

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

### A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
University of Maryland Medical System Corporation

Doing business as  
University of Maryland Medical Center

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
22 South Greene Street

City or town, state or province, country, and ZIP or foreign postal code  
Baltimore, MD 21201

**D** Employer identification number  
52-1362793

**E** Telephone number  
(443) 462-5811

**G** Gross receipts \$ 2,021,513,588

**F** Name and address of principal officer:  
MOHAN SUNTHA MD  
250 W PRATT ST SUITE 2400  
BALTIMORE, MD 21201

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.UMMS.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1984 **M** State of legal domicile: MD

### Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) PROVIDES A VARIETY OF INPATIENT/ OUTPATIENT SERVICES TO PEOPLE IN THE MARYLAND AREA REGARDLESS OF THEIR ABILITY TO PAY. REVENUES ARE USED TO HELP DEFRAY THE COSTS OF SERVICES.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	26
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	26
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	13,201
<b>6</b> Total number of volunteers (estimate if necessary)	895
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	-80,202
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	16,665,793	97,811,920
<b>9</b> Program service revenue (Part VIII, line 2g)	1,712,610,515	1,781,955,047
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,190,566	8,472,546
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,671,549	9,194,611
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,748,138,423	1,897,434,124
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	326,115	358,210
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	810,552,136	858,908,615
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	877,925,986	909,495,580
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,688,804,237	1,768,762,405
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	59,334,186	128,671,719

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	4,618,387,071	5,258,187,207
<b>21</b> Total liabilities (Part X, line 26)	2,656,734,883	3,255,687,847
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,961,652,188	2,002,499,360

### 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 2021-05-14

S MICHELLE LEE SVP/CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01866796
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 1101 NEW YORK AVE NW WASHINGTON, DC 20005			Phone no. (202) 327-6000	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

UMMS PROVIDES A VARIETY OF INPATIENT/OUTPATIENT SERVICES TO PEOPLE IN THE MARYLAND AREA REGARDLESS OF THEIR ABILITY TO PAY. REVENUES ARE USED TO HELP DEFRAY THE COSTS OF SERVICES.

**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 \$ 1,489,682,190 including grants of \$ 358,210 ) (Revenue \$ 1,780,817,580 )  
See Additional Data

**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 ▶ 1,489,682,190

Part IV Checklist of Required Schedules		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
<b>11</b>	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.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>c</b>	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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? If "Yes," complete Schedule F, Parts I and IV	Yes	
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
<b>21</b>	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? If "Yes," complete Schedule I, Parts I and II	Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	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> . . . . .	22	No
<b>23</b>	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> . . . . .	23	Yes
<b>24a</b>	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> . . . . .	24a	Yes
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	25a	No
<b>b</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> . . . . .	25b	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
<b>32</b>	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> . . . . .	32	No
<b>33</b>	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> . . . . .	33	Yes
<b>34</b>	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> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</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> . . . . .	35b	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	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>	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38	Yes

**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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	1,499
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<table border="1"> <tr> <td style="width: 100px;"><b>2a</b></td> <td style="text-align: right;">13,201</td> </tr> </table>	<b>2a</b>	13,201			
<b>2a</b>	13,201					
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			<b>3a</b>	Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>			<b>3b</b>	Yes		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			<b>4a</b>	Yes		
<b>b</b> If "Yes," enter the name of the foreign country: ▶CJ						
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .			<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			<b>7a</b>		No	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<table border="1"> <tr> <td style="width: 100px;"><b>7d</b></td> <td></td> </tr> </table>	<b>7d</b>				
<b>7d</b>						
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>7g</b>		No	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>7h</b>		No	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
<b>9 Sponsoring organizations maintaining donor advised funds.</b>						
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<table border="1"> <tr> <td style="width: 100px;"><b>10a</b></td> <td></td> </tr> </table>	<b>10a</b>				
<b>10a</b>						
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1"> <tr> <td style="width: 100px;"><b>10b</b></td> <td></td> </tr> </table>	<b>10b</b>				
<b>10b</b>						
<b>11 Section 501(c)(12) organizations.</b> Enter:						
<b>a</b> Gross income from members or shareholders . . . . .	<table border="1"> <tr> <td style="width: 100px;"><b>11a</b></td> <td></td> </tr> </table>	<b>11a</b>				
<b>11a</b>						
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<table border="1"> <tr> <td style="width: 100px;"><b>11b</b></td> <td></td> </tr> </table>	<b>11b</b>				
<b>11b</b>						
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<table border="1"> <tr> <td style="width: 100px;"><b>12b</b></td> <td></td> </tr> </table>	<b>12b</b>		<b>12a</b>		
<b>12b</b>						
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<table border="1"> <tr> <td style="width: 100px;"><b>13b</b></td> <td></td> </tr> </table>	<b>13b</b>				
<b>13b</b>						
<b>c</b> Enter the amount of reserves on hand . . . . .	<table border="1"> <tr> <td style="width: 100px;"><b>13c</b></td> <td></td> </tr> </table>	<b>13c</b>				
<b>13c</b>						
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>			<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b>			<b>15</b>	Yes		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>If "Yes," complete Form 4720, Schedule O.</b>			<b>16</b>		No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 5 main rows and 3 sub-columns (1a, 1b, 2-9) and 2 final columns (Yes, No). Row 1a: 26. Row 1b: 26. Row 2: No. Row 3: No. Row 4: Yes. Row 5: No. Row 6: No. Row 7a: No. Row 7b: No. Row 8a: Yes. Row 8b: Yes. Row 9: No.

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

Table with 16 rows and 3 columns (10a-16b) and 2 final columns (Yes, No). Row 10a: No. Row 10b: No. Row 11a: Yes. Row 11b: No. Row 12a: Yes. Row 12b: Yes. Row 12c: Yes. Row 13: Yes. Row 14: Yes. Row 15a: Yes. Row 15b: Yes. Row 16a: Yes. Row 16b: Yes.

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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: ED WUENSCHALL 900 ELKBRIDGE LANDING ROAD - 3 EAST LINTHICUM, MD 21090 (443) 462-5811



**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			
See Additional Data Table										
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							19,000,175	761,709	752,476	

**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 ▶ 1,495

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
<b>4</b> 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> . . . . .	4 Yes	
<b>5</b> 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> . . . . .	5	No

**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
CLARK CONSTRUCTION GROUP LLC 7500 OLD GEORGETOWN RD Bethesda, MD 20814	Construction	153,719,436
ENVIRONMENTAL AIR SYSTEMS LLC PO BOX 2026 High Point, NC 27261	Maintenance	18,871,924
Living Legacy Foundation TRC 1730 Twin Springs Rd Suite 200 Baltimore, MD 21227	Organ Support	16,124,281
IP Datasystems Inc 6021 University Blvd Suite 420 Ellicott City, MD 21043	Software Solutions	11,239,413
Siemens Medical Solutions USA Inc PO Box 120001 Dallas, TX 753120733	Medical Information Technology	9,612,247

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 487



Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 2a PATIENT SERVICE REVENUE, 2b PHARMACY, 2c Care Management Fees, 2d, 2e, 2f All other program service revenue, and 2g Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8b Fundraising events, 9a-9b Gaming activities, 10a-10b Sales of inventory, 11a-11e Miscellaneous Revenue, and 12 Total revenue.

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	358,210	358,210		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	11,346,263	8,768,064	2,578,199	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	696,648,504	538,349,841	158,298,663	0
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	21,931,318	16,947,889	4,983,429	0
<b>9</b> Other employee benefits . . . . .	76,374,307	59,019,858	17,354,449	0
<b>10</b> Payroll taxes . . . . .	52,608,223	40,654,115	11,954,108	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	13,518,485	10,446,695	3,071,790	0
<b>c</b> Accounting . . . . .	374,473	289,382	85,091	0
<b>d</b> Lobbying . . . . .	104,667	0	104,667	0
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,734,610	44,734,610	0	0
<b>12</b> Advertising and promotion . . . . .	7,265,515	5,614,580	1,650,935	0
<b>13</b> Office expenses . . . . .	21,841,168	16,878,224	4,962,944	0
<b>14</b> Information technology . . . . .	1,749,188	1,351,722	397,466	0
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	26,767,811	20,685,391	6,082,420	0
<b>17</b> Travel . . . . .	1,366,848	1,056,261	310,587	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	2,417,306	1,868,024	549,282	0
<b>20</b> Interest . . . . .	21,387,557	16,527,686	4,859,871	0
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	89,338,335	69,038,085	20,300,250	0
<b>23</b> Insurance . . . . .	20,675,100	20,101,327	573,773	0
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	395,295,027	395,295,027	0	0
<b>b</b> REPAIR/MAINTENANCE	101,550,407	78,475,221	23,075,186	0
<b>c</b> BAD DEBT EXPENSES	55,881,658	55,881,658	0	0
<b>d</b> TRANSPLANT COSTS	19,604,435	19,604,435	0	0
<b>e</b> All other expenses	85,622,990	67,735,885	17,887,105	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,768,762,405	1,489,682,190	279,080,215	0
<b>26</b> 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).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	231,359,279	<b>1</b>	399,702,360
	<b>2</b> Savings and temporary cash investments . . . . .	100,000	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	194,390,842	<b>4</b>	193,916,142
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	35,224,491	<b>8</b>	65,813,890
	<b>9</b> Prepaid expenses and deferred charges . . . . .	45,924,587	<b>9</b>	51,110,613
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,610,545,685		
	<b>b</b> Less: accumulated depreciation	1,328,229,769		
	<b>11</b> Investments—publicly traded securities . . . . .	126,852,000	<b>11</b>	129,712,000
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	151,905,040	<b>12</b>	152,123,071
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,744,899,936	<b>15</b>	2,983,493,215
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,618,387,071	<b>16</b>	5,258,187,207	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	285,799,016	<b>17</b>	297,657,802
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	3,197,480	<b>19</b>	5,486,184
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,532,726,160	<b>20</b>	1,519,016,928
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	150,418,854	<b>24</b>	151,004,683
	<b>25</b> 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	684,593,373	<b>25</b>	1,282,522,250
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,656,734,883	<b>26</b>	3,255,687,847
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	1,329,741,985	<b>27</b>	1,426,208,526
	<b>28</b> Net assets with donor restrictions . . . . .	631,910,203	<b>28</b>	576,290,834
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	1,961,652,188	<b>32</b>	2,002,499,360	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	4,618,387,071	<b>33</b>	5,258,187,207	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,897,434,124
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,768,762,405
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	128,671,719
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,961,652,188
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-784,936
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-87,039,611
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,002,499,360

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 52-1362793  
**Name:** University of Maryland Medical System Corporation

Form 990 (2019)

---

### Form 990, Part III, Line 4a:

UMMS, A PRIVATE, NON-PROFIT HEALTH SYSTEM, CONSISTS OF 12 HOSPITALS - UMMC, THE ACADEMIC 'HUB' - AND THE 11 COMMUNITY AND SPECIALTY HOSPITALS THROUGHOUT THE STATE OF MARYLAND. UMMC IS A NATIONAL AND REGIONAL REFERRAL CENTER FOR TRAUMA, CANCER CARE, NEUROCARE, CARDIAC CARE AND HEART SURGERY, WOMEN'S AND CHILDREN'S HEALTH AND ORGAN TRANSPLANTS. IT HAS ONE OF THE MOST TECHNOLOGICALLY ADVANCED OPERATING ROOM FACILITIES AND IS INTERNATIONALLY RECOGNIZED FOR ITS LEADERSHIP IN DEVELOPING AND PERFORMING MINIMALLY INVASIVE SURGICAL PROCEDURES. UMMS PROVIDES CHARITY CARE TO PATIENTS UNABLE TO PAY. CHARITY CARE FOR THE YEAR ENDED 6/30/2020 IS APPROXIMATELY \$14.9 MILLION.

---

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Alexander Williams Jr Vice Chairman	4.0 ..... 3.0	X		X				0	0	0
James C Dipaula Jr Chairman	9.0 ..... 3.0	X		X				0	0	0
August J Chiasera DIRECTOR (ENDED 09/19)	1.0 ..... 0	X						0	0	0
Barry P Gossett DIRECTOR	4.0 ..... 0	X						0	0	0
Bonnie L Phipps CPA DIRECTOR	4.0 ..... 0	X						0	0	0
Brianna D Bowling Director	1.5 ..... 2.0	X						0	0	0
Edward P Nevin DIRECTOR	3.5 ..... 0	X						0	0	0
Elisa M Basnight ESQ DIRECTOR	2.0 ..... 0	X						0	0	0
Elizabeth E Sweeney DIRECTOR	2.5 ..... 0	X						0	0	0
George L Doetsch JR DIRECTOR (ENDED 12/19)	1.0 ..... 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Glenn Harrell DIRECTOR (ENDED 12/19)	1.0 ..... 0	X						0	0	0
James A Soltesz PE DIRECTOR (ENDED 09/19)	1.0 ..... 0	X						0	0	0
James M Harkins DIRECTOR	3.5 ..... 6.0	X						0	0	0
Jason S Frankl ESQ DIRECTOR	5.0 ..... 0	X						0	0	0
John T Williams DIRECTOR	3.5 ..... 0	X						0	0	0
Joseph A Ciotola MD DIRECTOR	1.5 ..... 0	X						0	0	0
Joseph T Suarez DIRECTOR	4.0 ..... 0	X						0	0	0
Joyce M Johnson MD DIRECTOR	3.0 ..... 0	X						0	0	0
Karen Price-ward DIRECTOR	2.0 ..... 0	X						0	0	0
Kathleen Birrane DIRECTOR (ENDED 05/20)	1.0 ..... 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Keary M Nance DIRECTOR	1.5 ..... 0	X						0	0	0
Keiffer Mitchell DIRECTOR	1.5 ..... 0	X						0	0	0
Keith McMahan Director	2.0 ..... 5.0	X						0	0	0
Kenneth V Moreland DIRECTOR (ENDED 12/19)	1.0 ..... 0	X						0	0	0
KORKUT ONAL Director (Ended 12/19)	1.0 ..... 2.0	X						0	0	0
Leonard Stoler DIRECTOR (ENDED 12/19)	1.0 ..... 0	X						0	0	0
Louis M Pope DIRECTOR	2.5 ..... 0	X						0	0	0
Louis P Jenkins Jr Director (Ended 12/19)	1.0 ..... 2.0	X						0	0	0
Louise M Gonzales ESQ DIRECTOR (ENDED 12/19)	1.0 ..... 2.0	X						0	0	0
Matthew Clark DIRECTOR (ENDED 05/20)	1.0 ..... 0	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
R Alan Butler DIRECTOR	7.0 ..... 2.0	X						0	0	0
R KENT SCHWAB Director	1.5 ..... 2.0	X						0	0	0
Robert F Scholz ESQ DIRECTOR	3.0 ..... 0	X						0	0	0
Rushern L Baker III DIRECTOR	1.5 ..... 0	X						0	0	0
Thomas E Scott DIRECTOR	3.0 ..... 0	X						0	0	0
Thomasina Rogers DIRECTOR	3.5 ..... 0	X						0	0	0
Walter A Tilley JR DIRECTOR (ENDED 08/19)	1.0 ..... 0	X						0	0	0
Wanda Q Draper DIRECTOR	3.5 ..... 0	X						0	0	0
AARON J RABINOWITZ SVP, GEN COUNSEL AND SECTY	40.0 ..... 0.0			X				0	761,709	36,732
John W Ashworth III INTERIM PRESIDENT AND CEO (ENDED 11/19)	40.0 ..... 21.0			X				1,717,490	0	37,155



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Alicia Cunningham SVP CORPORATE FINANCE	40.0 ..... 0					X		476,562	0	42,468
Gerald L Wollman SVP CORP OPERATIONS	40.0 ..... 0					X		766,158	0	36,914
Kevin A Stierer SVP PERIOPERATIVE AND PROCEDURAL SVCS	40.0 ..... 0					X		565,925	0	65,566
Mark Wasserman SVP EXTERNAL AFFAIRS	40.0 ..... 1.0					X		574,139	0	33,178
Rex Huber CRNA	40.0 ..... 0					X		506,373	0	30,045
Henry J Franey FORMER EVP, CFO AND TREASURER	0.0 ..... 0						X	1,244,252	0	32,623
Megan M Arthur FORMER SVP, GEN COUNSEL AND SEC'TY	0.0 ..... 0.0						X	666,556	0	26,602
Robert A Chrencik FORMER PRESIDENT AND CEO	0.0 ..... 0.0						X	1,495,992	0	33,623
Stephen T Bartlett MD FORMER EVP AND CMO	0.0 ..... 0						X	1,357,955	0	2,002

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
University of Maryland Medical System Corporation

**Employer identification number**  
52-1362793

**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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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- 10 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		
<b>Total</b>						

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	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>		
	<b>1</b>		
<b>2</b>	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>		
	<b>2</b>		
<b>3a</b>	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>3a</b>		
<b>b</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>		
	<b>3b</b>		
<b>c</b>	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>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</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>		
	<b>4b</b>		
<b>c</b>	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>		
	<b>4c</b>		
<b>5a</b>	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>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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>		
	<b>6</b>		
<b>7</b>	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>		
	<b>7</b>		
<b>8</b>	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>		
	<b>8</b>		
<b>9a</b>	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>9a</b>		
<b>b</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>		
	<b>9b</b>		
<b>c</b>	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>		
	<b>9c</b>		
<b>10a</b>	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 line 10b below.</i>		
	<b>10a</b>		
<b>b</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>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>	Yes	No
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



**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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:** 19010655

**Software Version:** 2019v5.0

**EIN:** 52-1362793

**Name:** University of Maryland Medical System Corporation

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**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 the organization University of Maryland Medical System Corporation	Employer identification number 52-1362793
---	--

**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 (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

**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				



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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		55,939
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		48,728
<b>j</b>	Total. Add lines 1c through 1i .....			104,667
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

**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."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	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? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	DIRECT LOBBYING EFFORTS RELATE TO FEDERAL, STATE AND LOCAL LEGISLATION AFFECTING HEALTH CARE ISSUES. 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 3.08% AND 23.32% 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)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
University of Maryland Medical System Corporation

**Employer identification number**  
52-1362793

**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.

	(a) Donor advised funds	(b) Funds and other accounts
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? . . . . .  Yes  No

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

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? . . . . .  Yes  No

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.

