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DLN: 93493135022342

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)

OMB No 1545-0047

Open to Public Inspection

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

							<u> </u>
			lendar year, or tax year begin C Name of organization	ning 07-01-2010 and ending 06-30-20	11	D Employer	identification number
_		pplicable	SHORE HEALTH SYSTEM INC				
_	lress ch	-	Doing Business As			52-0610	
_	me cha	-				E Telephone	e number
_	nal retu minate		Number and street (or P O box i 219 South Washington St	f mail is not delivered to street address)	Room/suite	(410)82	
_	ended olication	return n pending	City or town, state or country, ar Easton, MD 21601	d ZIP + 4		G Gross rece	ıpts \$ 232,754,368
			F Name and address of p	rincipal officer	H(a) Tables		illates? Yes No
			Kenneth Kozel		n(a) is this a	a group return for aff	iliates / Yes / No
			219 South Washington St Easton, MD 21601		1 ' '	affiliates include o," attach a lis	d? Yes No
r Ta:	x-exem	npt status	✓ 501(c)(3)	¶ (insert no)	H(c) Grou	p exemption i	number ►
J W	ebsite	e: 🕨 ww	w shorehealth org		7		
K Forr	n of or	ganızatıon	Corporation Trust Associa	ition Other 🕨	L Year of fo	mation 1906	M State of legal domicile
-	T	C			•		MD
Ра	rt I		imary	sion or most significant activities			
Governance	-	WITH FA	ACILITIES IN TALBOT, DOR	ONAL, NOT-FOR-PROFIT NETWORK (CHESTER, CAROLINE, AND QUEEN A discontinued its operations or disposed	NNE'S COUNT	IES	
			•	rning body (Part VI, line 1a)		3	18
Activities &	4	Number	of independent voting member	s of the governing body (Part VI, line 1	b)	4	15
Ė	5	Total nu	mber of individuals employed i	n calendar year 2010 (Part V, line 2a)		5	2,003
ទូ	6	Total nu	mber of volunteers (estimate i	fnecessary)		6	612
	7a -	Total un	related business revenue from	Part VIII, column (C), line 12		7a	6,721,509
	Ь	Net unre	elated business taxable incom	e from Form 990-T, line 34		7b	-1,029,692
					Prio	r Year	Current Year
a.	8 Contributions and grants (Part VIII			, line 1 h)		1,581,438	1,135,148
Revenue	9	Progra	am service revenue (Part VIII		206,968,617	223,957,928	
9/6	10		tment income (Part VIII, colu	4,227,065	7,209,286		
ш	11			(a), lines 5, 6d, 8c, 9c, 10c, and 11e)		220,992	289,580
	12	12) .		11 (must equal Part VIII, column (A), l	2	212,998,112	232,591,942
	13			art IX, column (A), lines 1-3)		0	0
	14			t IX, column (A), line 4)		0	0
Expenses	15	5-10))	oyee benefits (Part IX, column (A), lines	1	.03,071,337	105,263,166
<u>₹</u>	16a			X, column (A), line 11e)		0	0
五	b		indraising expenses (Part IX, column	• • •		00 004 705	101117.001
	17), lines 11a-11d, 11f-24f)		98,324,795	
	18 19		·	nust equal Part IX, column (A), line 25) ne 18 from line 12		11,601,980	209,380,970
Not Assets or Fund Balances	19	Reven	ide less expenses Subtract III	ie 16 ii oiii iiiie 12		of Current	23,210,972 End of Year
9 e	20	Totala	assets (Part X, line 16)			284,794,015	304,359,977
58 58	21		liabilities (Part X, line 26) .			.33,987,549	124,473,468
22	22			ct line 21 from line 20		.50,806,466	179,886,509
Pai	t II	Sign	nature Block		•		
know	ledge a ledge.	**** Signa	ef, it is true, correct, and complete *** ature of officer	nined this return, including accompanying te. Declaration of preparer (other than offi	cer) is based on		
		Туре	er zajac CFO e or print name and title				
		Print/Type preparer's		Preparer's signature		Check if self- employed 🕨 🦳	PTIN
Paid	Ī	<u> </u>	me F GRANT THORNTON LLP			· , · <u> </u>	Firm's EIN
Prepa Use (Fırm's add	dress • 2001 MARKET STREET SUITE	3100			Phone no (215) 561-4200
	- 1		DHTI ADEIDHTA DA 10103				1 200

