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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
University of Maryland Medical System Corp

Doing Business As
University of Maryland Medical Ctr

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 country, and ZIP + 4
Baltimore, MD 21201

D Employer identification number
52-1362793

E Telephone number
(410) 328-1375

G Gross receipts $ 1,252,789,416

F Name and address of principal officer
Robert Chrencik
110 S Paca Street
Baltimore, MD 21201

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
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 PROVIDED

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of employees (Part V, line 2a)	5	8,216
6	Total number of volunteers (estimate if necessary)	6	852
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	4,144,807
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,227,872

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	9,285,387	10,195,000
9	Program service revenue (Part VIII, line 2g)	1,095,537,773	1,172,457,596
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,040,894	20,001,860
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,618,215	45,784,958
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,141,400,481	1,248,439,414
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	106,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	473,970,007	507,488,544
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	649,889,422	695,408,285
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,123,859,429	1,203,002,829
19	Revenue less expenses Subtract line 18 from line 12	17,541,052	45,436,585

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,830,600,334	2,108,852,632
21	Total liabilities (Part X, line 26)	1,336,499,019	1,565,518,622
22	Net assets or fund balances Subtract line 21 from line 20	494,101,315	543,334,010

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: 2011-05-10

▶ Henry J Franey EVP and CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 1676 International Drive McLean, VA 22102			EIN ▶ Phone no ▶ (703) 286-8000

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

Part III Statement of Program Service Accomplishments

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 PROVIDED

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,022,341,166 including grants of $) (Revenue $ 1,172,457,596)

UMMS, A PRIVATE, NON-PROFIT HEALTH SYSTEM, CONSISTS OF 11 HOSPITALS - THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC), THE ACADEMIC "HUB" - AND THE 10 COMMUNITY AND SPECIALTY HOSPITALS THROUGHOUT THE STATE OF MARYLAND UMMC IS A NATIONAL AND REGIONAL REFERRAL CENTER FOR TRAUMA, CANCER CARE, NEUROCARE, CARDIAC CARE AND HEART SURGERY, WOMEN'S AND CHILDREN'S HEALTH AND ORGAN TRANSPLANTS IT HAS ONE OF THE MOST TECHNOLOGICALLY ADVANCED OPERATING ROOM FACILITIES AND IS INTERNATIONALLY RECOGNIZED FOR ITS LEADERSHIP IN DEVELOPING AND PERFORMING MINIMALLY INVASIVE SURGICAL PROCEDURES UMMS PROVIDES CHARITY CARE TO PATIENTS UNABLE TO PAY CHARITY CARE FOR THE YEAR ENDED 6/30/2010 IS APPROXIMATELY $33,948,000 at cost

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** ▶ $ 1,022,341,166

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	661		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	8,216		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	22		
b	Enter the number of voting members that are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a material diversion of the organization's assets?				No
6	Does the organization have members or stockholders?				No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?				No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

S MICHELLE LEE
110 S PACA STREET
BALTIMORE,MD 21201
(410) 328-1376

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 add'l data										

1b Total . . . . . ▶	10,099,782	0	777,809

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶676

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK HEALTHCARE PO BOX 33170 NEWARK, NJ 07188	ENVIRONMENTAL SVCS	9,759,124
NCAS Inc PO BOX 34859 Alexandria, VA 22334	Self Ins Administrat	3,657,297
Aramark Services Inc PO BOX 651009 Charlotte, NC 28265	Food Services	3,839,125
GE Medical Systems Infomation Tech 5517 Collections Center Drive Chicago, IL 60693	Information Tech	5,881,735
Masterplan Inc 9582 Topanga Canyon Blvd Chatsworth, CA 91311	Clinical Engineering	5,617,251

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶280

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 6,995,000				
	e	Government grants (contributions) 1e 3,200,000				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	10,195,000			
Program Service Revenue		Business Code				
	2a	PATIENT SVC REV 900,099	1,172,457,596	1,168,688,404	3,769,192	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	1,172,457,596			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	22,778,819			22,778,819
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents 2,902,411				
	b	Less rental expenses 1,573,043				
	c	Rental income or (loss) 1,329,368				
	d	Net rental income or (loss) . . . . . ▶	1,329,368		-408,366	1,737,734
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses 2,776,959				
	c	Gain or (loss) -2,776,959				
	d	Net gain or (loss) . . . . . ▶	-2,776,959			-2,776,959
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	CAFETERIA 900,099	3,369,161			3,369,161
	b	GRANT REVENUE OFFSET BY EXPENSES 900,099	6,371,000			6,371,000
	c	PHARMACY 446,110	25,753,107	25,597,277	155,830	
	d	All other revenue	8,962,322	8,334,171	628,151	
	e	**Total.** Add lines 11a–11d . . . . . ▶	44,455,590			
	12	**Total revenue.** See Instructions . . . ▶	1,248,439,414	1,202,619,852	4,144,807	31,479,755

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	106,000	106,000		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,573,753	2,490,338	6,083,415	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	408,816,670	347,075,071	61,741,599	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,225,915	10,954,507	1,271,408	
9 Other employee benefits	47,106,690	35,652,079	11,454,611	
10 Payroll taxes	30,765,516	26,707,885	4,057,631	
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,639,909	219,825	2,420,084	
c Accounting	671,121		671,121	
d Lobbying	35,039		35,039	
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	146,114,087	101,343,381	44,770,706	
12 Advertising and promotion	4,474,745	162,830	4,311,915	
13 Office expenses	4,602,009	3,437,973	1,164,036	
14 Information technology	17,781,830	2,300,483	15,481,347	
15 Royalties	0			
16 Occupancy	0			
17 Travel	551,536	232,322	319,214	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	327,258	144,769	182,489	
20 Interest	28,750,042	25,880,985	2,869,057	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	61,796,155	55,628,489	6,167,666	0
23 Insurance	13,176,154	11,848,404	1,327,750	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT	103,541,802	103,541,802		
b MEDICAL SUPPLIES	222,425,788	221,408,003	1,017,785	
c UTILITIES	23,226,460	17,010,970	6,215,490	
d CHANGE IN FMV OF INT RATE SWAP	33,700,746	30,330,671	3,370,075	
e UBIT EXPENSE	741,024		741,024	
f All other expenses	30,852,580	25,864,379	4,988,201	
25 **Total functional expenses.** Add lines 1 through 24f	1,203,002,829	1,022,341,166	180,661,663	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		133,712,511	1	176,023,826
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		140,648,767	4	137,782,828
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		18,949,098	8	17,013,832
	9	Prepaid expenses and deferred charges		34,437,848	9	55,074,919
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,340,488,443			
	b	Less accumulated depreciation	10b 662,058,906	661,740,255	10c	678,429,537
	11	Investments—publicly traded securities		114,447,896	11	123,206,309
	12	Investments—other securities See Part IV, line 11		42,854,185	12	61,320,000
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		683,809,774	15	860,001,381
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,830,600,334	16	2,108,852,632
Liabilities	17	Accounts payable and accrued expenses		142,541,967	17	165,485,047
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		890,943,661	20	1,017,927,698
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		67,570,000	24	86,197,500
	25	Other liabilities Complete Part X of Schedule D		235,443,391	25	295,908,377
	26	**Total liabilities.** Add lines 17 through 25		1,336,499,019	26	1,565,518,622
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		443,939,206	27	486,179,017
	28	Temporarily restricted net assets		49,750,109	28	56,742,407
	29	Permanently restricted net assets		412,000	29	412,586
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		494,101,315	33	543,334,010
	34	Total liabilities and net assets/fund balances		1,830,600,334	34	2,108,852,632