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.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other 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 on 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 on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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 in 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 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
<b>1a</b> Land . . . . .		78,313,109		78,313,109
<b>b</b> Buildings . . . . .		1,146,275,985	656,914,484	489,361,501
<b>c</b> Leasehold improvements		12,614,652	5,322,063	7,292,589
<b>d</b> Equipment . . . . .		876,979,426	664,715,632	212,263,794
<b>e</b> Other . . . . .		496,362,513	1,277,590	495,084,923
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,282,315,916



**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	2,983,493,215

**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	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,282,522,250

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**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.

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

**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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 52-1362793  
**Name:** University of Maryland Medical System Corporation

### Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
INVESTMENT IN SUBSIDIARIES	767,415,587
AFFILIATE RECOVERY	23,599,000
OTHER RECEIVABLES	83,915,036
DEBT SERVICE FUND	
ECO. INT. ASSETS LIMITED TO USE	199,091,290
ASSETS WHOSE USE IS LIMITED	64,026,301
SELF INSURANCE TRUST FUNDS	172,386,732
DUE FROM AFFILIATES	715,077,628
ESCROW	22,443,660
LT ASSET	465,445,501
COLLATERAL FUNDS	147,584,718
CONSTRUCTION FUNDS	293,258,765
DEFERRED FINANCING COSTS	11,447,663
FINANCING LEASE	17,801,334

**Form 990, Schedule D, Part X, - Other Liabilities**

1. (a) Description of Liability	(b) Book Value
INT. RATE SWAPS MARK TO MARKET	270,429,928
OTHER MALPRACTICE	336,920,583
LINE OF CREDIT	193,500,000
ADVANCES FROM 3RD PARTY PAYORS	293,947,284
CAPITAL LEASE	5,742,893
OTHER LIABILITIES	66,741,614
UMHV LT LIABILITY	0
CREDIT BALANCES	12,255,769
DUE FROM AFFILAITE	0
FINANCING LEASE	63,581,639

# Form 990, Schedule D, Part X, - Other Liabilities

(a) Description of Liability	(b) Book Value
DEBT SERVICE FUND	39,402,540

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	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 LIABILITIES OR BENEFITS THAT SHOULD BE RECOGNIZED.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
University of Maryland Medical System Corporation

**Employer identification number**  
52-1362793

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean	0	0	Program Services	CAPTIVE INSURANCE	35,777,000
<b>3a</b> Sub-total . . . . .	0	0			35,777,000
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			35,777,000



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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Schedule F, Part I, Line 1 SCHEDULE F, PART I, LINE 1	THE BOOK VALUE OF THE FILING ORGANIZATION'S INVESTMENT IN THE REGION AS OF 6/30/2020 WAS \$16,530,000. THE FILING ORGANIZATION'S SHARE OF EXPENSES IN THE REGION WAS \$19,247,000.

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Name of the organization**  
 University of Maryland Medical System Corporation

**Employer identification number**  
 52-1362793

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b> 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		
<b>3</b> 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. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? 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 _____ %	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? 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 checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
<b>c</b> 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.		
<b>4</b> 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"? . . . . .	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		No
<b>c</b> 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? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	Yes	

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	(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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			14,896,575	0	14,896,575	0.87 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .					0	0 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .					0	0 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .	0	0	14,896,575	0	14,896,575	0.87 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			2,645,915	460,121	2,185,794	0.13 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			190,670,872	0	190,670,872	11.13 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			17,136,940	9,897,508	7,239,432	0.42 %
<b>h</b> Research (from Worksheet 7) . . . . .					0	0 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			270,151	0	270,151	0.02 %
<b>j Total.</b> Other Benefits . . . . .	0	0	210,723,878	10,357,629	200,366,249	11.70 %
<b>k Total.</b> Add lines 7d and 7j . . . . .	0	0	225,620,453	10,357,629	215,262,824	12.57 %

**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			328,802		328,802	0.02 %
2 Economic development			39,589		39,589	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			40,605		40,605	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			449,789		449,789	0.03 %
9 Other					0	0 %
<b>10 Total</b>	0	0	858,785	0	858,785	0.05 %

**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? . . . . .	1	Yes
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. . . . .	2	39,195,395
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. . . . .	3	0
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) . . . . .	5	486,852,243
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	396,743,036
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	90,109,207
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? . . . . .	9a	Yes
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 . . . . .	9b	Yes

**Part IV Management Companies and Joint Ventures**

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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)

See Additional Data Table	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

**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 1

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.umms.org/ummc/community</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>https://www.umms.org/ummc/community</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		



**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

1

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>300.0</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>https://www.umms.org/ummc/community</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://www.umms.org/ummc/community</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://www.umms.org/ummc/community</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

1

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
<b>17</b>	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 nonpayment? . . . . .	17	Yes
<b>18</b>	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:		
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
	<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
	<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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? . . . . .	19	No
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
	<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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):		
	<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
	<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
	<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
	<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
	<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
	<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . .	21	Yes
	If "No," indicate why:		
	<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
	<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
	<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
	<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

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

1

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**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  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**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.

**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.

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

Form and Line Reference	Explanation
See Add'l Data	

**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? 1

Name and address	Type of Facility (describe)
<b>1</b> UNIVERSITYCARE EDMONDSON VILLAGE 4538 EDMONDSON AVE BALTIMORE, MD 21229	HEALTHCARE CLINIC
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c CRITERIA FOR FREE OR DISCOUNTED CARE	UMMS IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS. THE FAP ALSO USES A FINANCIAL HARDSHIP THRESHOLD WHEN DETERMINING ELIGIBILITY. A PATIENT WITH MEDICAL DEBT EXCEEDING 25% OF FAMILY ANNUAL HOUSEHOLD INCOME MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6b COMMUNITY BENEFIT REPORT	THE ORGANIZATION ANNUALLY FILES A COMMUNITY BENEFIT REPORT AS REQUIRED BY THE MARYLAND HSCRC. THE REPORT CAN BE FOUND AT <a href="https://hscrc.state.md.us/pages/init_cb.aspx">HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX</a> .

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of Community Health</p>	<p>Analysis of all quantitative and qualitative data described in the above section identified these top six areas of need within Baltimore City. These top priorities represent the intersection of documented unmet community health needs and the organization's key strengths and mission. These priorities were identified and approved by the UMMC/Midtown CHI Team and validated with the health experts from the UMB Campus Panel and ultimately approved by the Board. Programming is based on these strategic priorities as identified in the CHNA. 1) Mental Health (in collaboration with City hospitals) 2) Substance Abuse 3) Chronic Disease Management (CVD, Diabetes, HIV) 4) Maternal/Child Health 5) Violence Prevention 6) Work force Development The University of Maryland Medical Center has community health programming in each of the above strategic community priorities. The following is an example of key initiatives from three of the above priorities. Identified Need/Priority: Chronic Disease Prevention Identified Need: Cardiovascular Disease Prevention Currently, there is at least a 40% prevalence rate of hypertension in the targeted population and much higher rates in specific neighborhoods. Hospital Initiative: Maryland Healthy Men Primary objectives of initiative: 1) Decrease the ED visit rate due to hypertension (Maryland SHIP) 2) Engage and educate at least 400 African American men with hypertension (HTN) and refer as needed to additional treatment. Single or multi-year plan: This program is a multi-year, ongoing initiative. Key collaborators in delivery: UMMC Midtown Campus UMMC Mobile Market Hungry Harvest Shoppers Food Warehouse MAC, Inc. Impact of hospital initiative: Hypertension affects over 40% of the African American community and frequently leads to stroke, cardiac failure, kidney disease, etc. This program educates and engages AA men to take control of their health and take active steps to lower their blood pressure and prevent ED visits due to HTN. Metrics: # of BP screenings of all Baltimore City residents # of AA men with HTN # of AA men educated % of Self-reported behaviors - men taking their BPs and men knowing their BPs # of men with decreased BP after the program Evaluation of Outcomes in FY20: - 1,584 BP screenings in the community - 1,123 people referred to classes and other resources after screenings Continuation of initiative: UMMC will continue to monitor performance and outcome measures annually. This priority and the accompanying initiatives will continue until the FY18 CHNA is completed and as long as there continues to be an identified community need. Identified Need/Priority: Maternal/Child Health Identified Need: Maternal/Child Health - Infant Mortality Currently, there is an infant mortality rate (# per live births) of 10 Baltimore City wide with 13.9 and 20 in several neighborhoods of the targeted population. Hospital Initiative: Stork's Nest Primary objectives of initiative: 1) Increase % of babies born &gt;37 weeks gestation 2) Reduce the percentage of births that are low birth weight 3) Increase the % of women breastfeeding at discharge after delivery Single or multi-year plan: This program is a multi-year, ongoing initiative. Key collaborators in delivery: Zeta Phi Beta Sorority March of Dimes B'more for Healthy Babies Impact of hospital initiative: Babies born at full-term and at healthy birth weights are less likely to die in the first year of life (Infant mortality reduction). Babies who are breastfed have fewer infections in the first year of life. Metrics: # of women enrolled % of Babies born &gt;37 weeks gestation % of Babies born at &gt;2500 grams % of Women breastfeeding at discharge Evaluation of Outcomes in FY20: - 90 women enrolled - 71% of Babies born &gt;37 weeks gestation - 70% of Babies born &gt;2500 grams - 86% of Women were breastfeeding at discharge Continuation of initiative: UMMC will continue to monitor performance and outcome measures annually. This priority and the accompanying initiatives will continue until the FY18 CHNA is completed and as long as there continues to be an identified community need. Identified Need/Priority: Violence Prevention Identified Need: Violence Prevention Currently, there is an overall homicide rate of 3.9 (# of homicides/10,000 population) rate in Baltimore City. Within the targeted population, there are rates of 7.7 and 8.2 in some of the neighborhoods. Hospital Initiative: Violence Intervention Program (VIP) Primary objectives of initiative: 1) Reduce the rate of recidivism due to violent injury Single or multi-year plan: This program is a multi-year, ongoing initiative. Key collaborators in delivery: Baltimore City Police Department Baltimore City Health Department University of Maryland Baltimore Impact of hospital initiative: The participants in the VIP program receive education and social support and return to the workforce and/or high school or college. The participants get out of the cycle of violence and therefore reduce the number of returns.</p>



Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health	<p>           rn admissions to Shock Trauma and have an improved quality of life. Metrics: - # of people in the VIP program - Recidivism rate Evaluation of Outcomes in FY20: - 432 individuals in the VIP program - 0.5% Recidivism rate Continuation of initiative: UMMC will continue to monitor performance and outcome measures annually. This priority and the accompanying initiatives will continue until the FY18 CHNA is completed and as long as there continues to be an identified community need. UMMC operates under a unique regulatory system that caps hospital revenues and provides adjustments to allow for population health improvement investments. Under Maryland's global budget revenue model, UMMC reports on a regular basis how it is investing in efforts to improve population health. UMMC provides on-going services that are fundamental to addressing the identified community health needs that demonstrate the extent to which our commitment to serve our community is integrated into our care delivery model. We have a strong focus on treating patients with chronic conditions. University of Maryland Medical Center works to coordinate care, ensure smooth transitions and promote disease self-management strategies at every step of a patient's journey - whether at home, in the community, or within our hospital. We operate specialized clinics to enable access to routine outpatient care. Our transitional care services help patients newly diagnosed or those that have had a recent hospitalization transition safely back to the community. Transitional nurse navigators provide patients with disease education and self-management strategies, connect them to primary care providers and specialists, and help them overcome any barriers to making follow up appointments. An urgent care center to address off hours visits and low acuity emergencies is also available. Our coumadin clinic provides anticoagulation medication management, specifically managing and monitoring warfarin (Coumadin) therapy upon physician referral. It also provides patients with ongoing monitoring of their anticoagulation therapy to ensure desired outcomes and decrease adverse events. UMMC's congestive heart failure clinic provides similar disease-specific services. Additionally, our behavioral health clinic provides a community access point for those in need of outpatient mental health services. Resources are embedded throughout the hospital and in the community so that every patient receives the same level of care coordination. Care managers are embedded within our emergency department, community and hospitals, and provide in-home visits as needed. Community health workers reach out to patients who are identified as being high risk for readmission or in need of critical resources. Close relationships are maintained with skilled nursing facilities and home health agencies so that transfers from the hospital to these facilities are smooth, and the highest quality of care is constantly delivered. Strong relationships exist with local emergency medical service (EMS) providers through our mobile integrated health program, which delivers effective and efficient care to patients outside of the hospital. Nurses and community health workers function outside traditional emergency response roles, with a focus on maintaining individuals' health at their homes while also providing convenient access to care in the community. Additional care partners include primary care providers, specialists, local department of health, office on aging and other community based partners. We are proudly partnered with Lyft, providing rides to patient follow up appointments. We also provide housing assistance to those in need because we know that stable housing leads to better health.         </p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health	<p>We are proud to serve our community and appreciate our partners who allow us to fulfill our mission. We will always do what is right for the patient, no matter where they are in their health journey, and will always strive to have our patients receive care in the community they reside. As a part of the University of Maryland Medical System (UMMS) we are shaping a new paradigm in care delivery that we believe should be the future standard of care.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State Filing of Community Benefit Report	As required by Maryland statute for all hospitals, University of Maryland Medical Center submits a detailed, annual community benefit report, which provides information related to programs, services, contributions, etc. that the hospital makes with no or little expectation of financial return, to the Maryland Health Services Cost Review Commission (HSCRC), a state regulatory agency, by December 15 each year.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	55881658

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	COMMUNITY BUILDING ACTIVITIES INCLUDE THE NUMEROUS WORKFORCE/CAREER DEVELOPMENT PROGRAMS THAT ARE IN PLACE AT UMMC (UNIVERSITY AND MIDTOWN CAMPUSES). THESE PROGRAMS PROMOTE LITERACY, HEALTH LITERACY, AND JOB SKILLS TO PREPARE YOUNG ADULTS AND CURRENT EMPLOYEES FOR A VARIETY OF OSITIONS WITHIN EITHER THE MEDICAL CENTER OR IN THE HEALTHCARE INDUSTRY. THE HEALTH OF THE COMMUNITY IS IMPACTED BY HAVING INDIVIDUALS PREPARED FOR JOBS THAT ENABLE THEM TO OBTAIN HEALTH INSURANCE WHILE ALSO ASSISTING THEM TO BE MORE AWARE OF THEIR OWN HEALTHCARE NEEDS. WORKFORCE/CAREER DEVELOPMENT PROGRAMS INCLUDE: YOUTHWORKS BACH FELLOWS PROJECT SEARCH HEALTHCARE CAREER ALLIANCE PATIENT CARE TECHNICIAN TRAINING/SURGICAL TECH TRAINING BALTIMORE CITY SCHOOL PARTNERSHIPS (5 LOCAL SCHOOLS)