May the IRS discuss this return with the preparer shown above? (see instructions)

Part :	***	Statement of Program S Check if Schedule O contains a				F
1	Briefl	y describe the organization's mi	ssion			
ΓΟ ΕΧ	CEL 1	N QUALITY CARE AND PATIE	NT SATISFACTION			
t	he pr	e organization undertake any sigor Form 990 or 990-EZ?				┌ Yes ┌ No
3 5	old th	e organization cease conducting es?	g, or make significant char	nges in how it condi	ucts, any program	☐ Yes 🔽 No
4 5)escr Sectio	the the exempt purpose achieve n 501(c)(3) and 501(c)(4) orga tions to others, the total expens	ments for each of the orga	17(a)(1) trusts are	required to report the am	
4a	(Code) (Expenses \$	183,471,083 ınclud	ing grants of \$) (Revenue \$	223,957,928)
	THE M CARE, AWAR TREAT OUTPA STATE STATE	E HEALTH SYSTEM, INC IS A 217 LICET ARYLAND MID-SHORE AREA, INCLUDIT DIAGNOSTICS, TREATMENT, EDUCATIENESS IN THE COMMUNITY DURING FED 66,509 PATIENTS IN THE ER, AND ATTENT ENCOUNTERS HOME HEALTH/FMENT IS "TO EXCEL IN QUALITY CARE MENT IS "EVERY INTERACTION WITH ATTS UNABLE TO PAY, PROVIDING \$7 0	NG GENERAL HOSPITAL, EMERGION, AND REHABILITATION THE Y 2011, THE SYSTEM PROVIDED PERFORMED 15,618 SURGERIES HOSPICE SERVICES WERE PROVIDED AND PATIENT SATISFACTION" INTO THE PROVIDENCE SERVICES WERE	ENCY, AND SPECIALIZEI SYSTEM OFFERS FREE OCARE FOR 14,047 INP S IN THE OR THE SYST IDED TO 1,686 PATIENT ITS STRATEGIC PRINCII TO CARE"" AS A PART (D SERVICES AS WELL AS OUTP/ EDUCATION PROGRAMS AND S PATIENTS RESULTING IN 51,23: EM'S ANCILLARY SERVICE DEP/ IS IN 28,736 NURSING VISITS PLE IS "EXCEPTIONAL CARE, EN	ATIENT CENTERS FOR PRIMARY SERVICES TO PROMOTE HEALTH L DAYS OF PATIENT CARE, ARTMENTS REALIZED 413,138 THE SYSTEMS MISSION (FRY DAY", AND ITS VALUES
4b	(Code) (Expenses \$	ıncludı	ng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludı	ng grants of \$) (Revenue \$)
		r program services (Describe ii	·			
	(Exp	enses \$	including grants of \$) (Revenue \$)
4e	Tota	program service expenses►\$	183,471,083			

Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXCUUII CU	Scriculics

			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 (see instruction)? $^{f z}$	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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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 1	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? <i>If</i> "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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, Parts I and IV	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, Parts II and IV.	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, Parts III and IV .	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 (see instructions)	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	Yes	
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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Par	t 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		No
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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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)			
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
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)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \bigcirc Yes \bigcap No			
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	
		F-	orm 99 0	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 578			
•	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
;	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the	_	.,	
	year?	3a 3b	Yes Yes	
	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	103	No
,	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5с 6а		N o
	organization solicit any contributions that were not tax deductible?	- Oa		
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	7-	Vaa	
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7 c		N
	If "Yes," indicate the number of Forms 8282 filed during the year		1	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	II.	
	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	1	
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
,	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		 No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
Ne	venue coue.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	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?			
а	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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	
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶MD			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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 V Upon request			