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
University of Maryland Medical System Corp

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 11, check only one box)

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

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

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

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

_____

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

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

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

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

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

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

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

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

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

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

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

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

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

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
University of Maryland Medical System Corp	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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		35,039
j	Total lines 1c through 1i			35,039
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Lobbying Activities		THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA) MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS THE MHA AND AHA REPORTED THAT 8 73% AND 23 76% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV AS LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
University of Maryland Medical System Corp

Employer identification number
52-1362793

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		59,009,620		59,009,620
b Buildings		760,550,776	329,163,939	431,386,837
c Leasehold improvements		3,348,127	2,893,450	454,677
d Equipment		457,793,109	329,519,124	128,273,985
e Other		59,786,811	482,393	59,304,418
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				678,429,537

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

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

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

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

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

(a) Description	(b) Book value
OF UMMS FOUNDATION	52,158,437
DEFERRED FINANCING COSTS	8,661,119
ASSETS WHOSE USE IS LIMITED	274,700,567
INVESTMENT IN SUBSIDIARIES	138,069,072
OTHER RECEIVABLES	39,055,737
NOTES RECEIVABLE	347,356,449
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	860,001,381

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ADVANCES FROM 3RD PARTY PAYORS	61,987,976
OTHER LIABILITIES	105,345,499
INT RATE SWAPS MARK TO MARKET	128,574,902
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	295,908,377

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

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

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

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
University of Maryland Medical System Corp

Employer identification number
52-1362793

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other **500 %**	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			33,947,933		33,947,933	2 900 %
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			33,947,933		33,947,933	2 900 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			731,951		731,951	0 060 %
f Health professions education (from Worksheet 5)			93,668,168		93,668,168	8 010 %
g Subsidized health services (from Worksheet 6)			18,012,322	10,531,859	7,480,463	0 640 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			186,022		186,022	0 020 %
j **Total** Other Benefits			112,598,463	10,531,859	102,066,604	8 730 %
k **Total.** Add lines 7d and 7j			146,546,396	10,531,859	136,014,537	11 630 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			17,463		17,463	
4	Environmental improvements			131,748		131,748	0 010 %
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			1,601		1,601	
8	Workforce development			201,863		201,863	0 020 %
9	Other						
10	**Total**			352,675		352,675	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	76,038,465		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	289,305,365
6	Enter Medicare allowable costs of care relating to payments on line 5	6	224,196,239
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	65,109,126
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
University of Maryland Hospital 22 S Greene Street Baltimore, MD 21201	X	X	X	X			X		
Greenebaum Cancer Center 22 S Greene Street Baltimore, MD 21201	X			X					
Shock Trauma Center 22 S Greene Street Baltimore, MD 21201	X				X		X		
UniversityCare Shipley's Choice 8601 Veterans Highway Ste 111 Millersville, MD 21108									Healthcare clinic
Univ Pediatric Specialists Bel Air North Park Center Unit 423 4C Nort Bel Air, MD 21014									Healthcare clinic
UniversityCare Edmondson Village 4538 Edmondson Ave Baltimore, MD 21229									Healthcare clinic
UniversityCare Waxter Center 1000 Cathedral Street Baltimore, MD 21201									Healthcare Clinic
Univ Specialists Shipley's Choice 8601 Veterans Highway Suite 110 Millersville, MD 21108									Healthcare clinic

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

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

See additional data

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

Intentionally left blank

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

See additional data

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

MD

Additional Data

Software ID:
Software Version:
EIN: 52-1362793
Name: University of Maryland Medical System Corp

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

An annual Community Benefit Report is prepared for each fiscal year ending June 30 This report is submitted to the Health Services Cost Review Commission (HSCRC), a state regulatory agency, by December 31 of each year In addition, the annual Community Benefit Report is available upon request at the entity's corporate offices

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Schedule H, Line 7a, Column (d) Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation The Health Services Cost Review Commission, (HSCRC) determines payment through a rate setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital Maryland's unique all payor system includes a method for referencing Uncompensated Care in each payors' rates, which does not enable Maryland hospitals to breakout any offsetting revenue related to Uncompensated Care Schedule H, Line 7b, Columns (c) through (f) Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation The Health Services Cost Review Commission, (HSCRC) determines payment through a rate setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital Maryland's unique all payor system includes a method for referencing Uncompensated Care in each payors' rates, which does not enable Maryland hospitals to breakout any offsetting revenue related to Uncompensated Care Community benefit expenses are equal to Medicaid revenues in Maryland, as such, the net effect is zero Additionally, net revenues for Medicaid should reflect the full impact on the hospital of its share of the Medicaid assessment Schedule H, Line 7f Column (c) Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation The Health Services Cost Review Commission, (HSCRC) determines payment through a rate setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital Maryland's unique all payor system includes a method for referencing Uncompensated Care in each payors' rates, which does not enable Maryland hospitals to breakout any offsetting revenue related to Uncompensated Care Schedule H, Line 7f Column (d) Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation The Health Services Cost Review Commission, (HSCRC) determines payment through a rate setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital Maryland's unique all payor system includes a method for referencing Uncompensated Care in each payors' rates, which does not enable Maryland hospitals to breakout any offsetting revenue related to Uncompensated Care

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PART III, LINE 3 The organization does not code charity care and bad debt expense into the same general ledger account Charity Care is booked to a separate account and is classified as a "Deduction from Revenue " As such it is netted against Total Patient Revenue in arriving at Net Patient Revenue on the entity's income statements Bad Debt Expense is booked to a separate account on the general ledger and does not include any other uncompensated care amounts Part III, Line 4 The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write off experience by payor 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