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	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 BECAUSE OF THIS SYSTEM, THE HOSPITAL IS UNABLE TO ESTIMATE HOW MUCH OF THE AMOUNT REPORTED IN LINE 2 IS ATTRIBUTED TO PATIENTS WHO WOULD APPLY UNDER THE FAP.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	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 BECAUSE OF THIS SYSTEM, THE HOSPITAL IS UNABLE TO ESTIMATE HOW MUCH OF THE AMOUNT REPORTED IN LINE 2 IS ATTRIBUTED TO PATIENTS WHO WOULD APPLY UNDER THE FAP.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>THE CORPORATION RECORDS REVENUES AND ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT THEIR ESTIMATED NET REALIZABLE VALUE. REVENUE IS REDUCED FOR ANTICIPATED DISCOUNTS UNDER CONTRACTUAL ARRANGEMENTS AND FOR CHARITY CARE. AN ESTIMATED PROVISION FOR BAD DEBTS IS RECORDED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED BASED UPON ANTICIPATED UNCOMPENSATED CARE, AND IS ADJUSTED AS ADDITIONAL INFORMATION BECOMES AVAILABLE. THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAD ALREADY PAID, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT MANY PATIENTS ULTIMATELY DO NOT PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	THE ORGANIZATION FILES ANNUALLY A COMMUNITY BENEFIT REPORT WITH THE STATE OF MARYLAND'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). THE HSCRC, WHICH OPERATES UNDER A MEDICARE WAIVER, DOES NOT CONSIDER MEDICARE SHORTFALL AS COMMUNITY BENEFIT. THE COSTING METHODOLOGY USED BY THE ORGANIZATION IS A COST-TO-CHARGE RATIO.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY. PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS, EVEN IN EXCESS OF 240 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS. NO EXTRAORDINARY COLLECTION ACTIONS (ECAS) WILL OCCUR EARLIER THAN 120 DAYS FROM SUBMISSION OF FIRST BILL TO THE PATIENT AND WILL BE PRECEDED BY NOTICE 30 DAYS PRIOR TO COMMENCEMENT OF THE ACTION. AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE COMMUNICATED TO THE PATIENT AND A PRESUMPTIVE ELIGIBILITY REVIEW WILL OCCUR PRIOR TO ANY ACTION BEING TAKEN. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AFTER AN ECA IS INITIATED, THE ORGANIZATION WILL TAKE REASONABLE MEASURES TO REVERSE THE ECAS AGAINST THE PATIENT ACCOUNT.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	1 - UNIVERSITY OF MARYLAND MEDICAL CENTER: Line 16a URL: <a href="https://www.umms.org/ummc/community;">https://www.umms.org/ummc/community;</a>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	1 - UNIVERSITY OF MARYLAND MEDICAL CENTER: Line 16b URL: <a href="https://www.umms.org/ummc/community;">https://www.umms.org/ummc/community;</a>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	1 - UNIVERSITY OF MARYLAND MEDICAL CENTER: Line 16c URL: <a href="https://www.umms.org/ummc/community;">https://www.umms.org/ummc/community;</a>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>Since fiscal year 2012, the University of Maryland Medical Center Downtown Campus has completed a comprehensive community health needs assessment (CHNA) every three years. To complete this comprehensive assessment of the needs of the community, the Association for Community Health Improvement's (ACHI) 9-step Community Health Assessment Process was utilized as an organizing methodology. An additional 5-component assessment and engagement strategy was also utilized to lead the data collection methodology. The UMMC Community Health Improvement Team (CHI Team) included both the Downtown and Midtown Campuses and served as the lead team to conduct the Community Health Needs Assessment (CHNA) with input from other University of Maryland Medical System Baltimore City-based hospitals, community leaders, the academic community, the public, health experts, and the Baltimore City Health Department. Data was collected from the major areas of the community's perspective, health experts' opinions, and community leaders' perspectives along with a review of social determinants of health and epidemiologic data to complete a comprehensive assessment of the community's needs. Data includes primary and secondary sources of data. This community health needs assessment report was approved by the UMMC Board of Directors Community Engagement Committee on June 4, 2018.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>Patient Education of Eligibility for Assistance - Patients are informed of their eligibility for assistance through signage in admitting and registration areas, online, in the Patient Handbooks, in local newspapers, and with Patient Information Sheets.</p> <p>LANGUAGE TRANSLATIONS a. Requirement: The 501(r) regulations lowered the language translation threshold for limited English proficient (LEP) populations to the lower of 5% of LEP individuals in the community served/1000-LEP individuals. UMMC translated its financial assistance policy into the following languages: English, Spanish, French, and Chinese.</p> <p>PLAIN LANGUAGE SUMMARY Requirement: The 501(r) regulations require a plain language summary of the FAP that is clear, concise, and easy for a patient to understand. UMMC created a plain language summary of its financial assistance policy in addition to its already-existing patient information sheet.</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>Despite the larger regional patient mix of UMMC from the metropolitan area, state, and region, for purposes of community benefits programming and this report, the Community Benefit Service Area (CBSA) of UMMC is within Baltimore City, specifically West Baltimore. The top eight zip codes within Baltimore City represent the top 60% of all Baltimore City admissions in FY'17. These eight targeted zip codes (21201, 21215, 21216, 21217, 21218, 21223, 21229, and 21230) are the primary community benefit service area (CBSA) and comprise the geographic scope of the assessment. These zip codes are shared with the UMMC Midtown Campus as well. Both the CHNA and programming for both campuses are targeted to these identified West Baltimore communities. The residents in these identified communities have life expectancy rates of nearly 20 years less than residents in other parts of Baltimore City. High rates of unemployment, poverty, healthy food access issues, substance use, and violence are major social barriers to health. Residents in these communities have some of the worst health outcomes when compared to the City and the State of Maryland.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>The University of Maryland Medical System Corporation (UMMS) is a private, not-for-profit corporation providing comprehensive healthcare services through an integrated regional network of hospitals and related clinical enterprises. UMMS was created in 1984 when its founding hospital was privatized by the State of Maryland. Over its 30-year history, UMMS evolved into a multi-hospital system with academic, community and specialty service missions reaching primarily across Maryland. As part of the University of Maryland Medical System (UMMS), the University of Maryland Medical Center understands that health care goes beyond the walls of the hospital and into the community it serves. UMMS hospitals are committed to strengthening their neighboring communities. In doing so, the UMMC assesses the community's health needs, identifies key priorities, and responds with services, programs and initiatives which make a positive, sustained impact on the health of the community. With representation from all UMMS hospitals, the Medical System's Community Health Improvement Council coordinates the effective and efficient utilization and deployment of resources for community-based activities and evaluates how services and activities meet targeted community needs within defined geographic areas. The UMMC is committed to health education, advocacy, community partnerships, and engaging programs which focus on promoting health and wellness in an effort to eliminate health disparities for the West Baltimore community.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	MD

**Additional Data****Software ID:** 19010655**Software Version:** 2019v5.0**EIN:** 52-1362793**Name:** University of Maryland Medical System Corporation**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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
1	UNIVERSITY OF MARYLAND MEDICAL CENTER 22 S GREENE STREET BALTIMORE, MD 21201 WWW.UMMS.ORG 30-068	X	X	X	X			X			1

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs are a prioritized description of the significant health needs of the community and identified through the CHNA.

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility 1, 1	<p>Facility 1, 1 - UNIVERSITY OF MARYLAND MEDICAL CENTER. The University of Maryland Medical Center Downtown Campus (UMMC) utilized two major frameworks for completing its most recent Community Health Needs Assessment (CHNA) in fiscal year 2018. To complete this comprehensive assessment of the needs of the community, the Association for Community Health Improvement's (ACHI) 9-step Community Health Assessment Process was utilized as an organizing methodology. An additional 5-component assessment and engagement strategy was also utilized to lead the data collection methodology. The UMMC Community Health Improvement Team (CHI Team) included both the Downtown and Midtown Campuses and served as the lead team to conduct the CHNA with input from other University of Maryland Medical System Baltimore City-based hospitals, community leaders, the academic community, the public, health experts, and the Baltimore City Health Department. Data was collected from multiple sources, groups, and individuals and integrated into a comprehensive document which was utilized at a retreat on January 22, 2018 of the UMMC Downtown/Midtown Campuses' Community Health Improvement (CHI) Team. During that strategic planning retreat, priorities were identified using the collected data and an adapted version of the Catholic Health Association's (CHA) priority setting criteria. The identified priorities were also validated by a panel of UM Clinical Advisors and University of Maryland Baltimore (UMB) Campus experts. UMMC used primary and secondary sources of data as well as quantitative and qualitative data and consulted with numerous individuals and organizations during the CHNA, including other University of Maryland Medical System (UMMS) Baltimore City-based hospitals (University of Maryland Medical Center Midtown Campus, University of Maryland Rehabilitation and Orthopedic Institute, community leaders, community partners, the University of Maryland Baltimore (UMB) academic community, the general public, local health experts, and the Baltimore City Health Department. Additionally, for the first time in the city's history, nine Baltimore City hospitals joined together in fiscal year 2018 to collaborate on several key data collection strategies for a joint community health needs assessment. UMMC partnered with University of Maryland Midtown Campus, University of Maryland Rehabilitation &amp; Orthopedic Institute, Johns Hopkins Hospital, Sinai Hospital (Lifebridge), Medstar Health, St. Agnes Health System, and Mercy Medical Center. The above hospitals/health systems had been collaborating on several initiatives prior to the CHNA year and agreed that it would be beneficial to work on a more detailed level on a joint city-wide CHNA. This multi-hospital collaborative worked on the following data collection components together: - Public survey of Baltimore City residents - Key stakeholder interviews - Key population focus groups - Key community partner focus groups After the data was collected</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility 1, 1	<p>and analyzed jointly, each individual hospital used the collected data for their respective community benefit service areas to identify their unique priorities for their communities. The collaborating hospitals/health systems did agree to jointly focus on behavioral health as a key city-wide priority. The following describes the individual data collection strategies with the accompanying results. A) Community Perspective The community's perspective was obtained through one survey offered to the public using several methods throughout Baltimore City. A 6-item survey queried Baltimore City residents to identify their top health concerns and their top barriers in accessing health care. Methods 6-item survey distributed in FY2018 using the following methods: - Conducted from late September through November 2017 - Participating hospitals collected data throughout the city - Distributed in person and offered online - Offered in English, Spanish, and Russian - Collected 4,755 surveys - All Baltimore City zip codes were represented in the responses Analysis by CBSA targeted zip codes revealed the same top health concerns and top health barriers with little deviation from the overall Baltimore City data. The sample size was 4,755 for all of Baltimore City and 1,324 for residents from the identified UMMC CBSA. Results 1 - Community's Top Health Concerns (All Baltimore City) Alcohol/Drug Addiction Mental Health Diabetes/High Blood Sugar Overweight/Obesity Heart Disease/High Blood Pressure Smoking/Tobacco Use 1A - UMMC's Community Benefit Service Area Top Health Concerns Alcohol/Drug Addiction Diabetes/High Blood Sugar Mental Health Smoking/Tobacco Use Overweight/Obesity Heart Disease/High Blood Pressure 2 - Community's Top Social/Environmental Issues (All Baltimore City) Neighborhood Safety/Violence Lack of Job Opportunities Housing/Homelessness Availability/Access to Insurance/Poverty Limited Access to Healthy Foods 2A - UMMC's Community Benefit Service Area Top Social/Environmental Issues Lack of Job Opportunities Neighborhood Safety/Violence Housing/Homelessness School Dropout/Poor Schools Access to Healthy Foods Poverty 3 - Community's Top Barriers to Healthcare (All Baltimore City) Cost/Too Expensive/Can't Afford No Insurance Insurance not Accepted Lack of Transportation 3A - UMMC's Community Benefit Service Area Top Barriers to Healthcare Cost/Too Expensive/Can't Afford No Insurance Insurance not Accepted Lack of Transportation B) Health Experts Methods Reviewed &amp; included National Prevention Strategy Priorities, Maryland State Health Improvement Plan (SHIP) indicators, and Healthy Baltimore 2020 plan from the Baltimore City Health Department Reviewed Healthy Baltimore 2020: A blueprint for health Reviewed Baltimore City Health Department's 2017 Community Health Assessment Conducted campus-wide stakeholder retreat in January 2018, including University of Maryland Schools of Medicine, Nursing, Social Work and UMB Community Affairs office Results National</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility 1, 1	<p>nal Prevention Strategy - 7 Priority Areas - Tobacco Free Living - Preventing Drug Abuse and Excessive Alcohol Use - Healthy Eating - Active Living - Injury and Violence Free Living - Reproductive and Sexual Health - Mental and Emotional Well Being SHIP: 39 Objectives in 5 Vision Areas for the State, includes targets for Baltimore City - While progress has been made since 2012, measures within Baltimore City have not met identified targets; Even wider minority disparities exist within the City Healthy Baltimore 2020: Four Priority Areas for Baltimore City 1) Strategic Priority 1: Behavioral Health 2) Strategic Priority 2: Violence Prevention 3) Strategic Priority 3: Chronic Disease Prevention 4) Strategic Priority 4: Life Course Approach and Core Services Health Expert UMB Campus Panel Focus Group Top Action Items included: Continue collaborative work from the UMMC/UMB Strategic Community Plan Improve communication and synergy across campus schools and UMMC Identify ways to partner and support each other C) Community Leaders Methods Hosted two focus groups in collaboration with the other Baltimore-based hospitals for 22 community-based organization partners to share their perspectives on health needs (November 2017) Results Consensus that social determinants of health (and "upstream factors") are key elements that determine health outcomes Top needs and barriers were identified as well potential suggestions for improvement and collaboration (See Appendix 4 for details) Top Needs: Health Literacy Employment/Poverty Mental/Behavioral Health Cardiovascular Health (obesity, hypertension, stroke, &amp; diabetes) Maternal/Child Health - focusing on promoting a healthy start for all children Top Barriers: Focusing on the outcome and not the root of the problems (i.e. SDoH) Lack of inter-agency collaboration/working in silos Suggestions for Improvement: Leverage existing resources Increase collaboration Focus on Social Determinants of Health Enhance behavioral health resources D) Social Determinants of Health (SDoH) Defined by the World Health Organization as: ....the conditions in which people are born, grow, live, work and age... Methods Reviewed data from Baltimore Neighborhood Indicator Alliance (Demographic data and S DoH data) Reviewed data from identified 2011 Baltimore City Health Department's Baltimore City Neighborhood Profiles, Reviewed Baltimore City Food Desert Map Results Baltimore City Summary of CBSA targeted zip codes Top SDoHs: Low Education Attainment (52.6% w/ less than HS degree) High Poverty Rate (15.7%)/High Unemployment Rate (11%) Violence Poor Food Environment Housing Instability</p>



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility 1, 1	Facility 1, 1 - UNIVERSITY OF MARYLAND MEDICAL CENTER. UMMC conducted its FY'18 CHNA with the University of Maryland Medical Center Midtown Campus. Additionally, most Baltimore City hospitals collaborated together for the first time to gather primary data together. So, the additional hospitals that collaborated with UMMC include: UMMC Midtown Campus, UM Rehabilitation and Orthopedic Institute, Johns Hopkins Hospital (Main Campus and Bayview), St Agnes Hospital, Sinai, Mercy Medical Center, and Medstar Health (Good Samaritan, Union Memorial, Harbor Hospital).

