A CONDOM 52-1891126 827 LINDEN AVENUE BALTIMORE, MD 21201	REAL ESTATE	MD	N/A	C CORP					
(6) NA EXECUTIVE BUILDING CONDO ASSN, INC. 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	N/A	C CORP					
(7) TERRAPIN INSURANCE COMPANY 98-0129232 P.O. BOX 1109 GRAND CAYMAN, CJ KY1-1102	INSURANCE	CJ	N/A	C CORP					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) UCHS/UMMS REAL ESTATE TRUST 27 520 UPPER CHESAPEAKE DR BEL AI	REAL ESTATE	MD	N/A									
(2) UNIVERSITY OF MARYLAND CHARLES PO BOX 1070 LAPLATA, MD 20646	HEALTHCARE	MD	N/A									
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) UMMS SELF INSURANCE TRUST 52-6315433 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	N/A	TRUST					
(2) UPPER CHESAPEAKE INSURANCE COMPANY 98-0468438 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	INSURANCE	MD	N/A	LTD					
(3) UPPER CHESAPEAKE HEALTH VENTURES, INC. 52-2031264 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	N/A	C CORP					
(4) UPPER CHESAPEAKE MEDICAL CENTER LAND CON 77-0674478 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	N/A	C CORP					
(5) UPPER CHESAPEAKE MEDICAL OFFICE BUILDING 52-1946829 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	N/A	C CORP					
(6) UNIVERSITY OF MARYLAND HEALTH ADVANTAGE, 46-1411902 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORP					
(7) UNIVERSITY OF MARYLAND HEALTH PARTNERS, 45-2815803 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORP					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) UNIVERSITY OF MARYLAND MEDICAL SYSTEM HE 22 SOUTH GREENE STREET BALTIMORE, MD 21201 45-2815722	INSURANCE	MD	N/A	C CORP					
(2) SHORE ORTHOPEDICS, INC. 219 S. WASHINGTON STREET EASTON, MD 21601 37-1817260	HEALTHCARE	MD	N/A	C CORP					
(3)									
(4)									
(5)									
(6)									
(7)									

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

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 listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
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(11)													
(12)													
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(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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