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

In Maryland, The Health Services Cost Review Commission (HSCRC) started setting hospital rates in 1974 At that time, the HSCRC approved rates applied only to commercial insurers In 1977, the HSCRC negotiated a waiver from Medicare hospital payment rules for Maryland hospitals to bring the federal Medicare payments under HSCRC control Medicare reimburses Maryland hospitals according to rates established by the HSCRC as long as the State continues to meet a two-part test This two-part waiver test allows Medicare to participate in the Maryland system as long as two conditions are met - all other payers participating in the system pay HSCRC set rates and - the rate of growth in Medicare payments to Maryland hospitals from 1981 to the present is not greater than the rate of growth in Medicare payments to hospitals nationally over the same time frame

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The organization expects payment at the time the service is provided Our policy is to comply with all state and federal law and third party regulations and to perform all credit and collection functions in a dignified and respectful manner Emergency services will be provided to all patients regardless of ability to pay Financial assistance is available for patients based on financial need as defined in the Financial Assistance Policy The organization does not discriminate on the basis of age, race, creed, sex or ability to pay Patients who are unable to pay may request a Financial Assistance application at any time prior to service or during the billing and collection process The organization may request the patient to apply for Medical Assistance prior to applying for financial assistance The account will not be forwarded for collection during the Medical Assistance application process or the Financial Assistance application process

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

UMMC uses a variety of credible sources to identify community needs Local, state, and federal assessments and reports are utilized to address and prioritize community needs The primary source of information for identifying the health needs of Baltimore city is the 2008 Baltimore City Health Status Report, which is produced by the Baltimore City Health Department This report outlines Baltimore's prevalence on eight major health categories as well as mortality and leading causes of death While the focus of this report is on city-wide indicators, there are also numerous comparisons to state-wide and national prevalence rates as well The national leading health indicators from Healthy People 2010 were also incorporated as a framework into community health programming for this year The Baltimore City's Health Disparities Report Card was released in May 2010 and was also reviewed at the close of FY2010 This report will be used heavily for FY2011 outreach programming based on its release date late within this reporting period Additional reports, data, alerts, and public health trends are followed as well from the Centers for Disease Control (as in the H1N1 Fall '09 season), US Dept of Health and Human Services, and locally with B'more Healthy Babies to name a few In 2008, the Maryland Hospital Association conducted a Maryland Public Opinion Survey on attitudes toward hospitals and health care The public rated their top health care concerns as quality of care, cost and access, more nursing staff, and reducing infections as their top priorities This type of survey gives an initial insight into top-of-mind health concerns of the public, although they differ from the identified health needs In addition to these formal reports, UMMC has a long standing relationship with the Baltimore City Health Department This promotes ongoing and real-time communication on a variety of health issues for the city UMMC staff participates in a variety of city-wide coalitions with the health department as the lead agency, such as the Tobacco Coalition, Cancer Coalition, and Flu Coalitions This participation promotes a broader understanding of community needs with other community leaders, providers, and community organizations UMMC sponsored a community stakeholder meeting in September 2009 and invited over 100 community and faith-based organizations to address the H1N1 epidemic Speakers included experts from DHMH, Dr Anne Bailowitz from the Baltimore City Health Department, and epidemiologists from UMMC and were part of an expert panel to address community concerns This is a specific example of how UMMC responded to an urgent public health need in FY'10 in addition to our regular health promotion and outreach programming UMMC commissioned the Jackson Organization to conduct a telephone market research survey of consumers living in its service area Interviews were conducted with the household's main healthcare decision maker from June 10 through July 1, 2005 These interviews were conducted with residents in a number of zip codes (see Chart 1 below) The survey was conducted to develop a profile of the health status, concerns, and needs of the community served by UMMC The geographic areas under investigation were the following West Baltimore (Zip Codes 21207, 21211, 21215, 21216, 21217, 21223, 21225, 21229, 21230) Sample percent 48% Households in area - 138,431 Other Baltimore City (Zip Codes 21202, 21206, 21212, 21213, 21218, 21224, 21239) Sample percent 28% Households in area - 107,542 Surrounding (Zip Codes 21045, 21093, 21117, 21144, 21208, 21227, 21228) Sample percent 24% Households in area - 100,635 Total households in area = 346,608 Source The Jackson Organization UMMC 2005 Needs Assessment

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

The Financial Assistance Policy is posted in all registration areas, either on the wall or tent signs in registration waiting areas, including the Emergency Room, Shock Trauma, Admitting, Outpatient, Specialty Clinic Areas If a patient inquires about financial assistance during the registration process, the staff provides the PFS contact information to the patient In addition, the Maryland Hospital Patient Information Sheet is provided with each hospital bills (Maryland Summary Bills & patient statements) This sheet includes the following statements (1)The facility provides healthcare services to those in need regardless of an individual's ability to pay, (2) The facility will work with the uninsured to gain an understanding of each patient's financial resources, (3) The facility provides assistance with enrollment for publicly funded entitlement programs In addition, patients are informed that they may qualify for free or reduced cost of medically necessary care Lastly, the Self Pay team at Patient Financial Services provides financial counseling and clearance while patients are screened for their services In addition, the Customer Service team advises and coordinates efforts with Self Pay team, for any patient/guarantor calling in, stating financial hardship