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility 1, 1	Facility 1, 1 - UNIVERSITY OF MARYLAND MEDICAL CENTER. UMMC CONDUCTED ITS CHNA WITH ASSISTANCE FROM THE UNIVERSITY OF MARYLAND, BALTIMORE (UMB) ACADEMIC COMMUNITY AND THE BALTIMORE CITY HEALTH DEPARTMENT.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility 1, 1	Facility 1, 1 - UNIVERSITY OF MARYLAND MEDICAL CENTER. Several additional topic areas were identified by the Community Health Improvement Team during the CHNA process including: Safe housing, transportation, and poverty, behavioral health, and substance abuse were listed as high priorities. While the Medical Center will focus the majority of our efforts on the identified strategic priorities, we will review the complete set of needs identified in the CHNA for future collaboration and work. These areas, while still important to the health of the community, will be met through either existing programs (i.e. workforce development for poverty) or through collaboration with other health care and social support organizations as needed. For example, all the Baltimore City hospitals agreed to work together on behavioral health and to potentially look at housing issues throughout the City. The additional unmet needs not addressed by UMMC will also continue to be addressed by key Baltimore City governmental agencies and existing community-based organizations. The UMMC identified core priorities target the intersection of the identified community needs and the organization's key strengths and mission.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility 1, 1	Facility 1, 1 - UNIVERSITY OF MARYLAND MEDICAL CENTER. THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

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.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization University of Maryland Medical System Corporation

Employer identification number 52-1362793

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11
3 Enter total number of other organizations listed in the line 1 table 0

**Part III Grants and Other Assistance to Domestic Individuals.** 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	UMMS FOLLOWS STANDARD PROCEDURES TO PERIODICALLY COMMUNICATE WITH GRANTEEES TO MONITOR HOW GRANT MONEY IS UTILIZED FOR THEIR INTENDED PURPOSE.

**Additional Data**

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 52-1362793  
**Name:** University of Maryland Medical System Corporation

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BALTIMORE AREA COUNCIL 701 WYMAN PARK DRIVE BALTIMORE, MD 21211	52-0591572	501c(3)	7,500				GENERAL ASSISTANCE
BALTIMORE WASHINGTON MEDICAL CENTER FOUNDATION 300 HOSPITAL DRIVE SUITE 231 GLEN BURNIE, MD 21061	52-1813656	501c(3)	10,000				GENERAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAL RIPKEN SENIOR FOUNDATION 1427 CLARKVIEW RD SUITE 100 BALTIMORE, MD 21209	52-2310500	501c(3)	11,250				GENERAL ASSISTANCE
CHARLES REGIONAL MEDICAL CENTER FOUNDATION PO BOX 1701 LA PLATA, MD 20646	52-1414564	501c(3)	10,150				GENERAL ASSISTANCE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER BALTIMORE COMMITTEE 111 S CALVERT ST SUITE 1700 BALTIMORE, MD 21202	52-0645650	501c(3)	26,900				GENERAL ASSISTANCE
MT WASHINGTON PEDIATRIC HOSPITAL 1708 W ROGERS AVENUE BALTIMORE, MD 21209	52-0591483	501c(3)	10,500				GENERAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF BALTIMORE FOUNDATION 220 ARCH STREET 13TH FLOOR BALTIMORE, MD 21201	31-1678679	501c(3)	15,000				GENERAL ASSISTANCE
UNIVERSITY OF MARYLAND CAP REGION HEALTH FOUNDATION 7300 VAN DUSEN ROAD LAUREL, MD 20707	52-1299547	501c(3)	10,000				GENERAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RONALD MCDONALD HOUSE MARYLAND 1 AISQUIT STREET BALTIMORE, MD 21202	52-1184957	501c(3)	20,000				GENERAL ASSISTANCE
AMERICAN HEART ASSOCIATION PO BOX 4002906 DES MOINES, IA 50340	13-5613797	501c(3)	27,735				GENERAL ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BALTIMORE CITY FOUNDATION 7E REDWOOD ST 9TH FLOOR BALTIMORE, MD 21202	52-1212473	501c(3)	199,175				GENERAL ASSISTANCE

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
University of Maryland Medical System Corporation

Employer identification number  
52-1362793

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 idemnification and gross-up payments	<input 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)		
<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 idemnification and gross-up payments	<input 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>b</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	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization?	<b>5b</b>	No								
If "Yes," on line 5a or 5b, describe in Part III.										
<b>6</b> 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:										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization?	<b>6b</b>	No								
If "Yes," on line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	Yes								
<b>8</b> 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.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

**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				
See Additional Data Table							

**Part III Supplemental Information**

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.

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	DURING THE FISCAL YEAR-ENDED JUNE 30, 2020, CERTAIN OFFICERS AND KEY EMPLOYEES HAVE RECEIVED SEVERANCE PAYMENTS. THESE AMOUNTS ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION. THE INDIVIDUALS AND AMOUNTS ARE LISTED BELOW: MEGAN M. ARTHUR, \$245,980. STEPHEN T. BARTLETT, \$1,247,858. ROBERT A. CHRENCIK, \$422,881. KEITH D. PERSINGER, \$274,615. GERALD L. WOLLMAN, \$292,000.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	DURING THE FISCAL YEAR- ENDED JUNE 30, 2020, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UMMS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUAL LISTED BELOW HAS 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: MICHELLE GOURDINE, MD DURING THE FISCAL YEAR ENDED JUNE 30, 2020, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UMMS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUAL LISTED BELOW HAS 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 ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B (III), OTHER REPORTABLE COMPENSATION. PRIOR YEAR CONTRIBUTIONS TO THE PLAN WERE PREVIOUSLY REPORTED ON FORM 990 AND ARE INDICATED ON SCHEDULE J, PART II, COLUMN (F). STEPHEN T. BARTLETT, MD, \$143,420 DURING THE FISCAL YEAR-ENDED JUNE 30, 2020, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE CONTRIBUTIONS TO THE PLAN FOR THE FISCAL YEAR ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B (III), OTHER REPORTABLE COMPENSATION: JOHN W. ASHWORTH, III ALISON G. BROWN ROBERT A. CHRENCIK HENRY J. FRANAY MEGAN M. ARTHUR S. MICHELLE LEE JON P. BURNS MICHAEL R. JABLONOVER, MD KEITH D. PERSINGER MOHAN SUNTHA, MD JOSEPH E. HOFFMAN III KATHLEEN MCCANN GERALD L. WOLLMAN ALICIA CUNNINGHAM Rex Huber Aaron Rabinowitz LISA C. ROWEN
Schedule J, Part I, Line 7 Non-fixed payments	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.

**Additional Data**

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 52-1362793  
**Name:** University of Maryland Medical System Corporation

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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				
1Megan M Arthur FORMER SVP, GEN COUNSEL AND SEC'TY	(i)	342,706	0	323,850	11,200	15,402	693,158	0
	(ii)	0	0	0	0	0	0	0
1Robert A Chrencik FORMER PRESIDENT AND CEO	(i)	876,297	0	619,695	11,200	22,423	1,529,615	0
	(ii)	0	0	0	0	0	0	0
2Henry J Franey FORMER EVP, CFO AND TREASURER	(i)	826,320	178,286	239,646	11,200	21,423	1,276,875	0
	(ii)	0	0	0	0	0	0	0
3John W Ashworth III INTERIM PRESIDENT AND CEO (ENDED 11/19)	(i)	899,601	664,660	153,229	11,200	25,955	1,754,645	0
	(ii)	0	0	0	0	0	0	0
4S Michelle Lee SVP, CFO, TREASURER AND SECRETARY	(i)	647,308	119,498	123,157	11,200	16,592	917,755	0
	(ii)	0	0	0	0	0	0	0
5Mohan Suntha MD PRESIDENT AND CEO	(i)	1,414,919	421,551	266,415	11,200	29,702	2,143,787	0
	(ii)	0	0	0	0	0	0	0
6AARON J RABINOWITZ SVP, GEN COUNSEL AND SECTY	(i)	0	0	0	0	0	0	0
	(ii)	374,249	64,611	322,849	11,200	25,532	798,441	0
7Stephen T Bartlett MD FORMER EVP AND CMO	(i)	10,097	100,000	1,247,858	1,918	84	1,359,957	139,022
	(ii)	0	0	0	0	0	0	0
8Jon P Burns SVP AND CIO	(i)	568,364	128,976	108,856	11,200	21,192	838,588	0
	(ii)	0	0	0	0	0	0	0
9Michelle Gourdine MD SVP & INTERIM CMO, UMMS	(i)	547,551	134,255	25,290	78,778	746	786,620	0
	(ii)	0	0	0	0	0	0	0
10Alison G Brown Interim President, UMMC	(i)	434,515	181,038	98,018	11,200	21,526	746,297	0
	(ii)	0	0	0	0	0	0	0
11Joseph E Hoffman III EVP AND CFO - UMMC	(i)	509,025	139,023	339,396	11,200	19,080	1,017,724	0
	(ii)	0	0	0	0	0	0	0
12Keith D Persinger SVP AND CHIEF PERFORMANCE IMPROV OFFICER	(i)	539,951	0	874,725	11,200	11,819	1,437,695	0
	(ii)	0	0	0	0	0	0	0
13Michael R Jablonover MD SVP & CMO, UMMC	(i)	485,204	133,361	97,415	11,200	31,757	758,937	0
	(ii)	0	0	0	0	0	0	0
14Kathleen M Mccann SVP, CHIEF HUMAN RESOURCE OFFICER	(i)	437,407	103,747	71,741	11,200	21,454	645,549	0
	(ii)	0	0	0	0	0	0	0
15Lisa C Rowen RN SVP AND CNO	(i)	456,525	129,218	92,324	11,200	22,122	711,389	0
	(ii)	0	0	0	0	0	0	0
16Alicia Cunningham SVP CORPORATE FINANCE	(i)	318,866	83,007	74,689	11,200	31,268	519,030	0
	(ii)	0	0	0	0	0	0	0
17Rex Huber CRNA	(i)	244,200	185,260	76,913	18,582	11,463	536,418	0
	(ii)	0	0	0	0	0	0	0
18Kevin A Stierer SVP PERIOPERATIVE AND PROCEDURAL SVCS	(i)	426,604	121,063	18,258	62,671	2,895	631,491	0
	(ii)	0	0	0	0	0	0	0
19Mark Wasserman SVP EXTERNAL AFFAIRS	(i)	416,829	86,569	70,741	11,200	21,978	607,317	0
	(ii)	0	0	0	0	0	0	0





Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

Name of the organization  
 University of Maryland Medical System Corporation

Employer identification number  
 52-1362793

<b>Part I Bond Issues</b>												
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing		
						Yes	No	Yes	No	Yes	No	
A	MHHEFA (SERIES 2007A&B)	52-0936091	574217G74	09-12-2007	137,795,000	ADVANCED REFUNDING OF SERIES 2002 BONDS, AND SERIES 2001 BONDS	X			X		X
B	MHHEFA (SERIES 2008A-E)	52-0936091	574217U78	05-21-2008	280,000,000	CURRENT REFUNDING- 2006B-F BONDS	X			X		X
C	MHHEFA (SERIES 2008F)	52-0936091	574217Y66	07-10-2008	89,764,001	CURRENT REFUNDING- 2006B-F BONDS		X		X		X
D	MHHEFA (SERIES 2010)	52-0936091	5742175D3	01-07-2010	241,441,656	FINANCE 2010 FACILITY COSTS; AND REFUND SERIES 2008G, SERIES 2008H AND SERIES 2004A BONDS		X		X		X

<b>Part II Proceeds</b>												
					A	B	C	D				
1	Amount of bonds retired . . . . .				20,195,000		66,787,005	104,321,695				
2	Amount of bonds legally defeased . . . . .				41,175,000	175,000,000						
3	Total proceeds of issue . . . . .				137,849,502	280,000,000	89,951,422	243,598,715				
4	Gross proceeds in reserve funds . . . . .							17,980,097				
5	Capitalized interest from proceeds . . . . .											
6	Proceeds in refunding escrows . . . . .											
7	Issuance costs from proceeds . . . . .				1,120,731	1,586,410	792,457	2,656,305				
8	Credit enhancement from proceeds . . . . .				19,824	188,590						
9	Working capital expenditures from proceeds . . . . .											
10	Capital expenditures from proceeds . . . . .							130,000,000				
11	Other spent proceeds . . . . .				136,708,947	278,225,000	89,158,965	92,962,313				
12	Other unspent proceeds . . . . .											
13	Year of substantial completion . . . . .							2012				
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .					X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .				X			X		X		X
16	Has the final allocation of proceeds been made? . . . . .				X			X				X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .				X			X			X	

<b>Part III Private Business Use</b>												
					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .					X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .					X		X		X		X

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		0 %		0 %		0 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		X
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X			X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
<b>b</b> Name of provider . . . . .	JP MORGAN BANK OF AMERICA		JP MORGAN BANK OF AMERICA					
<b>c</b> Term of hedge . . . . .	2700 %		3460 %					
<b>d</b> Was the hedge superintegrated? . . . . .		X		X				
<b>e</b> Was the hedge terminated? . . . . .		X		X				

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
Schedule K, Part I, Column (f) Description of purpose ISSUER NAME: MHHEFA (SERIES 2013A)	ACQUISITION COSTS RELATED TO ST. JOSEPH MEDICAL CENTER; FINANCE CAPITAL PROJECTS; AND REFUND SERIES 1998, SERIES 2004B AND SERIES 2005.

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part I, Column (f) Description of Purpose ISSUER NAME: MHHEFA (SERIES 2017D)	BONDS TO FINANCE A PORTION OF ACQUISITION COSTS RELATED TO UM CAPITAL REGION AND CONSTRUCTION COSTS OF NEW REGIONAL MEDICAL CENTER AND NEW FREESTANDING MEDICAL FACILITY.

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 MHHEFA (Series 2007A&B)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$54,502.

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 MMHEFA (Series 2008F)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$187,421.

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 MHHEFA (SERIES 2010)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$2,157,059.



<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 MHHEFA (SERIES 2013A)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$72,288.

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 MHHEFA (SERIES 2015)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$3,496.

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 MHHEFA (Series 2017B)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$5,958.

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 MHHEFA (Series 2017D)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$2,989,131.

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part IV, Line 2c COLUMN A	Issuer name: MHHEFA (SERIES 2007A&B) The calculation for computing no rebate due was performed on 07/01/2017

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name: MHHEFA (SERIES 2008A-E) The calculation for computing no rebate due was performed on 07/01/2017

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part IV, Line 2c COLUMN C	Issuer name: MHHEFA (SERIES 2008F) The calculation for computing no rebate due was performed on 07/01/2018

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part IV, Line 2c COLUMN D	Issuer name: MHHEFA (SERIES 2010) The calculation for computing no rebate due was performed on 04/01/2019



<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part IV, Line 2c COLUMN A	Issuer name: MHHEFA (SERIES 2013A) The calculation for computing no rebate due was performed on 07/01/2017

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
University of Maryland Medical System Corporation

Employer identification number

52-1362793

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	MHHEFA (SERIES 2013A)	52-0936091	574218MH3	03-08-2013	265,377,428	(See Statement)		X		X		X
<b>B</b>	MHHEFA (SERIES 2015)	52-0936091	574218WD1	05-21-2015	86,603,677	ADVANCED REFUNDING OF SERIES 2006A BONDS AND SERIES 2008C (UCHS) BONDS		X		X		X
<b>C</b>	MHHEFA (SERIES 2016A-D)	52-0936091		09-27-2016	212,785,000	REFUNDING OF SERIES- 2012A-D BONDS		X		X		X
<b>D</b>	MHHEFA (SERIES 2016E&F)	52-0936091		10-13-2016	108,730,000	REFUNDING OF SERIES 2011B/C (UCHS) BONDS		X		X		X

**Part II Proceeds**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Amount of bonds retired . . . . .		27,514,245		6,892,832		3,735,000		8,280,000
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .		265,449,715		86,607,173		212,785,000		108,730,000
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .		2,662,975		9,475		720,000		310,000
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .		173,100,000						
<b>11</b>	Other spent proceeds . . . . .		89,686,740		86,597,698		212,065,000		108,420,000
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .								
<b>14</b>	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			X	X		X	
<b>15</b>	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .	X		X			X		X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X	X			X		X

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X			X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X			X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		0 %		0 %		0 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X	X		X		X	
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X	X			X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
University of Maryland Medical System Corporation

Employer identification number

52-1362793

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	MHHEFA (SERIES 2017A)	52-0936091		01-01-2017	44,010,000	REFUNDING OF SERIES 2011A (UCHS) BONDS		X		X		X
<b>B</b>	MHHEFA (SERIES 2017B)	52-0936091	574218V75	02-02-2017	165,070,579	ADVANCED REFUNDING OF SER. 1991B BONDS, A PORTION OF SER. 2005 BONDS & A PORTION OF SER. 2010 BONDS		X		X		X
<b>C</b>	MHHEFA (SERIES 2017D)	52-0936091	5742184J9	12-19-2017	147,182,498	(SEE STATEMENT)		X		X		X

**Part II Proceeds**

		A	B	C	D				
<b>1</b>	Amount of bonds retired . . . . .	3,380,000	6,620,534						
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	44,010,000	165,076,538	150,171,629					
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .		164,998,598						
<b>7</b>	Issuance costs from proceeds . . . . .		77,940	1,570,898					
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .			148,600,731					
<b>11</b>	Other spent proceeds . . . . .	44,010,000							
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			X		X		
<b>15</b>	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X	X		X			
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X			
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X	X			X		

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		0 %		0 %			
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X		X		X			
<b>b</b> Exception to rebate? . . . . .		X		X		X		
<b>c</b> No rebate due? . . . . .		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X			X		X		
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X			

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization University of Maryland Medical System Corporation

Employer identification number

52-1362793

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

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (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



**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) Matthew Irby	See Part V	139,759	See Part V		No
(2) Home Paramount Pest Control Company	See Part V	162,644	See Part V		No

**Part V Supplemental Information**

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

Return Reference	Explanation
Schedule L, Part IV Line 2, Column B and Column D	Matthew Irby is a family member of John Ashworth III, an officer of the filing organization until November 2019. Matthew Irby was paid reasonable compensation as an employee of the filing organization.
Schedule L, Part IV Line 3, Column B and Column D	Home Paramount Pest Control Company is owned by Walter Tilley, a director of the filing organization until August 2019. Home Paramount was paid reasonable fees at or below fair market value for services provided.