- 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 🕨 WALTER ZAJAC CFO 219 SOUTH WASHINGTON ST

EASTON, MD 21601 (410)822-1000

<u>Part VIII</u> 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

- 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the org		elated o	rganı	zatio	on co	mpen	sate	d any current office	<u>er, director, or trust</u>	:ee
(A) Name and Title	(B) Average hours		() ition (that a					(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)		compensation from the organization and related organizations
See Additional Data Table					L					
			T							
			T	T	\vdash	\vdash				
		 	 	\vdash	\vdash	<u> </u>				
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					1		1			

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

	(A) Name and Title	(B) Average hours		tion (II		(D) Reportable compensation	' '		(F) Estima amount o	ted f other
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	organization (W- organization o		from related organizations (W- 2/1099- MISC)		compens from t organizati relato organiza	he on and ed
See A	Additional Data Table												
											_		
											_		
											_		
											_		
											4		
											-		
											4		
								<u> </u>					
1b c	Sub-Total					•	· ·						
d	Total (add lines 1b and 1c) .							F	3,217,406	2,242,01	4	Ę	514,962
2	Total number of individuals (incl \$100,000 in reportable compen					ted	above) who	received more tha	n			
										ſ		Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci					eye •	mploy •	ee, o	r highest compensa	ated employee	3		No
4	For any individual listed on line in organization and related organize individual										4	Yes	
5	Did any person listed on line 1a services rendered to the organiz									r individual for •	5		No
S	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent c	ontra	ctors	that received more	than			
	# ± 00,000 or compensation non	i tile organizatio	11										

Name and business address	Description of services	Compensation
Eagle Hospital Physicians LLC 1600 N Dallas Parkway Suite 450 DALLAS, TX 75248	Mgmt Fees	1,742,632
Tidewater Anesthesia Assoc PA PO Box 1208 EASTON, MD 21601	Prof Services	1,609,271
Willow Construction LLC PO Box 521 EASTON, MD 21601	Construction	873,556
Innovative Health Services LLC PO Box 778 EASTON, MD 21601	Mgmt Fees	739,108
University of MD Neurosurgery Assoc 22 S Greene St Suite 212D BALTIMORE, MD 21201	Prof Services	524,230
2 Total number of independent contractors (including but not limited to those listed above) v \$100,000 in compensation from the organization ►29	who received more than	

ontributions, gifts, grants and other similar amounts	1a Federated campaigns . b Membership dues			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b Membership dues	. 1a	I				512, 513, or
Contributions, gifts, grants and other similar amounts	b Membership dues	. та					514
Contributions, gifts, gr. and other similar amor		46					
Contributions, gifts, and other similar a			71,899				
Contributions, g and other simils	c Fundraising eventsd Related organizations .		777,496				
Contribution and other si	e Government grants (contribution		139,515				
Sontribu and othe	f All other contributions, gifts, gi		146,238				
and a	sımılar amounts not ıncluded a	bove					
റ്ദേ⊢	g Noncash contributions included			1 125 110			
	h Total. Add lines 1a-1f .	· · · · · · · · · · · · · · · · · · ·		1,135,148			
e la	2a		Business Code			6,721,509	
le.ke	PATIENT SERVICE REVENUE		621500	217,703,694		0,721,309	
آ چ	b OTHER OPERATING REVENUE c		900099	6,254,234	6,254,234		-
r vic	d						
38	e						
Graf	f All other program service	e revenue					
<u>&</u>	g Total. Add lines 2a-2f .			223,957,928			
	3 Investment income (incl			223,337,320			
	and other similar amount	- ·		5,702,384			5,702,38
4		x-exempt bond proceeds		0			
5	5 Royalties	· · · · · · · · · · · · · · · ·	1 () 5	0			
6	6a Gross Rents	(ı) Real 403,328	(II) Personal				
	b Less rental	136,059					
	expenses c Rental income	267,269					
	or (loss) d Net rental income or (los	s)		267,269			267,26
		(ı) Securities	(II) O ther				
7	7a Gross amount from sales of	1,863,147	-356,245				
	assets other than inventory						
	b Less cost or other basis and						
	sales expenses c Gain or (loss)	1,863,147	-356,245				
	d Net gain or (loss)		I	1,506,902			1,863,14
<u>ψ</u> 8	8a Gross income from fundr	aising events					
Other Revenue	(not including \$						
<u>ڇ</u>	of contributions reported See Part IV, line 18						
<u>-</u>		a	13,770				
	b Less direct expenses	_	26,367				
_		n fundraising events	_	-12,597			-12,59
	_		b b				
II.		n gaming activities		0			
1	10a Gross sales of inventory returns and allowances						
	recurris and anowalices	а					
	b Less cost of goods sold	b					
		n sales of inventory 🕨		0			
-	Miscellaneous Reven		Business Code 900099	34,908	34,908		
1	b JOINT VENTURE REVE	NUE	300039	34,500	34,500		-
	с						
I	d All other revenue						
							_
	e Total. Add lines 11a-11	d		24 000			
ـــ	e Total. Add lines 11a-11 12 Total revenue. See Instr	▶		34,908			