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

The University of Maryland Medical Center (UMMC) serves Baltimore City and the greater metropolitan region, including patients with in-state and out-of-state referrals for tertiary and quaternary care UMMC is a private, non-profit acute care hospital and is affiliated with the University of Maryland School of Medicine, as well as the surrounding professional schools on campus It is the second leading provider of healthcare in Baltimore City and the state of Maryland, and has served the state's and city's populations since 1823 According to 2010 population estimates by Claritas - Nielsen Company, Baltimore City's population was at 634,206 Forty-one percent of UMMC's patients reside in Baltimore City While UMMC serves all of Baltimore City, many of the patients reside in West Baltimore City According to the 2010 population estimate again from Claritas - Nielsen Company, African Americans or Blacks make up 63% of Baltimore City's population Caucasians comprise 32 6% of the population followed by Hispanic or Latino representing 2 8% The remaining racial makeup is comprised of Asian, American Indian, Native Hawaiian/Pacific Islanders and other races The total population is shown in the chart below 2010 Estimated Population by Single Race Class Caucasian - 200,212 31 57% African America or Black - 400,614 63 17% American Indian and Alaskan Native - 2,094 33% Asian - 12,692 2 00% Native Hawaiian & Other Pacific Island - 254 0 04% Some Other Race - 6,220 098% Two or more races - 12,120 1 91% 2010 Estimated Population Hispanic or Latino by Origin Not Hispanic or Latino - 616,754 97 25% Hispanic or Latino - 17,452 2 75% Source 2010 estimate = Claritas, Neilsen Company Forty-six percent of Baltimore City households reported an income of less than $35,000 in 2010 according to the Nielsen Company Statewide, 20% of households reported an income in this range The 2010 median household income in Baltimore City for all races was $39,366, approximately half of the statewide median income which is $70,825 2010 Estimated HH's by HH Income Income less than $15,000 52,970 21 31% Income $15,000 - $24,999 31,306 12 59% Income $25,000 - $34,999 28,977 11 66% Income $35,000 - $49,999 37,968 15 27% Income $50,000 - $74,999 42,120 16 94% Income $75,000 - $99,999 24,467 9 84% Income $100,000 - $124,999 12,545 5 05% Income $125,000 - $149,999 6,618 2 66% Income $150,000 - $199,999 5,764 2 32% Income $200,000 - $499,999 4,668 1 88% Income $500,000 and more 1,207 0 49% 2010 Estimated Average Household Income - $54,660 2010 Estimated Median Household Income - $39,366 2010 Estimated Per Capita Income - $21,745 Source 2010 estimate = Claritas, Neilsen Company In 2007, the U S Census Bureau Poverty Threshold stated a family of four with two adults and two children under 18 years would be considered "below poverty" if their annual income was less than $21,027 Three times as many families living in Baltimore City had an income that was below the poverty level compared to Maryland families in 2007 More than three-quarters of Baltimore City residents of all races were above the poverty level, however, African American residents of Baltimore City were almost two times more likely than Caucasian residents to have a median income below the poverty level Source Baltimore City Health Status Report 2008 In FY2010, University of Maryland Medical Center had over 38,000 discharges Approximately 20% of the hospital's discharges had Medicaid as a financial payor Ten percent of the patients are considered uninsured In 2006, heart disease, cancer and cerebrovascular disease were the top three leading causes of death in Baltimore City and nationwide There were 7,017 deaths among Baltimore City residents, resulting in an all-cause mortality rate of 1083 4 per 100,000 There were 3,554 deaths from the top three causes of death which accounted for 51% of all deaths in Baltimore city Among race/ethnic groups, African Americans had the highest mortality rate both in Baltimore and statewide Source 2008 Baltimore City Health Status Report

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

UMMC has sponsored numerous community building activities aimed at supporting and developing the workforce internally and externally, creating jobs, and partnering with community-based organizations to encourage employees to purchase homes in Baltimore City Our programs are based on the following three major goals " Create career advancement and skill enhancement opportunities for UMMC employees " Provide employment opportunities for the unemployed and underemployed within our community " Introduce youth to careers in healthcare These programs include the Live Near Your Work, Pathways to Success, Healthcare Career Alliance, and a variety of other career development programs All of these programs focus on workforce development which, in turn, provides greater opportunities for individuals and promotes and sustains financially healthier communities Additional community building initiatives include our environmental improvements aimed at reducing our waste stream and initiating recycling in all areas of the medical center UMMC also sponsors a Farmer's Market weekly from May through October which hosts over 16 vendors This community service is in its 2nd year and strives to bring healthy, fresh produce, dairy, and meat to the West side of Baltimore Now accepting WIC coupons enables our vulnerable populations to participate as well

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

University of Maryland Medical System (UMMS) created the University of Maryland Community Outreach and Advocacy team that meets bi-monthly to address the health care needs of the West Baltimore community The group is comprised of community outreach management and staff, social workers, directors, vice presidents, and physicians from UMMS system hospitals The group determines what needs are addressed as well as community involvement and activities each year UMMC participates in this Advocacy Team and representatives communicate priorities to the medical center In addition to the identified UMMS priorities, UMMC senior leaders and community outreach staff meet to determine annual goals and activities UMMC was a major participant and sponsor in the three annual UMMS outreach activities described below Major Community Benefit Programs - hosted by the UMMS Community Advocacy Team which UMMC participated in as a major partner Fall Back into Good Health Fall Back into Good Health is an annual event focused on improving health in the West Baltimore community This year's event was held on the west side of Baltimore City at the University Park across from the UMMC in September 2009 We choose this particular location because of the convenient accessibility to all forms of public transportation and local businesses From community resources, to on-site screening for vascular disease and glaucoma, to prevention and wellness information, and testing for cholesterol, HIV, and diabetes, this event had it all! Free prostate screenings and flu shots were also offered to participants The attendees could feel free to ask questions about specific heath concerns, and how to access care The event had 876 people registered, over 110 men received prostrate screening which identified 10% of men who needed to return for follow-up, and over 150 vaccinated From the HeartAn Afternoon of Heart Health and Education for the Entire Family The UMMS Community Outreach and Advocacy team, hosted "From the Heart, An Afternoon of Heart Heath Education for the Entire Family," The event was held at the Reginald F Lewis Museum of Maryland African American History and Culture in recognition of National Heart Month in February 2010 and drew hundreds of Baltimore City community members We emphasized the importance of living a heart healthy lifestyle by offering heart-related health screenings and information, stroke and diabetes prevention, and fun heart-related activities for children The main attraction of the day was the heart-healthy cooking demonstrations, by 3 well known Baltimore chefs, while the chefs prepared healthy dishes, Yvette Rooks, M D presented mini- health seminars on the importance of maintaining a healthy lifestyle with food choices, portion control, and preparation Spring into Good Health The spring event was very similar to the Fall Back event with free screenings, health and wellness information, exercise demonstrations, and more This event was held at Mondawmin Mall in April 2010 and was well attended In addition to UMMC's participation and leadership with the above UMMS events, UMMC led several large community events and a wide variety of smaller community and faith-based health fairs

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
University of Maryland Medical System Corp

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY SYSTEM OF MARYLAND FOUNDATION 3300 Metzerott Rd ADELPHIA,MD 20783	521125663	501(c)(3)	12,500				GENERAL ASSISTANCE
STATE LEGISLATIVE LEADERS FOUNDATION 1645 FALMOUTH RD CENTERVILLE,MA 026322931	237148478	501(c)(3)	12,500				GENERAL ASSISTANCE
CORRIGAN SPORTS ENTERPRISES6725 SANTA BARBARA CT ELKRIDGE,MD 21075	522214250		10,000				GENERAL ASSISTANCE
UMBF INC100N GREENE ST BALTIMORE,MD 21201	311678679	501(c)(3)	25,000				GENERAL ASSISTANCE
THE LIVING LEGACY FOUNDATION1730 TWIN SPRINGS RD BALTIMORE,MD 21227	521736533	501(c)(3)	6,000				GENERAL ASSISTANCE
BALTIMORE AREA COUNCIL BSA701 WYMAN PARK DR BALTIMORE,MD 21211	520591572	501(c)(3)	10,000				GENERAL ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 11