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
University of Maryland Medical System Corporation

**Employer identification number**  
52-1362793

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 2 New program services</p>	<p>The University of Maryland Medical System's ("UMMS" or "Medical System") formal response to the COVID-19 pandemic began on February 17, 2020 when Medical System leadership recognized the importance of coordinating a system-wide clinical and operational response to the threat. By February 25, 2020, a formal UMMS Incident Command structure was created to guide the system-wide planning, preparations, and response efforts. The UMMS Incident Command is led by a physician executive who has held positions within the United States Department of Health and Human Services ("HHS"), including the Director of the National Healthcare Preparedness Programs within the Office of the Assistant Secretary for Preparedness and Response. The UMMS Incident Command includes physician leaders and senior executives from across the Medical System supporting clinical operations, planning, finance, logistics, information systems, communications, infection prevention, legal, Chief Medical Officer liaison and a UMAB liaison. This structure aligns the system-wide response with government, public health and safety, and other community-based health care organizations. Certain COVID-19 responses are discussed below: Protecting the jobs of UMMS caregivers - The Medical System implemented a temporary redeployment and expanded paid time off program designed to protect the jobs, incomes, and benefits of its employees and physicians so they could focus on providing care to patients and communities. The Medical System also encouraged telework for all non-clinical staff and enacted special leave policies to reduce the burden of employees caring for themselves or other family members at home. For health care providers with small children, the Medical System coordinated arrangements with child care centers across the State for employees to use during their work shift, the cost of which was borne entirely by the Medical System. Preparing for a potential surge - As part of the UMMS Incident Command structure, the Medical System analytics team began working with medical specialists, operations, planning, and other internal groups to develop a real-time dashboard to track inpatient capacity by hospital, by unit and by bed. The dashboard also tracks the numbers of COVID-19 positive patients, patients under investigation, patients in the ICUs and patients on ventilation support at all hospitals, drillable to patient-level detail. The dashboard also tracks the use and availability of critical clinical equipment, including, but not limited to, ventilators, high flow oxygen systems and continuous renal replacement therapy machines. Furthermore, the analytics team began to develop internal scenarios for the projections of surges in patient volume to ensure the Medical System is prepared with critical needs such as personal protective equipment ("PPE"), ventilators, ICU beds and staffing. The surge projections are based on daily insight from external surge projection models as well as actual experient</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 2 New program services	<p>ce within the Medical System Hospitals. The surge projections have led to the development of hospital based planning scenarios which include a flexible step-based approach to adapt to surge scenarios. Health care providers have been and continue to be cross-trained, and redeployment processes are in place to ensure adequate staffing during a surge in patient volumes. Supply chain - UMMS' supply chain team continues to work diligently to secure additional PPE, laboratory materials, and other supplies from reliable sources. Supply chain, laboratory and clinical engineering leaders have developed a response plan to COVID-19 by focusing on five guiding themes: supply sourcing, supply staging, supply utilization, financial diligence and equipment utilization. All new supply chain sources, both domestic and international, have been examined with the appropriate legal, financial and treasury teams. Guidelines have been developed for the use and conservation of PPE. Inventory levels of critical equipment, such as ventilator, laboratory equipment, hospital beds and other critical respiratory equipment are closely monitored and maintained using a real-time dashboard. In early March, UMMS created a centralized Supply Chain distribution hub which serves as a location to stage and store the appropriate inventories and to ensure their availability at the Medical System Hospitals. Finally, in collaboration with infection prevention and clinical experts, the Medical System implemented strategies to conserve critical PPE equipment and to limit unnecessary exposure during the pandemic, including the use of ultraviolet germicidal irradiation for decontamination of PPE, clustering of patient care, and expanded use of telehealth in inpatient units for clinical, social work, clerical and mental health providers. Postponing and resuming elective procedures - Beginning on March 16, 2020, consistent with recommendations from the U.S. Surgeon General, the American College of Surgeons and the Governor of Maryland's Executive Order, the Medical System made the decision to postpone certain elective and non-urgent surgeries, procedures and appointments. Shortly thereafter, additional services in clinics and other outpatient settings were postponed. In connection with Maryland's staged Roadmap to Recovery, starting May 7, 2020, the Medical System began rescheduling some outpatient surgical procedures which could be completed while keeping patients and providers safe and preserving appropriate levels of PPE and available capacity for a potential COVID-19 surge. A week later, the Medical System began scheduling additional ambulatory care and clinical services. Expanding telehealth services - The Medical System offered some limited telehealth services before the COVID-19 pandemic began. Those existing services have been expanded during the pandemic to allow patients to consult with doctors and other providers remotely, which has provided safer, faster, and less expensive care de</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 2 New program services</p>	<p>livery. Telehealth services have provided a first line of defense against unnecessary exposure in our facilities as providers in a virtual setting carry out assessments of potential COVID-19 patients. The Medical System intends to continue making investments in telehealth in the coming fiscal year. Providing early and widespread testing - The Medical System has provided rapid and accessible testing at all hospital-based, outpatient and urgent care locations. Furthermore, the Medical System in cooperation with the School of Medicine and the State of Maryland are continuing to support the expansion of testing throughout the State by providing laboratory capacity and clinical information system support for the testing sites and mobile testing sites deployed to underserved populations and hot spot areas . Partnering with Governor Hogan to strengthen Maryland's preparedness - The Medical System is engaged in many facets of the State's COVID-19 response. At the highest level, the UM MS Incident Command physician executive serves on the Maryland Governor's Coronavirus Response advisory team which includes scientific and medical advisors as well as business and community leaders who developed the "Maryland Strong: Roadmap to Recovery" plan. As part of the Governor's four building blocks of the recovery plan, the Medical System assisted in expanding inpatient hospital capacity in preparation for a potential surge in patient volumes. On March 16, 2020, the Governor directed the Maryland Health Department ("MDH") to increase statewide surge capacity by up to 6,000 beds. In just over a month, the MDH in collaboration with local hospitals, opened thousands of new beds, notably by creating a 250-bed field hospital in the Baltimore Convention Center and opening 135 inpatient beds at UM Laurel. For the Baltimore Convention Center field hospital, the State collaborated with UM MS and Johns Hopkins to open 250 beds that provide a step-down to acute hospital care for patients prior to discharge to a patient's home or alternative care facility. UMMS also obtained approval from the Health Care Commission to re-open up to 135 inpatient beds at UM Laurel in Laurel, Maryland, which had been converted in January 2019 to an FMF. Beginning in late April 2020, UM Laurel opened acute and ICU level beds to provide expanded inpatient capacity to Prince George's and Montgomery Counties both of which have had high volumes of COVID-19 cases. The State is reimbursing the Medical System for costs associated with operating these expanded beds, and as well as for certain capital, equipment, and start-up costs to open the beds. The Medical System has also received approval from the Maryland Health Care Commission to temporarily expand inpatient capacity at UM Prince George's and UM Upper Chesapeake to prepare for potential surges in patient volumes due to COVID-19.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part VI, Line 4 Significant changes to organizational documents</p>	<p>In May 2020, UMMS' Board approved Articles of Amendment and Restatement, and adopted changes to its Bylaws. Significant changes to the organization's Articles SECOND: The Corporation is formed exclusively for charitable, scientific and educational purposes, and the business and objects to be carried on and promoted by it are: (1) To own, lease, manage, and operate the University of Maryland Medical System, including such components or health services as the Board of Directors may determine or agree to undertake from time to time and shall have all powers of a Maryland corporation which are not expressly limited by Subtitle 3, Title 13 of the Education Article of the Annotated Code of Maryland. (2) To convey, lease, mortgage, encumber, and otherwise deal with all its assets, without limitation or regard to their source, unless a grantor or donor restricts the use of such assets. (3) To provide for and maintain, consistent with the policies of the Maryland Health Services Cost Review Commission or other relevant authority, comprehensive services for patient populations naturally served by University Hospital, including uncompensated care and outpatient care. (4) To maintain, create, and develop specialty care services appropriate to an academic medical institution at the University of Maryland Medical Center and elsewhere as appropriate to meet the needs of the State of Maryland and the geographic region in which it is located. (5) To provide, at the University of Maryland Medical Center and elsewhere as appropriate, a clinical context for education and research conducted by the faculty of the University of Maryland, and to serve as the primary clinical setting for University of Maryland students in health care fields to receive educational and research experiences. (6) To perform any and all activities necessary to effectuate the Corporation's purposes, as such purposes are described in Subtitle 3, Title 13 of the Education Article of the Annotated Code of Maryland. (7) To perform other activities permitted corporations under the General Laws of the State of Maryland, to the extent such activities are permitted to be carried on by organizations which are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future federal tax code) and contributions to which are deductible under sections 170(c)(2), 2055(a)(2) and 2522(a)(2) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future federal tax code), including the making of distributions for charitable, scientific and educational purposes to organizations which are exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future federal tax code) and contributions to which are deductible under sections 170(c)(2), 2055(a)(2) and 2522(a)(2) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future federal tax code).</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part VI, Line 4 Significant changes to organizational documents</p>	<p>deral tax code). SEVENTH: In accordance with section 13-304 of the Education Article of the Maryland Annotated Code, the Board of Directors shall consist of six nonvoting members and not less than 22 and not more than 28 voting members; provided, however, that the Governor also may appoint an additional voting member who is a representative from each hospital that affiliates with the Corporation on or after June 1, 2019. The appointment, tenure, conditions of office and qualifications of the Board of Directors of the Corporation are as follows: (1) Each member shall be a resident of the State of Maryland. (2) A member may not be an elected official of the government of the State of Maryland or of any local jurisdiction within the State of Maryland. (3) A member may not intentionally use the prestige of office or public position for that member's private gain or that of another. (4) Three voting members shall be members of the Board of Regents of the University System of Maryland. (5) One voting member shall be appointed by the President of the Senate of Maryland and one voting member shall be appointed by the Speaker of the House of Delegates. (6) One voting member shall be the Governor's designee. (7) At least one voting member shall be appointed by the Governor, upon nomination by the membership of the Community Advisory Council to the Corporation (as provided for in Article NINTH hereof) from the membership of the Community Advisory Council. (8) At least one voting member shall have expertise in the hospital field. (9) In appointing the voting members of the Board of Directors, the Governor of the State of Maryland shall ensure that the composition of the Board of Directors fairly represents the minority composition of the State of Maryland. (10) The nonvoting members of the Board of Directors shall be, ex officio, the Chancellor of the University System of Maryland, the President of the University of Maryland, Baltimore, the Chief Executive Officer of the Corporation, the Dean of the School of Medicine of the University of Maryland, the President of the Medical Staff Organization of the University of Maryland Medical System (as defined in §13-301(k) of the Education Article of the Annotated Code of Maryland), and the Associate Director of Nursing Services for the University of Maryland Medical System. (11) The term of each voting member of the Board of Directors is five years and begins on the first Monday in June of the year of appointment. The terms of voting members of the Board of Directors are staggered as required by the terms provided for voting members of the Board of Directors on the Transfer Date. At the end of a term, a voting member of the Board of Directors continues to serve until a successor is appointed and qualifies. A voting member appointed to fill a vacancy in an unexpired term serves only for the remainder of that term and until a successor is appointed and qualifies. A voting member appointed to fill a vacancy in an unexpired term serves only for the remainder of that term and until a successor is appointed and qualifies. A voting member appointed to fill a vacancy in an unexpired term serves only for the remainder of that term and until a successor is appointed and qualifies.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 4 Significant changes to organizational documents	<p>xpired term serves only for the remainder of that term and until a successor is appointed and qualifies. A voting member of the Board of Directors may be reappointed, but may not s erve more than two consecutive full terms. Nominations of voting members of the Board of D irectors will be made by the Board of Directors and submitted to the Board of Regents of t he University System of Maryland for comment and to the Governor for consideration. Each m ember of the Board of Directors serves without compensation, and is entitled to reimbursem ent for expenses as provided by the Board of Directors. (12) With the exception of voting directors initially appointed by the Governor as a representative of an affiliate hospital that first affiliates with the Corporation on or after June 1, 2019, and the voting direc tors appointed by the President of the Senate and the Speaker of the House of Representati ves, each voting director shall be appointed by the Governor with the advice and consent o f the Senate in accordance with the provisions of Subtitle 3 of Title 13 of the Education Article of the Annotated Code of Maryland. EIGHTH: The total number of members of the Boar d of Directors serving as of the date of the Board's approval of this Amendment and Restat ement of the Charter is 31. The number of voting members of the Board of Directors is curr ently 25, which number may be increased or decreased from time to time pursuant to the Cha rter or the Bylaws of the Corporation, but which shall never be less than 22. The total nu mber of non-voting members of the Board of Directors is currently six.</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)	<p>NINTH: In accordance with Subtitle 3, Title 13 of the Education Article of the Annotated Code of Maryland, the following provisions are hereby adopted for defining, adopting, limiting and regulating the powers of the Corporation and of the Directors and the members: (1) The Board of Directors of the Corporation shall operate the University of Maryland Medical System without discrimination based upon age, ancestry/national origin, color, disability, gender identity/expression, marital status, political affiliation, race, religion, sex, or sexual orientation. (2) The Board of Directors of the Corporation shall conduct procurement activities consistent with minority purchasing standards applicable to Maryland State government agencies. (3) The Corporation may not (i) use sole source procurement to award a contract to a member of the Board of Directors or a business entity that employs or has an affiliation with a member of the Board of Directors, or (ii) provide a preference for the award of a contract to a member of the Board of Directors or a business entity that employs or has an affiliation with a member of the Board of Directors. (4) The award of a contract or the making of a payment to a member of the Board of Directors or an associated business of a member of the Board of Directors shall be subject to the approval of the full Board of Directors. Before the Corporation awards a contract or makes a payment to a member of the Board of Directors, the Chief Compliance Officer of the Corporation shall (i) review the contract or payment and advise the member of the Board of Directors who is to be the party to the contract or recipient of the payment, or whose associated business is to be a party to the contract or the recipient of the payment, as to whether the contract or payment is appropriate and consistent with the policies of the Corporation, and (ii) make a recommendation to the Board of Directors as to whether the contract or payment should be approved or disapproved by the full Board of Directors. (5) The fiscal year of the Corporation will be the same as the fiscal year of the State of Maryland unless otherwise approved by the Board of Public Works of the State of Maryland. (6) The Board of Directors of the Corporation shall cause annual audited financial statements of the Corporation to be prepared and filed with the Governor of the State of Maryland, the Joint Budget and Audit Committee of the General Assembly, and the Board of Regents of the University System of Maryland as soon as practicable following the close of its fiscal year. (7) The Board of Directors of the Corporation shall prepare an annual report describing operations of the Corporation in the immediately preceding fiscal year, which shall be delivered to the Governor of the State of Maryland, the Board of Regents of the University System of Maryland, and, subject to section 2-1246 of the State Government Article of the Annotated Code of Maryland, the General Assembly of the</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)	<p>State of Maryland as soon as practicable following the close of the Corporation's fiscal year. The report shall include information about the amount of uncompensated care provided, the number of ambulatory care visits, the number of Medicaid (aka Medical Assistance) patient visits, the number of patient visits by subdivision during the year, and any other information relevant to Section Â§13-303 of the Education Article of the Annotated Code of Maryland. (8) The Board of Directors of the Corporation shall coordinate with University of Maryland fundraising efforts, all Corporation campaigns and solicitations for private gifts, and proposals for private or federal grants. Requests to the General Assembly of the State of Maryland for grants from the State of Maryland for the Corporation shall be submitted only with the approval of the Board of Regents of the University System of Maryland. (9) The Board of Directors of the Corporation shall establish a nonprofit for the purpose of operating all or part of the University of Maryland Medical Center, to the extent approved by the University of Maryland in the annual contract that shall (i) have all powers available under the laws governing the formation of the subsidiary; and (ii) be formed in a manner so that the subsidiary, for the purposes of meeting the jurisdictional requirements of the