	990 (2010)				Page 10
Part	Statement of Functional Expenses	** *********	olumer -		
Α	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, o, 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	0			
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	2,659,085	2,576,622	82,463	
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	78,894,501	70,273,864	8,620,637	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,109,773	1,911,053	198,720	
9	Other employee benefits	15,638,053	14,024,811	1,613,242	
10	Payroll taxes	5,961,754	5,326,139	635,615	
а	Fees for services (non-employees) Management	0			
b	Legal	15		15	
С	Accounting	1,374,813		1,374,813	
d	Lobbying	19,651	19,651		
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	22,076,133	17,559,390	4,516,743	
12	Advertising and promotion	764,344	764,344		
13	Office expenses	10,146,091	10,076,721	69,370	
14	Information technology	5,961,222	151,257	5,809,965	
15	Royalties	0			
16	Occupancy	4,606,197	4,606,197		
17	Travel	468,840	355,258	113,582	_
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	3,260,295	3,011,832	248,463	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	14,433,650	13,333,680	1,099,970	
23	Insurance	78,207	73,147	5,060	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	BAD DEBT	8,434,519	8,434,519		
b	COST OF GOODS SOLD	23,035,962	23,035,962		
c	RECRUITMENT	596,052	536,209	59,843	
d	EXPENDITURES FOR FUND PURPOSES	158,123	158,123		
e	EQUIPMENT RENTAL AND MAINTENAN	7,004,426	6,694,816	309,610	
f	All other expenses	1,699,264	547,488	1,151,776	
25	Total functional expenses. Add lines 1 through 24f	209,380,970	183,471,083	25,909,887	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	ı		17,006,323	1	13,584,502
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			24,320,533	3	26,391,398
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
sts		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use			3,784,925	8	3,773,781
	9	Prepaid expenses and deferred charges			679,587	9	940,539
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	244,872,559			
	b	Less accumulated depreciation	10b	132,036,384	114,587,824	10c	112,836,175
	11	Investments—publicly traded securities			21,525,350	11	30,162,177
	12	Investments—other securities See Part IV, line 11			25,000,000	12	25,000,000
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			77,889,473	15	91,671,405
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			284,794,015	16	304,359,977
	17	Accounts payable and accrued expenses .			22,207,419	17	18,424,310
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	ı			20	
Sə	21	Escrow or custodial account liability Complete Part IV of Schedu				21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s .	•	2,683,338	23	1,676,876
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			109,096,792	25	104,372,282
	26	Total liabilities. Add lines 17 through 25			133,987,549	26	124,473,468
У		Organizations that follow SFAS 117, check here 🕨 🔽 and com	plete	ines 27			
ġ		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			130,502,765	27	155,505,594
Ba	28	Temporarily restricted net assets			9,220,722	28	12,196,575
Fund	29	Permanently restricted net assets			11,082,979	29	12,184,340
Fu	Organizations that do not follow SFAS 117, check here ► and complete						
oř		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Net	33	Total net assets or fund balances			150,806,466	33	179,886,509
	34	Total liabilities and net assets/fund balances			284,794,015	34	304,359,977