3 Enter total number of other organizations . . . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Part I, Line 2		University of Maryland Medical System makes contributions to organizations in support of its overall mission of health promotion in the community it serves

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
University of Maryland Medical System Corp

Employer identification number
52-1362793

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Health Club	HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	UMMS EXECUTIVES RECEIVE A BENEFIT PACKAGE WHICH MAY BE USED TOWARDS HEALTH CLUB DUES OR OTHER HEALTH MAINTENANCE PROGRAMS SUCH BENEFITS ARE CAPPED AT $7,000, $5,000 OR $3,000 DEPENDING ON JOB TITLE AS DESCRIBED IN THE PROGRAM DOCUMENTS
SCHEDULE J, PART I, LINE 4A	SEVERANCE OR CHANGE OF CONTROL PAYMENTS	Trent C Smith received a severance payment of $301,274 during 2009 The amount is included in Schedule J, Part II, Column B(iii)
SCHEDULE J, PART I, LINE 4B	Supplemental, Nonqualifed Retirement Plan	The following individuals participate in a section 457(f) supplemental, nonqualified retirement plan ("the Plan") sponsored by the filing organization or a related organization ROBERT K ALLEN MEGAN M ARTHUR JOHN W ASHWORTH ALISON G BROWN HERBERT C BUCHANAN JON P BURNS ROBERT A CHRENCIK BARBARA DEMARTIN RICK E DUNNING HENRY J FRANEY MARK KELEMAN KEITH D PERSINGER JEFFREY A RIVEST GLENN F ROBBINS MARK L WASSERMAN LISA C ROWEN TRENT C SMITH JONATHAN E GOTTLIEB GERALD WOLLMAN In addition, the following individuals became vested in or received payments from the plan that have been reported on Schedule J, Part II, column B(iii) ALISON BROWN 31,759 HENRY J FRANEY 63,576 KEITH PERSINGER 41,337 Robert K Allen 86,174 Megan M Arthur 112,251 MARK L WASSERMAN 68,867 Glenn F Robbins 133,773 JEFFREY A RIVEST 281,052 TRENT C SMITH 87,441

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1362793
Name: University of Maryland Medical System Corp

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Robert A Chrencik	(I)	891,638	585,000	9,032	151,615	18,817	1,656,102	0
	(II)	0	0	0	0	0	0	0
Lisa C Rowen	(I)	306,291	124,800	15,934	43,200	18,442	508,667	0
	(II)	0	0	0	0	0	0	0
Henry J Franey	(I)	528,312	188,100	77,037	9,683	18,780	821,912	0
	(II)	0	0	0	0	0	0	0
Megan M Arthur	(I)	308,190	103,272	129,244	9,568	19,529	569,803	99,922
	(II)	0	0	0	0	0	0	0
John W Ashworth III	(I)	341,524	139,526	14,876	9,782	15,116	520,824	0
	(II)	0	0	0	0	0	0	0
Mark L Wasserman	(I)	248,754	92,663	75,273	9,171	15,757	441,618	64,116
	(II)	0	0	0	0	0	0	0
Gerald L Wollman	(I)	272,247	94,500	4,366	38,247	18,258	427,618	0
	(II)	0	0	0	0	0	0	0
Mark Kelemen	(I)	314,131	79,568	3,160	44,098	17,317	458,274	0
	(II)	0	0	0	0	0	0	0
Jeffrey A Rivest	(I)	515,774	218,427	294,241	8,199	19,924	1,056,565	272,708
	(II)	0	0	0	0	0	0	0
Robert K Allen	(I)	276,366	98,900	105,624	9,539	18,380	508,809	82,049
	(II)	0	0	0	0	0	0	0
Alison G Brown	(I)	291,691	111,406	40,328	9,195	18,410	471,030	0
	(II)	0	0	0	0	0	0	0
Herbert C Buchanan	(I)	291,375	57,171	4,328	11,573	19,527	383,974	0
	(II)	0	0	0	0	0	0	0
Jon P Burns	(I)	346,359	124,215	9,667	49,140	19,634	549,015	0
	(II)	0	0	0	0	0	0	0
Glenn F Robbins	(I)	473,057	167,019	140,941	9,360	18,772	809,149	101,497
	(II)	0	0	0	0	0	0	0
Jonathan E Gottlieb	(I)	227,153	50,000	1,798	31,024	7,543	317,518	0
	(II)	0	0	0	0	0	0	0
Keith D Persinger	(I)	366,474	136,500	47,106	8,793	7,687	566,560	0
	(II)	0	0	0	0	0	0	0
Rick E Dunning	(I)	218,650	73,520	13,448	30,848	18,183	354,649	0
	(II)	0	0	0	0	0	0	0
Trent C Smith	(I)	46,407	0	404,399	2,347	2,351	455,504	113,172
	(II)	0	0	0	0	0	0	0

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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 IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
University of Maryland Medical System Corp

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	
							Yes	No	Yes	No
A	MHHEFA	52-0936091		12-17-2003	36,175,000	Advance Refunding		X		X
B	MHHEFA	52-0936091		06-25-2008	142,715,000	Current refunding		X		X
C	MHHEFA	52-0936091		10-24-2006	45,000,000	New Money		X		X
D	MHHEFA	52-0936091	574217G74	09-05-2007	96,445,000	Advance Refunding		X		X
E	MHHEFA	52-0936091	574217G82	09-05-2007	41,350,000	Advance Refunding		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	39,175,000	145,920,238	47,141,583	98,519,005	49,492,388
2	Gross proceeds in reserve funds	2,626,533		2,215,644		
3	Proceeds in refunding or defeasance escrows	135,747,657	135,747,657		94,723,986	47,168,857
4	Other unspent proceeds					
5	Issuance costs from proceeds	183,423	640,000	102,532	529,664	266,404
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	44,475,599		44,475,599		
8	Year of substantial completion	2008	2008			

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X	X			X		X		X
10	Were the bonds issued as part of an advance refunding issue?	X			X		X	X		X	
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	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		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X	X		X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X	X		X	
b	Name of provider	JP MORGAN BANKAMER								JP MORGAN BANKAMER	
c	Term of hedge		27						27		27
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **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 lines 38a or 40b.**

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
University of Maryland Medical System Corp

Employer identification number
52-1362793

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type 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	(e) No
MT BANK ATWOOD COLLINS	BOARD MEMBER	324,772	SEE SCHEDULE O		No
QUADRAMED CORP ROBERT PEVENSETIN	BOARD MEMBER	214,759	SEE SCHEDULE O		No

Additional Data

Software ID:
Software Version:
EIN: 52-1362793
Name: University of Maryland Medical System Corp

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
University of Maryland Medical System Corp