National Labor Relations Board (A) does not constitute a department or administrative arm of the State of Maryland or any agency, political subdivision, public body, public corporation, or municipal corporation; and (B) is not administered by individuals who are responsible to public officials or to the general electorate. (10) The Board of Directors shall ensure that the University of Maryland Medical System shall continue to make available medical services to residents of various State of Maryland institutions whose residents prior to the creation of the Corporation were served by University Hospital, including State of Maryland residential centers for the individuals with an intellectual disability, State of Maryland mental hygiene facilities and facilities run by the State Division of Correction, as long as the administrators of those institutions continue to seek care from the Corporation for their residents in accordance with policies and legislative intent incorporated in the State of Maryland budget. The Corporation is to be compensated by the institutions or other payors for this care in accordance with policies of the State Health Services Cost Review Commission or other relevant authority. (11) The Board of Directors of the Corporation may adopt and amend bylaws. (12) The Board of Directors shall determine the time and place of its meetings and may adopt rules for the conduct of its meetings. (13) Eleven voting Directors constitute a quorum for transacting business at any meeting, and action by a majority of voting Directors present at a meeting shall be the act of the Board of Directors unless this Chart</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)	<p>er or the Bylaws require a greater number. (14) Each year, the Board of Directors shall elect from among its members a Chairman and any other officer it requires. The Board of Directors shall elect a Chief Executive Officer who shall also be appointed by the Board of Regents of the University System of Maryland as Vice President of the University of Maryland Medical System, and who shall begin service in this joint office after the appointment is approved by both Boards, and a Chief Compliance Officer who shall not be the Chief Executive Officer. The Chief Executive Officer and the Chief Compliance Officer each shall serve at the pleasure of the Board of Directors. In the event of a vacancy of the Chief Executive Officer, nominees will be selected by a process to be determined jointly by the Board of Regents of the University System of Maryland and the Board of Directors of the Corporation. The Chief Executive Officer and the Chief Compliance Officer shall have the duties, powers and responsibilities provided in this Charter and in Subtitle 3 of Title 13 of the Education Article of the Annotated Code of Maryland, and any other duties, powers and responsibilities as may be provided in the Bylaws. (15) The Chairman of the Board of Directors shall appoint representatives from the community naturally served by the University of Maryland Medical System having interest in the services of the University of Maryland Medical System to three year terms as members of a Community Advisory Council. The Board of Directors of the Corporation shall designate at least one of its members to meet with the Community Advisory Council and advise the Community Advisory Council of matters of potential interest. Recommendations of this Community Advisory Council concerning services offered by the Corporation and its community relationships shall be considered by the Board of Directors of the Corporation. (16) Prior to the first day of each fiscal year, the Board of Regents of the University System of Maryland and the Board of Directors of the Corporation shall approve an annual contract which shall state all financial obligations, exchanges of services, and any other agreed relationships between the University of Maryland Baltimore and the Corporation for the ensuing fiscal year. The annual contract shall identify all services to be provided and the agreed cost of such services. The annual contract will be developed by the Chief Executive Officer of the Corporation, the Dean of the School of Medicine of the University of Maryland, and other University of Maryland officials as determined by the President of the University of Maryland at, Baltimore City.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)	<p>The annual contract shall be submitted to the President of the University of Maryland Baltimore and, upon the recommendation of the President, to the Board of Regents of the University System of Maryland for consideration, modification, and, approval. The Board of Directors of the Corporation and the Board of Regents of the University System of Maryland may establish procedures for the approval of the annual contract. If the University of Maryland and the Corporation do not enter into an annual contract for any fiscal year, the annual contract for the previous year shall remain in force until another annual contract is approved. (17) No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its members, Directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article SECOND hereof. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting, to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provisions of this Charter, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future federal tax code) or (b) by a corporation, contributions to which are deductible under sections 170(c)(2), 2055(a)(2) and 2522(a)(2) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future federal tax code). (18) The Corporation shall indemnify (a) its Directors to the fullest extent permitted by the General Laws of the State of Maryland now or hereafter in force, including the advance of expenses under the procedures provided by such laws; (b) its officers to the same extent it shall indemnify its Directors; and (c) its officers who are not Directors to such further extent as shall be authorized by the Board of Directors and be consistent with law; provided, however, the foregoing shall not limit the authority of the Corporation to indemnify other employees and agents consistent with law and that indemnification shall only be to the extent permitted to be carried on by organizations which are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future federal tax code) and contributions to which are deductible under sections 170(c)(2), 2055(a)(2) and 2522(a)(2) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future federal tax code). (19) During any fiscal year o</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)</p>	<p>f the Corporation that it is determined to be a private foundation as defined in section 509(a) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future federal tax code): a. The Corporation shall distribute its income for such taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by section 4942 of the Internal Revenue Code of 1986 (or the corresponding provisions of any future federal tax code). b. The Corporation shall not engage in any act of self-dealing as defined in section 4941(d) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future federal tax code). c. The Corporation shall not retain any excess business holdings as defined in section 4943(c) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future federal tax code). d. The Corporation shall not make any investments in such manner as to subject it to tax under section 4944 of the Internal Revenue Code of 1986 (or the corresponding provisions of any future federal tax code). e. The Corporation shall not make any taxable expenditures as defined in section 4945(d) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future federal tax code). (20) The Board of Directors shall ensure that the Corporation continues to be a private, nonprofit, nonstock corporation that is independent from any agency of the government of the State of Maryland. (21) The enumeration and definition of particular powers of the Board of Directors included in this Charter shall in no way be limited or restricted by reference to or inference from the terms of any other clause of this or any other Article of the Charter of the Corporation, or construed as or deemed by inference or otherwise in any manner to exclude or limit any powers conferred upon the Board of Directors under the General Laws of the State of Maryland now or hereafter in force, except to the extent (i) that the General Laws of the State of Maryland permit activities which are not permitted under Federal Law for any organization which is exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future federal tax code) and contributions to which are deductible under sections 170(c)(2), 2055(a)(2) and 2522(a)(2) of the Internal Revenue Code of 1986 (or the corresponding provisions under any future federal tax code) or (ii) provided in paragraph (17) of Article NINTH. TENTH: In accordance with Section 13-311 of the Education Article of the Maryland Code, the Corporation and its corporate existence shall continue until terminated in accordance with law; provided, however, that no such law or termination shall take effect so long as the Corporation shall have bonds, notes, or other obligations outstanding, unless adequate provision has been made for the payment thereof. Upon termination of the existence of the Corpora</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)	<p>tion, all its rights and properties shall pass to and be vested in the State of Maryland, but subject in all cases to any mortgages, liens, or other encumbrances or any other rights or interests of creditors of the Corporation or other third parties. The Board of Regents of the University System of Maryland and the Board of Public Works of the State of Maryland may determine that the Corporation has failed to realize the purposes set forth in Subtitle 3, Title 13 of the Education Article of the Annotated Code of Maryland; in the event of such a determination, the Board of Directors of the Corporation shall be required to undertake appropriate legal proceedings to return all assets of the University of Maryland Medical System then held by the Corporation to the State of Maryland, but only if adequate provision has been made for the payment of any outstanding bonds, notes, or other obligations of the Corporation. Significant changes to the organization's bylaws: SECTION 2.02. Number of Directors. The Corporation shall have six nonvoting and not less than 22 and not more than 28 voting directors; provided, however, that the Governor also may appoint an additional voting member who is a representative from each hospital that affiliates with the Corporation on or after June 1, 2019. SECTION 2.03. Qualification and Tenure of Directors. Each director of the Corporation shall satisfy the qualifications contained in the Charter of the Corporation. Each voting director who does not serve ex-officio shall be appointed in one of the following ways: (i) by the Governor, with the advice and consent of the Senate of the State of Maryland, (ii) initially by the Governor, if such voting director is a representative from an affiliate hospital that first affiliates with the Corporation on or after June 1, 2019, and thereafter by the Governor with the advice and consent of the Senate of the State of Maryland; (iii) by the Governor under Section 13-304(c)(4) of the Education Article of the Annotated Code of Maryland; (iv) by the President of the Senate if such director is to be appointed under Section 13-304(c)(5)(i) of the Education Article of the Annotated Code of Maryland; or (v) by the Speaker of the House of Delegates if such director is to be appointed under Section 13-304(c)(5)(ii) of the Education Article of the Annotated Code of Maryland. Each director shall serve for a term of five years, beginning on the first Monday in June of the year of appointment. At the end of a term, a voting director continues to serve until a successor is appointed and qualifies. A voting director appointed to fill a vacancy in an unexpired term shall serve only for the remainder of that term and until a successor is appointed and qualifies. A voting director may be reappointed but may not serve more than two consecutive five-year terms.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)	<p>SECTION 2.04. Nonvoting Directors. The nonvoting directors of the Corporation shall be, ex -officio, the Chancellor of the University System of Maryland, the President of the University of Maryland, Baltimore, the Chief Executive Officer of the Corporation, the Dean of the School of Medicine of the University of Maryland, the President of the medical staff organization of the University of Maryland Medical Center (formerly and statutorily referred to as the President of the medical staff organization of the Medical System) and the Chief Nursing Officer of the University of Maryland Medical Center (formerly and statutorily referred to as the Associate Director of nursing services for the Medical System). Nonvoting directors shall be entitled to notice of and to attend all meetings of the Board of Directors, but shall not be entitled to vote on any matter presented to the Board of Directors . Nonvoting directors may serve on committees of the Board of Directors. SECTION 2.05. Removal or Resignation of Director. A director may be removed with or without cause upon the affirmative vote of two-thirds of the directors present. Upon recommendation of the Board of Directors, the Governor, the President of the Senate or the Speaker of the House of Delegates, as to his or her respective appointee, may remove any voting director not serving ex-officio that previously was appointed by the Governor, the President of the Senate or the Speaker of the House of Delegates, respectively. If any member of the Board of Directors has benefited from a sole source procurement in violation of applicable law or the Governor determines that a member of the Board of Directors has willfully filed a false statement with the State Health Services Cost Review Commission on his or her financial interest disclosure required by Section 13-304(l)(1)(i) of the Education Article of the Annotated Code of Maryland, the Governor shall remove such member from the Board of Directors. Any director may resign at any time. Such resignation shall be made in writing and shall take effect at the time specified therein, or if no time be specified, at the time of its receipt by the Chair of the Board or the Secretary. The acceptance of a resignation shall not be necessary to make it effective. SECTION 2.09. Action by Directors. Unless a greater proportion is otherwise specifically required in these Bylaws, by statute or by the Charter, the action of a majority of the voting directors present at a meeting at which a quorum is present is action of the Board of Directors. A majority of the voting directors shall constitute a quorum for the transaction of business at any meeting. A designee of a Board member may not attend a Board meeting on behalf of the Board member. In the absence of a quorum, the voting directors present by majority vote and without notice other than by announcement may adjourn the meeting from time to time until a quorum shall attend. At any such reconvened meeting at which a quorum</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)	<p>um shall be present, any business may be transacted which might have been transacted at the meeting as originally notified. Any action required or permitted to be taken at a meeting of the Board of Directors may be taken without a meeting, if a unanimous written consent which sets forth the action is signed by each voting member of the Board and filed with the minutes of proceedings of the Board. SECTION 2.12. Nominations for Voting Director. Except with respect to the members of the Board of Directors to be appointed by the Governor under Section 13-304(c)(4) of the Education Article of the Annotated Code of Maryland, by the President of the Senate under Section 13-304(c)(5)(i) of the Education Article of the Annotated Code of Maryland, by the Speaker of the House of Representatives under Section 13-304(c)(5)(ii) of the Education Article of the Annotated Code of Maryland, by the Governor upon nomination of the Community Advisory Council under Section 13-304(c)(6) of the Education Article of the Annotated Code of Maryland and initially by the Governor under Section 13-304(b)(3) of the Education Article of the Annotated Code of Maryland, the Board of Directors annually shall nominate persons to fill vacancies created by (i) the expiration of the term of each voting director whose term is to expire within one year and (ii) the resignation, removal, incapacitation or death of a voting director. To the extent permitted by statute and the Charter of the Corporation, a person may be nominated to fill a vacancy created by the expiration of his or her own term as a voting director, except that no person may serve more than two consecutive full five-year terms as a member of the Board of Directors regardless of the basis upon which such member of the Board of Directors was appointed. To the extent a nomination is to be made by the members of the Board of Directors, the Governance and Nominating Committee shall recommend such nominees to the full Board of Directors and the names of those nominees approved by the Board shall be submitted to the Board of Regents of the University System of Maryland for comment and to the Governor of the State of Maryland for consideration. SECTION 2.13. Conflict of Interest Policy. The Board of Directors shall adopt a conflict of interest policy for members of the Board of Directors that includes: (a) standards for the disclosure of financial interests; (b) standard for members of the Board of Directors participation in contracts with the Corporation in accordance with <math>\text{Å}</math>13-303 of the Education Article of the Annotated Code of Maryland, including an attestation that the member of the Board of Directors has complied with the conflict of interest standards adopted by the Board of Directors; (c) standards for recusal from voting; (d) a requirement that a Board member may not use the Board member's position on the Board of Directors for personal gain when contracting with the Corporation; and (e) a requirement that a Board member</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)	<p>to provide an attestation of any business relationship with the Corporation or any affiliate of the Corporation. The Board of Directors shall send a copy of the conflict of interest policy adopted under this Section 2.13 to the Governor of the State of Maryland, the President of the Senate, and the Speaker of the House of Delegates (i) after the policy is initially adopted and (ii) each time a change is made to the policy. SECTION 2.14. Annual Director Disclosure. In addition to any other filings required by applicable law, in accordance with Â§ 13-304(l)(1)(l) of the Education Article of the Annotated Code of Maryland, each Director shall annually submit a disclosure of financial interest, including any potential or current conflicts of interest (as defined in the conflict of interest policy adopted in accordance with Section 2.13), to the State of Maryland Health Services Cost Review Commission. All newly appointed Directors shall submit a disclosure of financial interest within 60 days after such Director's appointment to the Board of Directors. If the Governor determines that a Director has willfully filed a false disclosure of financial interest, the Governor shall remove such Director from the Board of Directors. The Board of Directors and the Compliance Officer shall review each such statement submitted hereunder for compliance with the Board of Directors' conflict of interest policy adopted in accordance with Section 2.13. SECTION 2.15. Contract and Payment Policy. The Board of Directors shall develop a policy governing contracts with and payments to a member of the Board of Directors or members of the Board of Directors of hospitals affiliated with the Corporation by: (i) the Corporation or (ii) the affiliated hospital. On or before December 1st of each year, the Board of Directors shall submit a report to the Governor and, in accordance with Â§2-125.7 of the State Government Article of the Annotated Code of Maryland, the President of the Senate, the Speaker of the House, the Joint Audit Committee, the Senate Finance Committee, and the House Health and Government Operations Committee on: (A) the policy adopted under this Section 2.15 and (B) how the Board of Directors has ensured compliance with the policy by the affiliated hospitals and the members of the Board of Directors of the affiliated hospitals.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)	<p>SECTION 3.01. Board Committees. There shall be an Executive Committee, a Patient Safety and Quality Committee, an Audit and a Compliance Committee, a Diversity and Inclusion Committee, a Finance Committee, a Governance and Nominating Committee and such other Board committees as the Board of Directors may appoint from among its members from time to time. All Board committees shall be composed of two or more voting directors, and nonvoting directors also may be appointed to any Board committee. When serving on a Board committee, a nonvoting director shall not be entitled to vote on any matter presented to the Committee. A director may not serve as Chair of a Committee for more than five (5) consecutive years, with a break of at least one year required before the director is eligible to serve as Chair again. The President of the Corporation shall serve ex-officio on all Board committees and shall be nonvoting in that capacity.