	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		232 1	591,94
2	Total expenses (must equal Part IX, column (A), line 25)	2			380,97
3	Revenue less expenses Subtract line 2 from line 1	3		23,2	210,97
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		150,8	306,460
5	Other changes in net assets or fund balances (explain in Schedule O)	5		5,8	369,07
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		179,8	386,509
Par	The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
				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 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 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 on a separate basis, consolidated basis, or both	ıssued			
	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?	ne	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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As Filed Data -

DLN: 93493135022342

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization SHORE HEALTH SYSTEM INC

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.

Inspection

52-0610538 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 굣 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 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	(iv) Is the organization in col (i) listed in your governing document? Yes No		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support	
		inst ruct ions))	Yes	NO	Yes	No	Yes	No		
Total										

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

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

S	ection A. Public Support		and to quanty t			Jaco complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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 **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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493135022342

OMB No 1545-0047

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.

Open to Public

Inspection

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

- ◆ 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, Part V, line 35a (Proxy Tax), then

◆ Section 501(c)(4) (5) or (6) organizations. Complete Part III.

Na	me of the organization	zaciono compieto i are iii		Employer iden	tification number
SHO	DRE HEALTH SYSTEM INC			52-0610538	
ar	t I-A Complete if the or	ganization is exempt unde	er section 501(organization.
1	Provide a description of the or	ganization's direct and indirect po	litical campaign act	vivities in Part IV	
2	Political expenditures	gamzation o an eet and mandet po	mical campaign act	-	¢
3	Volunteer hours			•	Y
ar	t I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).	
L	Enter the amount of any excise	e tax incurred by the organization	under section 4955	5 ►	\$
2	Enter the amount of any excise	e tax incurred by organization mai	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 4	1720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
ar	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 501	.(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2		organization's funds contributed to	other organization:	s for section 527	
	exempt funtion activities			•	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	.0-POL, line 17b	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
	amount of political contribution	For each organization listed, enterns received that were promptly an political action committee (PAC)	d directly delivered	to a separate political orga	nization, such as a tion in Part IV
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
or F	aperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-EZ.	Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 201(

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	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		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ 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) 2007	(b) 2008	(c) 2009	(d) 2010	(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)).	

		(6	a)	(b)
		Yes	No	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			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV	Yes		19,651
j	Total lines 1c through 1i			19,651
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			
С	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?			
Par	+ III-A. Complete if the organization is exempt under section $501(c)(4)$ section	501(c	1(5)	r section

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

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).		
а	Current year	2a	
b	Carryover from last year	2b	
С	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	

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

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
Other Activities	Schedule C , Part II-B , Line 11	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 65% AND 24 42% RESPECTIVELY OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART II-B LINE 11 AS LOBBYING ACTIVITIES