Employer identification number
52-1362793

Identifier	Return Reference	Explanation
TAX EXEMPT BOND ISSUE	FORM 990, PART IV, LINE 24A	PURSUANT TO A MASTER LOAN AGREEMENT DATED JUNE 20, 1991 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE "CORPORATION") AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATION FACILITY AUTHORITY (THE "AUTHORITY") AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES THE CORPORATION, UNIVERSITY SPECIALTY HOSPITAL, INC , THE JAMES LAWRENCE KERNAN HOSPITAL, INC , MARYLAND GENERAL HOSPITAL, INC , BALTIMORE WASHINGTON MEDICAL CENTER, INC , SHORE HEALTH SYSTEM, INC , CHESTER RIVER HEALTH SYSTEM, INC AND THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION, INC EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S $1,013,920,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2010 ALL OF THE BONDS WERE ISSUED IN THE NAME OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990

Identifier	Return Reference	Explanation
PREPARATION AND REVIEW PROCESS	Form 990 PART VI, SECTION B, LINE 11	THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE ACCOUNTING FIRM OF KPMG ACCOUNTING PERSONNEL IN FINANCE SHARED SERVICES AT THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GATHER THE INFORMATION NEEDED TO COMPLETE THE RETURN AND INPUT THE DATA INTO THE KPMG TAX ORGANIZER, WHICH IS A WEB-BASED SYSTEM WHEN ALL DATA HAS BEEN ENTERED, THE INFORMATION IS SUBMITTED TO KPMG FOR IMPORTATION INTO THEIR TAX SOFTWARE AT THIS POINT, KPMG STAFF MEMBERS REVIEW THE DATA, ASK FOR ADDITIONAL INFORMATION IF NEEDED AND PREPARE THE TAX RETURN EACH RETURN IS REVIEWED AT SEVERAL LEVELS AT KPMG INCLUDING THE TAX PARTNER AFTER THEIR REVIEW PROCESS, A DRAFT RETURN IS SENT TO THE ACCOUNTING STAFF AT UMMS FOR AN IN-HOUSE REVIEW UPON COMPLETION OF THE IN-HOUSE REVIEW, KPMG IS INSTRUCTED TO MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN THE FINAL RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS THE RETURN PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN OR OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990 AT THE DISCRETION OF THE REVIEWING BOARD MEMBER, SUCH MEMBER WILL BRING ANY ISSUES OR QUESTIONS RELATED TO THE COMPLETED IRS FORM 990 TO THE ATTENTION OF THE BOARD NOTWITHSTANDING THE ABOVE, A BOARD RESOLUTION IS NOT REQUIRED FOR THE FILING OF THE ORGANIZATION'S IRS FORM 990 EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	Form 990 PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES THE GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMSC) REVIEWS THE RESPONSES FOR UMMSC, UNIVERSITY SPECIALTY HOSPITAL AND JAMES LAWRENCE KERNAN HOSPITAL THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED FOR UMMSC, UNIVERSITY SPECIALTY HOSPITAL AND JAMES LAWRENCE KERNAN HOSPITAL WITH RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE SUCH INDIVIDUAL HAVING A POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT IN ADDITION, A BOARD DISCLOSURE REPORT IS FILED WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION ON AN ANNUAL BASIS SHOWING ANY BUSINESS TRANSACTIONS BETWEEN THE BOARD MEMBERS AND THE ORGANIZATION

Identifier	Return Reference	Explanation
EXECUTIVE COMPENSATION	Form 990 PART VI, SECTION B, LINE 15	THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP

Identifier	Return Reference	Explanation
PUBLIC DISCLOSURE	Form 990 PART VI, SECTION C, LINE 19	IN GENERAL, FINANCIAL AND TAX INFORMATION RELATING TO THE ORGANIZATION IS DEEMED PROPRIETARY AND NOT SUBJECT TO DISCLOSURE UPON REQUEST HOWEVER, SPECIFIC PROVISIONS OF FEDERAL AND STATE LAW REQUIRE THE ORGANIZATION TO DISCLOSE CERTAIN LIMITED FINANCIAL AND TAX DATA UPON A SPECIFIC REQUEST FOR THAT INFORMATION REQUESTS FOR FORM 990 AND FORM 1023 A REQUESTOR SEEKING TO REVIEW AND/OR OBTAIN A COPY OF THE ORGANIZATION'S IRS FORM 990 OR FORM 1023 AS FILED WITH THE INTERNAL REVENUE SERVICE, INCLUDING ALL SCHEDULES AND ATTACHMENTS, MAY APPEAR IN PERSON OR SUBMIT A WRITTEN REQUEST THE MOST RECENT THREE YEARS OF IRS FORM 990 MAY BE REQUESTED IF THE REQUESTER APPEARS IN PERSON, THE INDIVIDUAL IS DIRECTED TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION AND THE FORM 990 AND/OR FORM 1023 ARE MADE AVAILABLE FOR INSPECTION THE INDIVIDUAL IS PERMITTED TO REVIEW THE RETURN, TAKE NOTES AND REQUEST A COPY IF REQUESTED, A COPY IS PROVIDED ON THE SAME DAY A NOMINAL FEE IS CHARGED FOR MAKING THE COPIES THE ORGANIZATION MAY HAVE AN EMPLOYEE PRESENT DURING THE PUBLIC INSPECTION OF THE DOCUMENT WRITTEN REQUESTS FOR AN ENTITY'S FORM 990 OR FORM 1023 ARE DIRECTED IMMEDIATELY TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION THE REQUESTED COPIES ARE MAILED WITHIN 30 DAYS OF THE REQUEST REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE REQUESTOR CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS IF THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF OUR ORGANIZATION ARE SUBJECT TO THE FEDERAL PUBLIC DISCLOSURE RULES (OR STATE PUBLIC DISCLOSURE RULES), THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	Form 990 SCHEDULE L, PART IV	THE ORGANIZATION USES M&T BANK FOR MANY OF ITS BANKING SERVICES ATWOOD COLLINS IS EXECUTIVE VICE PRESIDENT OF M&T BANK AS WELL AS A BOARD MEMBER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM SERVICES PROVIDED BY THE BANK ARE CHARGED AT OR BELOW FAIR MARKET VALUE ROBERT PEVENSTEIN, A BOARD MEMBER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, IS ALSO A MEMBER OF QUADRAMED CORPORATION'S BOARD OF DIRECTORS DURING THE YEAR, UNIVERSITY OF MARYLAND MEDICAL SYSTEM PURCHASED COMPUTER SOFTWARE FROM QUADRAMED CORPORATION AT FAIR MARKET VALUE THE MEDICAL SYSTEM CONSIDERED COMPETITORS' PRODUCTS AS WELL AND SELECTED THE SOFTWARE BASED ON ITS ATTRIBUTES THROUGH A COMPARATIVE ANALYSIS IN KEEPING WITH THE SYSTEM'S CONFLICT OF INTEREST POLICY, MR PEVENSTEIN EXCUSED HIMSELF FROM THE BOARD MEETING DURING THE BOARD'S CONSIDERATION OF THE PURCHASE