</p> <p>SECTION 3.02. Executive Committee. (a) Membership. The Executive Committee shall consist of the Chair of the Board, the Vice Chair of the Board, the chairmen of the Finance Committee, the chair of the Patient Safety and Quality Committee, and at least three voting directors selected annually by the Chair of the Board. The President of the University of Maryland, Baltimore, the Dean of the School of Medicine of the University of Maryland, and the President of the Corporation shall serve ex-officio and shall be nonvoting members. The Chair of the Board may appoint other ex-officio nonvoting members to serve on the Executive Committee. (b) Duties. The Executive Committee is empowered, between the meetings of the Board of Directors, to perform any of the powers of the Board of Directors, except those powers reserved to the Board of Directors by law or by resolution of the Board. In addition, the Executive Committee may review the committees of the Corporation, and is responsible for the establishment of executive compensation. The President of the Corporation or any other officer serving on the Executive Committee shall excuse himself or herself from any deliberations of the Executive Committee relating to an evaluation of or compensation for the President of the Corporation or such officer. The Chair of the Board shall report at the next regular meeting of the Board all actions taken by the Executive Committee since the last regular Board meeting.</p> <p>SECTION 3.03. Patient Safety and Quality Committee. (a) Membership. The Patient Safety and Quality Committee shall consist of members selected by the Chair of the Board. The Dean of the School of Medicine of the University of Maryland shall serve ex-officio. (b) Duties. The Patient Safety and Quality Committee shall be responsible, in addition to any responsibilities assigned to it by the Board of Directors, for overseeing the provision of high-quality care throughout the Medical System. The committee drives continuous improvement in quality, safety, and patient experience by developing</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)</p>	<p>organizational goals related to quality, safety, and patient experience, monitoring the progress of senior management and clinical leaders toward achieving them, and recommending a allocation of resources that promote patient quality and safety. SECTION 3.04. Audit and Co mpliance Committee. (a) Membership. The Audit and Compliance Committee shall consist of me mbers selected by the Chair of the Board. (b) Duties. The Audit and Compliance Committee s hall be responsible, in addition to any responsibilities assigned to it by the Board of Di rectors, for oversight of financial reporting systems, internal controls, and internal and external audit processes. The committee shall also oversee and monitor the compliance pro gram. SECTION 3.05. Diversity and Inclusion Committee. (a) Membership. The Diversity and I nclusion Committee shall consist of members selected by the Chair of the Board. (b) Duties . The Diversity and Inclusion Committee shall be responsible, in addition to any responsib ilities assigned to it by the Board of Directors, for evaluating, fostering, and advancing the Medical System's vision, mission, and core values with regard to cultural competency, diversity, and inclusion. As part of these responsibilities, the Committee will review mi nority and women-owned business enterprise practices within the Medical System. SECTION 3. 06. Finance Committee. (a) Membership. The Finance Committee shall consist of members sele cted by the Chair of the Board. The President of the University of Maryland, Baltimore sha ll serve ex-officio. (b) Duties. The Finance Committee shall be responsible, in addition t o any responsibilities assigned to it by the Board of Directors, for review and approval o f operating and capital budgets, review of financial planning, including reimbursement pol icies, and review and approval of procurement policies. SECTION 3.07. Governance and Nomin ating Committee. (a) Membership. The Governance and Nominating Committee shall consist of members selected by the Chair of the Board. (b) Duties. The Governance and Nominating Comm ittee shall be responsible, in addition to any responsibilities assigned to it by the Boar d of Directors, for ensuring that the governance of the Medical System is effective, effic ient, and consistent with legal and regulatory guidelines, including oversight of the Boar d Conflicts of Interest Policy. The committee shall also be responsible for the nomination of persons to fill vacancies created by the resignation, removal, incapacitation, or deat h of a voting member of the Board of Directors. SECTION 4.01. Executive Officers. The Boar d of Directors annually shall elect a Chair of the Board and a Vice Chair of the Board, bo th of whom shall be directors of the Corporation, a President, who shall also serve as the Chief Executive Officer of the Corporation, a Secretary, a Treasurer, and a Compliance Of ficer. The President of the Corporation may be a voting director of the Corporation at the time of election but upon his</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)	<p>or her election as President shall resign as a voting director and then shall become, ex- officio, a nonvoting member of the Board of Directors. The Corporation also may have one or more Vice-Presidents, one or more Assistant Vice-Presidents, one or more Assistant Secretaries and one or more Assistant Treasurers. A person may hold more than one office in the Corporation but may not serve concurrently as both President of the Corporation and Vice- President of the Corporation, or as Chair of the Board and Vice Chair of the Board, or as President, Chair of the Board, Vice Chair of the Board, or Chief Executive Officer and as Compliance Officer of the Corporation. SECTION 4.02. Chair of the Board. The Chair of the Board shall preside at all meetings of the Board of Directors at which he or she shall be present. He or she shall have and may exercise such powers as are from time to time assigned by the Board of Directors. A director may not serve as Chair of the Board for more than five (5) consecutive years. SECTION 4.03. Vice Chair of the Board. In the absence of the Chair of the Board, the Vice Chair of the Board shall preside at all meetings of the Board of Directors at which he or she shall be present. He or she shall have and exercise such powers as are from time to time assigned by the Board of Directors. SECTION 4.04. President of the Corporation and Chief Executive Officer. In the absence of the Chair of the Board and the Vice Chair of the Board, the President of the Corporation shall preside at all meetings of the Board of Directors at which he or she shall be present; he or she shall have general charge and supervision of the assets and affairs of the Corporation; he or she may sign and execute, in the name of the Corporation, all authorized deeds, mortgages, bonds , contracts or other instruments, except in cases in which the signing and execution there of shall have been expressly delegated solely to some other officer or agent of the Corporation; and, in general, he or she shall perform all duties incident to the office of chief executive officer and president of a corporation, and such other duties as are from time to time assigned to him by the Board of Directors.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)	<p>SECTION 4.05. Executive Vice Presidents. The Executive Vice-Presidents, at the request of the President of the Corporation, or in his or her absence or during his or her inability to act, shall perform the duties and exercise the functions of the President of the Corporation, and when so acting shall have the powers of the President of the Corporation. If there be more than one Executive Vice President, the Board of Directors may determine which one or more of them shall perform any of such duties or exercise any of such functions, or if such determination is not made by the Board of Directors, the President of the Corporation may make such determination. The Executive Vice-Presidents shall have such other powers and perform such other duties, and have such additional descriptive designations in their titles (if any), as are from time to time assigned to them by the Board of Directors or the President of the Corporation.</p> <p>SECTION 4.06. Secretary. The Secretary shall keep the minutes of the meetings of the Board of Directors and of any committees in books provided for that purpose; he or she shall see that all notices are duly given in accordance with the provisions of the Bylaws or as required by law; he or she shall be custodian of the records of the Corporation; he or she shall witness all documents on behalf of the Corporation, the execution of which is duly authorized, see that the corporate seal is affixed where such document is required or desired to be under its seal, and, when so affixed, may attest the same; and, in general, he or she shall perform all duties incident to the office of a secretary of a corporation, and such other duties as are from time to time assigned to him or her by the Board of Directors or the President of the Corporation.</p> <p>SECTION 4.07. Treasurer. The Treasurer shall have charge of and be responsible for all funds, securities, receipts and disbursements of the Corporation, and shall deposit, or cause to be deposited, in the name of the Corporation, all moneys or other valuable effects in such banks, trust companies or other depositories as shall, from time to time, be selected by the Board of Directors; he or she shall render to the President of the Corporation and to the Board of Directors, whenever requested, an account of the financial condition of the Corporation; and, in general, he or she shall perform all the duties incident to the office of a treasurer of a corporation, and such other duties as are from time to time assigned to him or her by the Board of Directors or the President of the Corporation.</p> <p>SECTION 4.08. Compliance Officer. The Compliance Officer shall perform all duties incident to the office of a compliance officer of a corporation, and such other duties as are from time to time assigned to him or her by the Board of Directors or the President of the Corporation. Before the Corporation awards a contract or makes a payment to a member of the Board of Directors, the Compliance Officer of the Corpora</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)	<p>tion shall (i) review the contract or payment and advise the member of the Board of Directors who is to be the party to the contract or recipient of the payment, or whose associated business is to be a party to the contract or the recipient of the payment, as to whether the contract or payment is consistent with the policies of the Corporation, and (ii) make a recommendation to the Board of Directors as to whether the contract or payment should be approved or disapproved by the full Board of Directors. SECTION 4.09. Assistant Officers. The Assistant Vice Presidents shall have such duties as are from time to time assigned to them by the Board of Directors or the President of the Corporation. The Assistant Secretaries shall have such duties as are from time to time assigned to them by the Board of Directors or the Secretary. The Assistant Treasurers shall have such duties as are from time to time assigned to them by the Board of Directors or the Treasurer. SECTION 4.10. Subordinate Officers. The Corporation may have such officers below the level of Executive Vice President as the President of the Corporation may from time to time deem desirable. Each such officer shall hold office for such period and perform such duties as the President of the Corporation may prescribe. SECTION 4.11. Compensation. The Board of Directors shall have power to fix the salaries and other compensation and remuneration, of whatever kind, of all officers of the Corporation. It may authorize any committee or officer, upon whom the power of appointing subordinate officers may have been conferred, to fix the salaries, compensation and remuneration of such subordinate officers. SECTION 4.12. Election, Tenure and Removal of Officers. (a) The Board of Directors annually shall elect the Chair of the Board, Vice Chair of the Board, Secretary, Treasurer, and President of the Corporation. Each of these officers serves for one year and until his or her successor is elected and qualifies. The Board of Directors may fill a vacancy that occurs in any of these offices, except the office of President of the Corporation, for the unexpired portion of the term. In the event of a vacancy in the office of President of the Corporation, nominees to fill the vacancy shall be selected by a process determined jointly by the Board of Directors and the Board of Regents of the University System of Maryland. (b) The Board of Directors shall authorize the creation of any Executive Vice President position, and shall elect any Executive Vice President when such a position is vacant. (c) The Board of Directors may from time to time authorize any committee or officer to appoint subordinate officers. (d) If the Board of Directors in its judgment finds that the best interests of the Corporation will be served, it may remove any officer or agent of the Corporation. (e) Any officer may resign at any time upon written notice to the Corporation. SECTION 7.07. Amendments. The Board of Directors shall have the power</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 4 Significant changes to organizational documents (continued)	r, at any regular or special meeting thereof, to make and adopt new bylaws, or to amend, alter or repeal any of the Bylaws of the Corporation, provided that any such new bylaws or amendment, alteration or repeal of the Bylaws of the Corporation are consistent with applicable law and the Charter of the Corporation, and notice of such action on the bylaws was provided in advance of the meeting. The Governance and Nominating Committee of the Board of Directors shall establish an ad hoc Board or management committee at least every five years to review the Bylaws of the Corporation at least every three years, and to shall recommend to the Board of Directors any appropriate revisions or amendments.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11b Review of form 990 by governing body	The University of Maryland Medical System ("UMMS") prepares the IRS Form 990 for UMMS and its affiliates. Information needed to complete the return is gathered by accounting personnel in the Finance Shared Services department under the supervision of the UMMS tax director. Draft returns are prepared using IRS-approved tax software. Once a draft return is prepared, it undergoes multiple levels of review both internally by UMMS tax & finance personnel, and externally by Ernst & Young LLP. Following any necessary changes to the return, a final draft is reviewed by each affiliate's vice president of finance and/or CFO. Prior to filing the IRS Form 990, the organization's board chairman, treasurer, governance committee chairman, finance committee chairman or other member of the board with similar authority will review the IRS Form 990. All board members are provided with a copy of the final IRS Form 990 before filing.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 12c Conflict of interest policy	<p>The organization requires that all Covered Persons 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. Covered Persons means any member of the organization's Board of Directors, a member of a committee of the Board, an officer, or an employee of organization (including subsidiaries) at the VP level or above. The Governance Committee of the Board is responsible for administering and enforcing the Conflicts of Interest Policy (Policy). The Chair of the Governance Committee, having reviewed any and all conflicts with the Committee, shall report annually to the full Board on the administration, infractions, and enforcement of the Policy and shall report at the earliest opportunity all matters of concern to the full Board in executive session while interested parties are recused. The organization's Compliance Officer is the responsible administrative authority to assist the Board in administering and enforcing the Conflicts of Interest Policy and bringing concerns to the Governance Committee. A questionnaire which discloses potential conflicts of interest is distributed annually to Covered Persons. The Chief Compliance Officer of the University of Maryland Medical System Corporation (UMMS) distributes and collects the responses for UMMS and other affiliates. The Chief Compliance Officer reviews all disclosure statements for compliance with the Conflict of Interest Policy and any/all related UMMS policies to identify all actual or potential conflicts of interest. The Chief Compliance Officer prepares and submits to the Governance Committee annual and updated (where applicable) reports summarizing all relevant information contained in the disclosure statements. With respect to the other entities in the University of Maryland Medical System, the Chief Compliance Officer may be called for consult. If the Governance Committee determines that a Conflict of Interest exists, the Governance Committee shall notify the Covered Person, the UMMS Chief Executive Officer, and the UMMS Board Chair and further will notify the full Board at its next meeting. Furthermore, in the event the Governance Committee determines that an actual or perceived Conflict of Interest exists, the Committee shall decide how to address the Conflict of Interest. If the Governance Committee determines that a Conflict of Interest exists but that UMMS may enter into the subject transaction or arrangement, the interested Covered Person shall be recused from all deliberations and decisions concerning said transaction or arrangement, any arrangements with that entity, and compensation or benefits for officers, directors, and trustees. Furthermore, the Chair of the Board and the Chairs of the Governance Committee and the Audit and Compliance Committee shall not have any Business Transactions with UMMS, nor shall their Family Members. I</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 12c Conflict of interest policy	If the Governance Committee determines that a Covered Person has used their position to accrue Excess Benefits or to knowingly assist others in accruing Excess Benefits in any way at the expense of UMMS, the Governance Committee shall recommend to the Executive Committee appropriate corrective action to be taken. 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 totaling in excess of \$10,000 between the board members and/or their related entities and the organization.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The organization determines the executive compensation paid to its executives in the following manner prescribed in the IRS regulations: Executive compensation packages are determined by a committee of the board that is composed entirely of board members who have no conflict of interest. The committee acquires credible comparability market data concerning the compensation packages of similarly situated executives. The committee carefully reviews that data, the executive's performance and the proposed compensation packages during the decision making process. The committee memorializes its deliberations in detailed minutes reviewed and adopted at the next-following meeting. The committee seeks an opinion of counsel that it has met the requirements of the IRS intermediate sanctions regulations. This process is used to determine the compensation packages for all management employees from the Vice President level and up.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The organization determines the executive compensation paid to its executives in the following manner prescribed in the IRS regulations: Executive compensation packages are determined by a committee of the board that is composed entirely of board members who have no conflict of interest. The committee acquires credible comparability market data concerning the compensation packages of similarly situated executives. The committee carefully reviews that data, the executive's performance and the proposed compensation packages during the decision making process. The committee memorializes its deliberations in detailed minutes reviewed and adopted at the next-following meeting. The committee seeks an opinion of counsel that it has met the requirements of the IRS intermediate sanctions regulations. This process is used to determine the compensation packages for all management employees from the Vice President level and up.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE PUBLICLY AVAILABLE THROUGH THE STATE OF MARYLAND VIA THE SECRETARY OF STATE'S OFFICE. THE CONFLICT OF INTEREST POLICY IS GENERALLY AVAILABLE ON THE ORGANIZATION'S OR AFFILIATE'S WEBSITE. FINANCIAL STATEMENTS ARE MADE PUBLICLY AVAILABLE ON A QUARTERLY BASIS THROUGH FILINGS ON THE ELECTRONIC MUNICIPAL MARKET ACCESS ("EMMA") SYSTEM.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A HOURS ON RELATED ENTITIES	UMMS IS A MULTI-ENTITY HEALTH CARE SYSTEM THAT INCLUDES 13 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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other revenue - Total Revenue: 2187922, Related or Exempt Function Revenue: 0, Unrelated Business Revenue: 0, Revenue Excluded from Tax Under Sections 512, 513, or 514: 2187922;