DLN: 93493135022342

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

emai Reve	nue Service ► Attach to Fo	orm 990. ► See separate instructions.		Inspec	don
	f the organization EALTH SYSTEM INC		Employer identific	cation number	er
JIIUKE F	PENETITI STOLET INC		52-0610538		
Part 1				ts. Comple	te ıf the
	organization answered "Yes" to Form 99		(L) F d		
Tot	al number at end of year	(a) Donor advised funds	(b) Funds and	otner accou	nts
	gregate contributions to (during year)				
-	gregate grants from (during year)				
_	gregate value at end of year				
Die	the organization inform all donors and donor advi ds are the organization's property, subject to the o	_	or advised	┌ Yes	┌ No
us	d the organization inform all grantees, donors, and ed only for charitable purposes and not for the ben neering impermissible private benefit	efit of the donor or donor advisor, or for an	ny other purpose	┌ Yes	┌ No
Part I	Conservation Easements. Complete	<u>if the organization answered "Yes" to</u>	o Form 990, Part	IV, line 7.	
	Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space mplete lines 2a-2d if the organization held a qualicement on the last day of the tax year	Preservation of a c		ucture	
- То	tal number of conservation easements	-		e End of the	Year
_	tal acreage restricted by conservation easements	-	2a 2b		
	mber of conservation easements on a certified his		2b 2c		
_	mber of conservation easements included in (c) ac	` '	2d		
	mber of conservation easements modified, transfe	L			
the	mber of conservation easements modified, transference taxable year • mber of states where property subject to conserva		d by the organization	ii duriiig	
Do	es the organization have a written policy regarding forcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	— iling of violations, ai	nd F Yes	┌ No
Sta	aff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year	· -	
' An	nount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during the year 🟲 🕏	·	
	es each conservation easement reported on line 2 0(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes	┌ No
ba	Part XIV, describe how the organization reports co ance sheet, and include, if applicable, the text of t organization's accounting for conservation easen	he footnote to the organization's financial	•	•	
art II	Organizations Maintaining Collectio Complete if the organization answered "		or Other Simila	r Assets.	
art pro	the organization elected, as permitted under SFAS , historical treasures, or other similar assets held ovide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research ancial statements that describes these it	ch in furtherance of p ems	oublic service	e,
his	the organization elected, as permitted under SFAS torical treasures, or other similar assets held for povide the following amounts relating to these items	oublic exhibition, education, or research ir			
(i)	Revenues included in Form 990, Part VIII, line 1		► \$		
(ii)	Assets included in Form 990, Part X				
Ift	the organization received or held works of art, histo owing amounts required to be reported under SFA!				
a Re	venues included in Form 990, Part VIII, line 1		► \$		

b Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	, His	toric	cal Tre	asures, or C	the	<u>er Similar Ass</u>	ets (c	<u>ontınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	-	-			on	
а	Public exhibition		d	Г	Loan or	exchange prog	rams	5		
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they	further	the organization	ı's e:	xempt purpose ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	organiza	ation answere				110
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ving ta	able	-		1		
								Amo	ount	
C	Beginning balance					-	1 c			
d	Additions during the year					-	1d			
е	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, lin	e 21?					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/								
Pa	rt V Endowment Funds. Complete									
_		(a)Current Year	(b	Prior \		(c)Two Years Bac	_ ·	1)Three Years Back	(e) Four '	Years Back
1a	Beginning of year balance	2,404,542		2,	,404,542	2,404,5	42			
Ь	Contributions						_			
C	Investment earnings or losses									
d	Grants or scholarships						_			
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	2,404,542		2,	,404,542	2,404,5	42			
2	Provide the estimated percentage of the year	r end balance held	as							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨 100 000 %									
c	Term endowment ▶									
За	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held a	and administere	d for	the		
	organization by								Yes	+
	(i) unrelated organizations			•			٠	3a(i)		No
	(ii) related organizations						•	3a(ii)	No_
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the						•	<u>3b</u>		<u> </u>
4 Dor	t VI Investments—Land, Building					O Dart V Juna	10			
Æ	Tilvestillents—Land, Building	s, and Equipme	III. S							
	Description of investment				Cost or oth			(c) Accumulated depreciation	(d) Bo	ook value
1a	Land					3,154	,541			3,154,541
b I	Buildings		•			114,910	,609	39,579,739		75,330,870
c I	Leasehold improvements									
d I	Equipment					126,40	,340	92,456,645	:	33,944,695
							,069			406,069
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	nn (B)), line	10(c).)			►	1	12,836,175
								Schedule D	(Form 9	990) 2010