Identifier	Return Reference	Explanation
SCHEDULE K, PART I		ISSUER A - REFUNDING/NEW MONEY CUSIP NUMBERS 574217LP8, 574217LQ6, 574217LR4, 574217LS2, 574217LT0, 574217LU7, 574217LV5, 574217LW3, 574217LX1, 574217LY9, 574217LZ6, 574217MA0, 574217MB8, 574217MC6, 574217MD4 ISSUER B - ADVANCED REFUNDING CUSIP NUMBERS 574217W92, 574217X26, 574217X34 ISSUER C - NEW MONEY CUSIP NUMBERS 574217YG4, 574217YH2, 574217YJ8, 574217YK5 ISSUER A - CURRENT REFUNDING CUSIP NUMBERS 574217Y66, 574217Y74, 574217Y82, 574217Y90, 574217Z24, 574217Z32, 574217Z40, 574217Z57, 574217Z65, 574217Z73, 574217Z81, 574217Z99, 5742172A2, 5742172B0 ISSUER B - NEW MONEY/CURRENT REFUNDING CUSIP NUMBERS 5742175E1, 5742175F8, 5742175G6, 5742175H4, 5742175J0, 5742175K7, 5742175L5, 5742175M3, 5742175N1, 5742175P6, 5742175Q4, 5742175R2, 5742175S0, 5742175A9, 5742175B7, 5742175C5, 5742175D3

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
University of Maryland Medical System Corp

Employer identification number
52-1362793

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
36 S Paca Street LLC 36 S Paca Street Baltimore, MD 21201 56-2544990	RENTAL	MD	1,147,099	13,771,358	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) University of Maryland Medical System Fdn	C	6,995,000
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 52-1362793
Name: University of Maryland Medical System Corp

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 501(c)(3))	(f) Direct Controlling Entity
Baltimore Washington Emergency Phys Inc 301 Hospital Drive Glen Burnie, MD21061 52-1756326	Health Care	MD	501 (c) (3)	11	BWMS
Baltimore Washington Healthcare Services 301 Hospital Drive Glen Burnie, MD21061 52-1830243	Health Care	MD	501 (c) (3)	11	BWMS
Baltimore Washington Medical Center Inc 301 Hospital Drive Glen Burnie, MD21061 52-0689917	Health Care	MD	501 (c) (3)	3	BWMS
Baltimore Washington Medical System Inc 301 Hospital Drive Glen Burnie, MD21061 52-1830242	Health Care	MD	501 (c) (3)	11	UMMSC
BW Medical Center Foundation Inc 301 Hospital Drive Glen Burnie, MD21061 52-1813656	Fundraising	MD	501 (c) (3)	11	BWMS
North Arundel Development Corporation 301 Hospital Drive Glen Burnie, MD21061 52-1318404	Real Estate	MD	501 (c) (2)		BWMS
North County Corporation 301 Hospital Drive Glen Burnie, MD21061 52-1591355	Real Estate	MD	501 (c) (2)		BWMS
Chester River Health Foundation Inc 100 Brown Street Chestertown, MD21620 52-1338861	Fundraising	MD	501 (c) (3)	11	CRHS
Chester River Health System Inc 100 Brown Street Chestertown, MD21620 52-2046500	Health Care	MD	501 (c) (3)	11	UMMSC
Chester River Hospital Center Inc 100 Brown Street Chestertown, MD21620 52-0679694	Health Care	MD	501 (c) (3)	3	CRHS
Chester River Manor Inc 200 Morgnec Road Chestertown, MD21620 52-6070333	Health Care	MD	501 (c) (3)	11	CRHS
Maryland General Clinical Practice Group 827 Linden Avenue Baltimore, MD21201 52-1566211	Health Care	MD	501 (c) (3)	11	MGHS
Maryland General Comm Health Foundation 827 Linden Avenue Baltimore, MD21201 52-2147532	Fundraising	MD	501 (c) (3)	11	MGHS
Maryland General Health Systems Inc 827 Linden Avenue Baltimore, MD21201 52-1175337	Health Care	MD	501 (c) (3)	11	UMMSC
Maryland General Hospital Inc 827 Linden Avenue Baltimore, MD21201 52-0591667	Health Care	MD	501 (c) (3)	3	MGHS
Care Health Services Inc 219 South Washington Street Easton, MD21601 52-1510269	Health Care	MD	501 (c) (3)	11	SHS
Dorchester General Hospital Foundation 219 South Washington Street Easton, MD21601 52-1703242	Fundraising	MD	501 (c) (3)	11	SHS
Memorial Hospital Foundation Inc 219 South Washington Street Easton, MD21601 52-1282080	Fundraising	MD	501 (c) (3)	11	SHS
Shore Clinical Foundation Inc 219 South Washington Street Easton, MD21601 52-1874111	Health Care	MD	501 (c) (3)	11	SHS
Shore Health System Inc 219 South Washington Street Easton, MD21601 52-0610538	Health Care	MD	501 (c) (3)	3	UMMSC
James Lawrence Kernan Hosp Endow Fd 2200 Kernan Drive Baltimore, MD21207 23-7360743	Fundraising	MD	501 (c) (3)	11	UMMSC
James Lawrence Kernan Hospital Inc 2200 Kernan Drive Baltimore, MD21207 52-0591639	Health Care	MD	501 (c) (3)	3	UMMSC
Shipley's Choice Medical Park Inc 22 South Greene Street Baltimore, MD21201 04-3643849	Real Estate	MD	501 (c) (2)		UMMSC
UMMS Foundation Inc 22 South Greene Street Baltimore, MD21201 52-2238893	Fundraising	MD	501 (c) (3)	11	UMMSC
University Specialty Hospital 52-0882914	Health Care	MD	501 (c) (3)	3	UMMSC