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	SWAP VALUATION AND EXPENSE - -74256239; CIP TRANSFERS - -48605538; MALPRACTICE - 43976462; INVESTMENT IN UCHS LEGACY - -27569861; IT ENTERPRISE - 26744000; UCHS CAPITAL CONTRIBUTION ESCROW - -15000000; CORP DEPRECIATION ALLOCATION - -13521031; CHANGE IN ECONOMIC INTEREST OF FOUNDATION - 10903356; ADDITION OF AMBULATORY CARE - 4627608; STRATEGIC PRIORITIES - 3906000; INVESTMENT IN MWPH - 1189528; EQUITY TRANSFER - 1011567; OTHER - -445463;



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
University of Maryland Medical System Corporation

**Employer identification number**

52-1362793

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

See Additional Data Table

(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

**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.

See Additional Data Table

(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

**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.

See Additional Data Table

(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	

**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.

See Additional Data Table

(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

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>Yes</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>Yes</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>Yes</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>Yes</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>Yes</b>	
<b>f</b> Dividends from related organization(s) . . . . .		<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .		<b>No</b>
<b>h</b> Purchase of assets from related organization(s) . . . . .		<b>No</b>
<b>i</b> Exchange of assets with related organization(s) . . . . .		<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		<b>No</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		<b>No</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>Yes</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>Yes</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>Yes</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>Yes</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		<b>No</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>Yes</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		<b>No</b>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		<b>No</b>

**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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

**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	

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 52-1362793  
**Name:** University of Maryland Medical System Corporation

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
36 S PACA STREET LLC 36 S PACA STREET BALTIMORE, MD 21211 56-2544990	RENTAL	MD	817,000	12,610,000	UMMSC
UNIVERSITY OF MARYLAND ECARE LLC 250 W PRATT STREET BALTIMORE, MD 21201 46-1441270	HEALTHCARE	MD	0	531,000	UMMSC
UNIVERSITY OF MARYLAND MEDICAL CENTER 250 W PRATT STREET BALTIMORE, MD 21201 32-0443777	HEALTHCARE	MD	0	0	UMMSC
UNIVERSITY OF MARYLAND HEALTH VENTURES 250 W PRATT STREET BALTIMORE, MD 21201 47-4794292	HEALTHCARE	MD	0	46,803,000	UMMSC
UMRMC LLC 250 W PRATT STREET BALTIMORE, MD 21201	HEALTHCARE	MD	0	0	UMMSC
UMMC I LLC 250 W PRATT STREET BALTIMORE, MD 21201 38-3945516	HEALTHCARE	MD	0	0	UMMSC
UNIVERSITY OF MD QUALITY CARE NETWORK 250 W PRATT STREET BALTIMORE, MD 21201 37-1824357	HEALTHCARE	MD	2,853,000	0	UMMSC
University of Maryland Care Transformation Organization LLC 250 W Pratt Street Baltimore, MD 21201 83-1206196	Healthcare	MD	4,888,000	6,198,000	UMMSC
UMMS Ambulatory Care LLC 250 W Pratt Street Baltimore, MD 21201 84-4670595	Healthcare	MD	2,258,000	13,234,000	UMMSC
University of Maryland Medical Regional Supplier Services LLC 7601 Osler Drive Towson, MD 21204 45-5565991	Healthcare	MD	5,862,000	1,135,000	UMMSC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1756326	HEALTHCARE	MD	501(c)(3)	Type I	BWHS	Yes	
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1830243	HEALTHCARE	MD	501(c)(3)	Type I	UMBWMS	Yes	
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-0689917	HEALTHCARE	MD	501(c)(3)	3	UMBWMS	Yes	
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1830242	HEALTHCARE	MD	501(c)(3)	Type I	UMMSC	Yes	
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1318404	REAL ESTATE	MD	501(c)(2)		NCC	Yes	
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1591355	REAL ESTATE	MD	501(c)(2)		UMBWMS	Yes	
100 BROWN STREET CHESTERTOWN, MD 21620 52-1338861	FUNDRAISING	MD	501(c)(3)	8	UMSRH	Yes	
100 BROWN STREET CHESTERTOWN, MD 21620 52-2046500	HEALTHCARE	MD	501(c)(3)	Type I	UMMSC	Yes	
100 BROWN STREET CHESTERTOWN, MD 21620 52-0679694	HEALTHCARE	MD	501(c)(3)	3	UMSRH	Yes	
200 MORGNEC ROAD CHESTERTOWN, MD 21620 52-6070333	HEALTHCARE	MD	501(c)(3)	10	UMSRH	Yes	
827 LINDEN AVENUE BALTIMORE, MD 21201 52-1566211	HEALTHCARE	MD	501(c)(3)	Type II	UMMTH	Yes	
827 LINDEN AVENUE BALTIMORE, MD 21201 52-1175337	HEALTHCARE	MD	501(c)(3)	Type II	UMMSC	Yes	
827 LINDEN AVENUE BALTIMORE, MD 21201 52-0591667	HEALTHCARE	MD	501(c)(3)	3	UMMTH	Yes	
219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1510269	HEALTHCARE	MD	501(c)(3)	10	SHS	Yes	
219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1282080	FUNDRAISING	MD	501(c)(3)	Type I	SHS	Yes	
22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1874111	HEALTHCARE	MD	501(c)(3)	3	UMSRH	Yes	
219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-0160538	HEALTHCARE	MD	501(c)(3)	3	UMSRH	Yes	
2200 KERNAN DRIVE BALTIMORE, MD 21207 52-0591639	HEALTHCARE	MD	501(c)(3)	3	UMMSC	Yes	
22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-2238893	FUNDRAISING	MD	501(c)(3)	Type I	UMMSC	Yes	
PO BOX 1070 LA PLATA, MD 20646 52-2155576	HEALTHCARE	MD	501(c)(3)	Type III-FI	UMMSC	Yes	

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 1070 LA PLATA, MD 20646 52-0445374	HEALTHCARE	MD	501(c)(3)	3	UMCRH	Yes	
PO BOX 1070 LA PLATA, MD 20646 52-1414564	FUNDRAISING	MD	501(c)(3)	Type I	UMCRH	Yes	
7601 OSLER DRIVE TOWSON, MD 21204 52-1681044	FUNDRAISING	MD	501(c)(3)	Type I	UMSJHS	Yes	
7601 OSLER DRIVE TOWSON, MD 21204 46-2097818	HEALTHCARE	MD	501(c)(3)	3	UMMSC	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-0591484	HEALTHCARE	MD	501(c)(3)	3	UMUCHS	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1398513	HEALTHCARE	MD	501(c)(3)	Type III-O	UMMSC	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1398507	FUNDRAISING	MD	501(c)(3)	Type I	UMUCHS	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1253920	HEALTHCARE	MD	501(c)(3)	3	UMUCHS	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1501734	HEALTHCARE	MD	501(c)(3)	10	UMUCHS	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1907237	REAL ESTATE	MD	501(c)(2)		UMUCHS	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 26-0737028	HOSPICE	MD	501(c)(3)	10	UMUCHS	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1229742	HOME CARE	MD	501(c)(3)	Type II	UMUCHS	Yes	
3001 HOSPITAL DRIVE CHEVERLY, MD 20785 52-1289729	HEALTHCARE	MD	501(c)(3)	3	UMMSC	Yes	
3001 HOSPITAL DRIVE CHEVERLY, MD 20785 52-1902711	HEALTHCARE	MD	501(c)(3)	Type I	UMCAPRH	Yes	
250 W PRATT ST STE 2400 BALTIMORE, MD 21201 82-3596114	HEALTHCARE	MD	501(c)(3)	Type III-FI	UMMSC	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-0882914	FUNDRAISING	MD	501(c)(3)	Type II	UMUCHS	Yes	



Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign 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) Disproprtionate 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	
ARUNDEL PHYSICIANS ASSOCIATES  301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-2000762	HEALTHCARE	MD	APA INC	N/A				No			No	
BALTIMORE WASHINGTON IMAGING  301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 20-0806027	HEALTHCARE	MD	UMBWMS	N/A				No			No	
UNIVERSITYCARE LLC  22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1914892	HEALTHCARE	MD	UMMSC	Related	0	4,234,063		No			No	90 %
O'DEA MEDICAL ARTS LIMITED PAR  7601 OSLER DRIVE TOWSON, MD 21204 52-1682964	RENTAL	MD	SJMC PROP	N/A				No			No	
ADVANCED IMAGING AT ST JOSEPH  7601 OSLER DRIVE TOWSON, MD 21204 52-1958002	HEALTHCARE	MD	UMSJMC	N/A				No			No	
UNIVERSITY OF MARYLAND CHARLES  PO BOX 1070 LAPLATA, MD 20646 30-0956382	HEALTHCARE	MD	UMCRCP	N/A				No			No	
BALTIMORE ASC VENTURES LLC  7620 YORK ROAD TOWSON, MD 21204 82-4133899	HEALTHCARE	DE	UMSJMC	N/A				No			No	
UCHSUMMS Real Estate Trust  520 Upper Chesapeake Drive Bel Air, MD 21014 27-6803540	Holding Co	MD	UMMSC	Related	0	2,405,531		No		Yes		80 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ARUNDEL PHYSICIANS ASSOCIATES INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1992649	HEALTHCARE	MD	NA	C Corporation				Yes	
BALTIMORE WASHINGTON HEALTH ENTERPRISES 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1936656	HEALTHCARE	MD	NA	C Corporation				Yes	
BW PROFESSIONAL SERVICES INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1655640	HEALTHCARE	MD	NA	C Corporation				Yes	
NA EXECUTIVE BUILDING CONDO ASSN INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	NA	C Corporation				Yes	
UM CHARLES REGIONAL CARE PARTNERS PO BOX 1070 LA PLATA, MD 20646 52-2176314	HEALTHCARE	MD	NA	C Corporation				Yes	
UNIVERSITY MIDTOWN PROF CENTER 827 LINDEN AVENUE BALTIMORE, MD 21201 52-1891126	REAL ESTATE	MD	NA	C Corporation				Yes	
UNIVERSITY OF MARYLAND HEALTH ADVANTAGE 22 SOUTH GREENE STREET BALTIMORE, MD 21201 46-1411902	INSURANCE	MD	NA	C Corporation				Yes	
UNIVERSITY OF MARYLAND HEALTH PARTNERS 22 SOUTH GREENE STREET BALTIMORE, MD 21201 45-2815803	INSURANCE	MD	NA	C Corporation				Yes	
UNIVERSITY OF MARYLAND MEDICAL SYSTEM HE 22 SOUTH GREENE STREET BALTIMORE, MD 21201 45-2815722	INSURANCE	MD	NA	C Corporation				Yes	
UPPER CHESAPEAKE HEALTH VENTURES INC 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-2031264	HEALTHCARE	MD	NA	C Corporation				Yes	
UPPER CHESAPEAKE MEDICAL CENTER LAND CON 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 77-0674478	REAL ESTATE	MD	NA	C Corporation				Yes	
UPPER CHESAPEAKE MEDICAL OFFICE BUILDING 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1946829	REAL ESTATE	MD	NA	C Corporation				Yes	
SHORE ORTHOPEDICS INC 219 S WASHINGTON STREET EASTON, MD 21601 37-1817262	HEALTHCARE	MD	NA	C Corporation				Yes	
MADISON MANOR INC 5801 42ND AVE HYATTSVILLE, MD 20781 52-1269059	HEALTHCARE	MD	NA	C Corporation				Yes	
AFFILIATED ENTERPRISES INC 3001 HOSPITAL DRIVE CHEVERLY, MD 20785 52-1542144	HEALTHCARE	MD	NA	C Corporation				Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
DIMENSIONS ASSURANCE LTD PO BOX 1363 GENESIS BLDG GRAND CAYMAN CJ 98-0348082	INSURANCE	CJ	Yes	C Corporation	0	32,552,216	100 %	Yes	
RIVERSIDE HEALTH OF DELAWARE INC 1966 GREENSPRING DRIVE STE 600 TIMONIUM, MD 21093 46-3205820	HEALTHCARE	DE	NA	C Corporation				Yes	
RIVERSIDE HEALTH OF DC INC 1966 GREENSPRING DRIVE STE 600 TIMONIUM, MD 21093 46-1411713	HEALTHCARE	DC	NA	C Corporation				Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UMSJ HEALTH SYSTEM LLC	A	2,112,892	FMV
MARYLAND GENERAL HOSPITAL INC	B	50,486,008	FMV
UNIVERSITYCARE LLC	B	1,768,728	FMV
BALTIMORE WASHINGTON MEDICAL CENTER INC	B	10,768,324	FMV
UNIVERSITY OF MARYLAND CHARLES REGIONAL HEALTH	B	4,168,480	FMV
SHORE HEALTH SYSTEM INC	B	15,725,655	FMV
UMSJ HEALTH SYSTEM LLC	B	4,685,808	FMV
UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM INC	B	4,288,340	FMV
UM CAPITAL REGION HEALTH INC	B	185,294	FMV
CHESTER RIVER HOSPITAL CENTER INC	B	7,190,168	FMV
UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION INC	C	2,473,756	FMV
BALTIMORE WASHINGTON MEDICAL CENTER INC	L	2,494,405	FMV
CIVISTA MEDICAL CENTER INC	L	236,049	FMV
JAMES LAWRENCE KERNAN HOSPITAL INC	L	914,994	FMV
MARYLAND GENERAL HOSPITAL INC	L	2,263,979	FMV
SHORE HEALTH SYSTEM INC	L	406,017	FMV
UMSJ HEALTH SYSTEM LLC	L	1,231,927	FMV
UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM INC	L	691,397	FMV
UM CAPITAL REGION HEALTH INC	L	519,048	FMV
MARYLAND GENERAL HOSPITAL INC	M	4,058,940	FMV
UMSJ HEALTH SYSTEM LLC	M	16,717,015	FMV
UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM INC	M	14,223,398	FMV
BALTIMORE WASHINGTON MEDICAL CENTER INC	N	5,759,000	FMV
CIVISTA MEDICAL CENTER INC	N	951,000	FMV
JAMES LAWRENCE KERNAN HOSPITAL INC	N	1,512,000	FMV

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
MARYLAND GENERAL HOSPITAL INC	N	2,964,000	FMV
SHORE HEALTH SYSTEM INC	N	4,223,000	FMV
UMSJ HEALTH SYSTEM LLC	N	3,630,000	FMV
UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM INC	N	5,835,000	FMV
BALTIMORE WASHINGTON MEDICAL CENTER INC	O	1,187,700	FMV
JAMES LAWRENCE KERNAN HOSPITAL INC	O	903,273	FMV
MARYLAND GENERAL HOSPITAL INC	O	2,968,513	FMV
SHORE HEALTH SYSTEM INC	O	162,421	FMV
UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM INC	O	1,287,016	FMV
UM CAPITAL REGION HEALTH INC	O	305,799	FMV
MARYLAND GENERAL HOSPITAL INC	Q	40,416,651	FMV
BALTIMORE WASHINGTON MEDICAL CENTER INC	Q	50,716,582	FMV
CIVISTA MEDICAL CENTER INC	Q	16,265,249	FMV
JAMES LAWRENCE KERNAN HOSPITAL INC	Q	12,474,245	FMV
SHORE HEALTH SYSTEM INC	Q	39,568,351	FMV
UMSJ HEALTH SYSTEM LLC	Q	46,433,645	FMV
UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM INC	Q	35,987,476	FMV
UM CAPITAL REGION HEALTH INC	Q	38,704,939	FMV