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		l of valuation year market value
(1)Financial derivatives		Cost of ella-of-	year market value
(2)Closely-held equity interests (3)Other			
(A) RELATED TO AFFILIATION AGMT	25,000,000		F
· /	, ,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	25,000,000		
Part VIII Investments—Program Related. See		3.	
			d of valuation
(a) Description of investment type	(b) Book value		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, lin	ne 15.		
(a) Descrip			(b) Book value
(1) ASSETS WHOSE USE IS LIMITED			18,854,737
(2) OTHER RECEIVABLES			4,274,639
(3) ASSETS OF RELATED ORGANIZATION			59,272,171
(4) OTHER ASSETS			8,798,858
(5) CURRENT POSITION			471,000
(5) CORRENT FOSITION			471,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5)	<u> </u>	91,671,405
Part X Other Liabilities. See Form 990, Part X			71,071,403
(-) D	(b) A mount		
Federal Income Taxes	0		
ADVANCES FROM 3RD PARTY PAYORS	5,287,050		
OTHER LIABILITIES	11,357,260		
DUE TO UMMS	87,727,972		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	104,372,282		
((-) mic 25)	104,3/2,202		

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	
Par	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)]	
е	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		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	<u>leturn</u>
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4 c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	
	rt XIV Supplemental Information		
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and 4 , Pa	art IV , lı	nes 1b and 2b,

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

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 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
Intended Uses of Endowment Funds		ENDOWMENT FUNDS ARE USED TO SUPPORT THE HEALTHCARE MISSION OF SHORE HEALTH SYSTEM INVESTMENT EARNINGS ON THE ENDOWMENT FUND ARE TRANSFERED TO RESTRICTED AND UNRESTRICTED FUNDS IN SUPPORT OF THE ORGANIZATION'S TAX EXEMPT MISSION
Liability for Uncertain Tax Position (ASC 740)		The organization is a subsidiary of the University of Maryland Medical System Corporation (The Corporation) The Corporation adopted the provisions of ASC 740, Accounting for Uncertainty in the Income Taxes (FIN 48) on July 1, 2007 The footnote related to ASC 740 in the Corporation's audited financial statements is as follows. The Corporation follows a threshold of more-likely-than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return Management does not believe that there are any unrecognized tax benefits that should be recognized

DLN: 93493135022342

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization **Employer identification number** SHORE HEALTH SYSTEM INC 52-0610538 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 DINNER/DANCE (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
EU-	1	Gross receipts	85,669)		85,669
Reveilue	2	Less Charitable contributions	71,899)		71,899
<u>~</u>	3	Gross income (line 1 minus line 2)	13,770)		13,770
	4	Cash prizes				
ဟ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages	10,672	2		10,672
Direct	8	Entertainment	3,000)		3,000
ᇫ	9	Other direct expenses .	12,695	5		12,695
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		26,367
	11	Net income summary Combine lii	nes 3 and 10 ın column (d)		-12,597
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
<u>ស័</u> ស	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes <u>%</u>	Г Yes		
		Direct expense summary Add lines Net gaming income summary Com				
9 a b	Ente Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain	tion operates gaming ac	tivities		
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, susper	nded or terminated during	j the tax year?	· · 「Yes 「No

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable (gaming?		. Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	-	· ·		. Γ_{Yes} Γ_{No}
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	> \$		
	Description of services provided	•		
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (see
	Identifier	ReturnReference	Explanation	

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DLN: 93493135022342

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE H

(Form 990)