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 on Box 20 of K-1 ($)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Arundel Physicians Associates LLC 301 Hospital Drive Glen Burnie, MD21061 52-2000762	Health Care	MD	NA	N/A							
Central Maryland Radiology Oncology 10710 Charter Drive Columbia, MD21044 27-0879418	Health Care	MD	NA	RELATED	3,119,867	9,536,789		No	0	Yes	
Central MD Rehabilitation Center LLC 22 South Greene Street Baltimore, MD21201 52-1939987	Health Care	MD	NA	RELATED	0	0		No	0	Yes	
Helen P Denit Cancer Treatment Center 22 South Greene Street Baltimore, MD21201 52-2283591	Health Care	MD	NA	RELATED	1,201,378	295,514		No	0	Yes	
Innovative Health LLC 29165 Canvasback Drive Suite 100 Easton, MD21601 52-1997287	Billing	MD	NA	N/A							
North Arundel Pet Center LLC 301 Hospital Drive Glen Burnie, MD21061 20-0806027	Health Care	MD	NA	N/A							
North Arundel Senior Living LLC 301 Hospital Drive Glen Burnie, MD21061 54-1810728	Health Care	MD	NA	N/A							
NAHSunrise of Severna Park LLC 301 Hospital Drive Glen Burnie, MD21061 54-1810729	Health Care	MD	NA	N/A							
Shipley's Imaging Center LLC 22 South Greene Street Baltimore, MD21201 52-2040338	Health Care	MD	NA	RELATED	1,432,718	767,202		No	0	Yes	
Universitycare LLC 52-1914892	Health Care	MD	NA	RELATED	4,359,200	458,712		No	0	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
Arundel Physicians Associates Inc 301 Hospital Drive Glen Burnie, MD21061 52-1992649	Health Care	MD	N/A	C Corp			
Baltimore Washington Health Enterprises 301 Hospital Drive Glen Burnie, MD21061 52-1936656	Health Care	MD	N/A	C Corp			
BW Professional Services Inc 301 Hospital Drive Glen Burnie, MD21061 52-1655640	Health Care	MD	N/A	C Corp			
Council of Unit Owners of MD Gen PC 827 Linden Avenue Baltimore, MD21201 52-1891126	Real Estate	MD	N/A	C Corp			
Shore Health Enterprises Inc 219 South Washington Street Easton, MD21601 52-1363201	Real Estate	MD	N/A	C Corp			
University Lithotripter Inc 22 South Greene Street Baltimore, MD21201 52-1451021	Health Care	MD	N/A	C Corp	0	31,454	50 000 %
UMMS Self Insurance Trust 22 South Greene Street Baltimore, MD21201 52-6315433	Insurance	MD	N/A	Trust	42,637,162	56,214,327	91 000 %
Terrapin Insurance Company PO Box 1109 Grand Cayman, Cayman Islands KY1-1102 CJ 98-0129232	Insurance	CJ	N/A	C Corp	6,637,817	65,111,222	50 000 %
NA Executive Building Condo Assn Inc 301 Hospital Drive Glen Burnie, MD21061	Real Estate	MD	N/A	C Corp			

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
University of Maryland Medical System Corp	GENERAL DEPRECIATION	52-1362793

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	$ 125,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	$ 500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6			

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	0

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV **Summary** (see instructions)

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	0
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

21 Listed proper

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

Software ID:
Software Version:
EIN: 52-1362793
Name: University of Maryland Medical System Corp

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	(C) Position (check all that apply)						(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			
Robert A Chrencik President and CEO	40 0	X		X				1,485,670	0	170,432
William E Kirwan Director	2 0	X						0	0	0
Stephen T Bartlett MD Director	2 0	X						0	0	0
Delegate Michael E Busch Director	2 0	X						0	0	0
Atwood Collins III Director	2 0	X						0	0	0
Senator Francis X Kelly Director	2 0	X						0	0	0
Robert L Pevenstein Director	2 0	X						0	0	0
Stephen B Phillips Director	2 0	X						0	0	0
Senator Catherine E Pugh Director	2 0	X						0	0	0
Lisa C Rowen SVP & CNO - UMMC	40 0	X			X			447,025	0	61,642
JOHN W DILLON DIRECTOR	2 0	X						0	0	0
MELVIN L KELLY DIRECTOR	2 0	X						0	0	0
W MOORHEAD VERMILYE DIRECTOR	2 0	X						0	0	0
Alan H Fleischmann Director	2 0	X						0	0	0
Belkis Leong Hong Director	2 0	X						0	0	0
Georges Benjamin MD Director	2 0	X						0	0	0
Gilberto de Jesus Esq Director	2 0	X						0	0	0
John P Coale Esq Director	2 0	X						0	0	0
Kevin B O Connor Director	2 0	X						0	0	0
Louise Michaux Gonzales Esq Director	2 0	X						0	0	0
Orlan M Johnson Esq Director	2 0	X						0	0	0
Senator Joseph D Tydings Director	2 0	X						0	0	0
Walter A Tilley Jr Director	2 0	X						0	0	0
Wayne L Gardner Sr Director	2 0	X						0	0	0
Stephen A Burch Esq Director	2 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	(C) Position (check all that apply)						(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			
Senator Ulysses Currie Director	2 0	X						0	0	0
JAY PERMAN MD DIRECTOR	2 0	X						0	0	0
E ALBERT REECE MD PHD MBA DIRECTOR	2 0	X						0	0	0
Henry J Franey CFO - UMMS/Treasurer	40 0			X				793,449	0	28,463
Megan M Arthur SVP & General Counsel/Sec'ty	40 0			X				540,706	0	29,097
Jeffrey A Rivest President and CEO - UMMC	40 0				X			1,028,442	0	28,123
Robert K Allen SVP Human Resources	40 0				X			480,890	0	27,919
Alison G Brown SVP Planning and Marketing	40 0				X			443,425	0	27,605
Herbert C Buchanan SVP and COO - UMMC	40 0				X			352,874	0	31,100
Jon P Burns SVP and CIO	40 0				X			480,241	0	68,774
Glenn F Robbins SVP & CMO	40 0				X			781,017	0	28,132
Jonathan E Gottlieb SVP - CMO	40 0				X			278,951	0	38,567
Keith D Persinger SVP & CFO UMMC	40 0				X			550,080	0	16,480
Rick E Dunning SVP Facilities	40 0				X			305,618	0	49,031
John W Ashworth III SVP Network Development	40 0					X		495,926	0	24,898
Mark L Wasserman SVP External Affrs	40 0					X		416,690	0	24,928
Gerald L Wollman SVP - Corporate Ops	40 0					X		371,113	0	56,505
Mark Kelemen Chief Medical Info Officer	40 0					X		396,859	0	61,415
Trent C Smith SVP and COO Ambulatory	40 0						X	450,806	0	4,698

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT	103,541,802	103,541,802		
MEDICAL SUPPLIES	222,425,788	221,408,003	1,017,785	
UTILITIES	23,226,460	17,010,970	6,215,490	
CHANGE IN FMV OF INT RATE SWAP	33,700,746	30,330,671	3,370,075	
UBIT EXPENSE	741,024		741,024	