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

Hospitals

Inspection **Employer identification number**

Name of the organization SHORE HEALTH SYSTEM INC

					52-	0610538			
Pā	rt I Financial Assista	nce and C	ertain Oth	er Community Be					
						_		Yes	No
1a	Did the organization have a fi				f "No," skip to questio	n 6 a .	1a	Yes	<u> </u>
b	If "Yes," is it a written policy						1b	Yes	
2	If the organization has multip assistance policy to its vario				describes application o	of the financial			
	Applied uniformly to all ho	ospitals		Applied uniformly	to most hospitals				
	Generally tailored to indiv	ıdual hospital	ls						
3	Answer the following based o organization's patients during			nce eligibility criteria t	hat applied to the large	st number of the			
а	Does the organization use Fe income individuals? If "Yes,"						3a	Yes	
	□ 100% □ 150%	▽ 20	о% Г	Other	<u>%</u>		- Su	163	
b	Does the organization use FP	G to determin	ne eligibility fo	or providing <i>discounted</i>	d care to low income inc	dıvıduals? If			
	"Yes," indicate which of the fo						Зь	Yes	
	□ 200% □ 250%	▽ 30	о _% Г	350% Г 40	0%	%	<u> </u>	†	\vdash
		, 50			_				
С	If the organization does not u determining eligibility for free test or other threshold, regan	or discounte	d care Includ	de in the description w	hether the organizatior				
4	Did the organization's financi					uring the tax year	4	Yes	
F-	provide for free or discounted			=		v vear?	l _	l	- I
5a	Did the organization budget amount If "Yes," did the organization						5a	Yes	
Ь	If "Yes" to line 5b, as a resul		-		_		<u>5b</u>	Yes	\vdash
С	care to a patient who was elig						5c		No
6a	Does the organization prepar						6a	Yes	
e L	year?			ıblı o 2			 	l ,.	
OD	If "Yes," did the organization				Instructions Densit	uhmit thaca	6b	Yes	\vdash
	Complete the following table worksheets with the Schedule		ksneets provi	ided III the Schedule A	mstructions Do not s	ubillit tilese			
7	Financial Assistance and C	Certain Other	Community E	Benefits at Cost				1	
	Financial Assistance and Means-Tested Government Programs	(a) Number of	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Perototal ex	
а	Financial Assistance at cost (from Worksheets 1 and 2)			4,961,775		4,96	1,775	2	370 %
b	Unreimbursed Medicaid (from Worksheet 3, column a)								
c	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)								
d	Total Financial Assistance and Means-Tested Government Programs			4,961,775		4,96	1,775	2	370 %
e	Other Benefits Community health improvement services and community benefit operations (from								
f	(Worksheet 4)		10,150	1,230,361	157,176	1,07	'3,185	0	510 %
	(from Worksheet 5)		226	1,200,892		1,20	0,892	0	570 %
g	Subsidized health services (from Worksheet 6)		57,559	3,669,045	119,513	3,54	9,532	1	700 %
h	Research (from Worksheet 7)								
i	Cash and in-kind contributions to community groups (from Worksheet 8)			82,400		8	32,400	0	040 %
j 1	Fotal Other Benefits		67,935	6,182,698	276,689		6,009		820 %

67,935

	edule H (FOIIII 990) 2010										age 2
Pa	rt II Community Building activities during the of the communities in	tax year, an									alth
	0, 1,10 00,1,111,111,111	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) D	rect offse revenue	etting	(e) Net communit building expense		(f) Pero total ex	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	Environmental improvements										
	Leadership development and training										
6	for community members Coalition building				_						
	Community health improvement		1,000	2,04.	2			2,	.042		
	advocacy		10	3,15					150		
	Workforce development Other		3,697	18,80	7			18,	.807	0	010 %
10	Total		4,707	23,99	9			23,	.999	0	010 %
Pai	t 💵 Bad Debt, Medicar	e, & Collec	' ' ' '		•			,			
Sect 1	ion A. Bad Debt Expense Did the organization report bac	d dobt ovnons	o in accordance	with Hoathcaro Fin	ancial M	20200	nont Ac	sociation [Yes	No
_	Statement No 15?	•	e ili accordance	· · · · ·		. • .•			1	Yes	
2	Enter the amount of the organi					2		6,045,438			
3	Enter the estimated amount of attributable to patients eligible				olicy .	3					
	accribatable to patients engisit	e under ene or	gamzacion 5 mie	merar assistance po	,						
4	Provide in Part VI the text of t										
	In addition, describe the costi rationale for including a portio				reporte	u on m	es Z ai	iu 3, anu			
Sect	ion B. Medicare										
5	Enter total revenue received fi	rom Medicare	(including DSH	and IME)		5		89,765,395			
6	Enter Medicare allowable cost	s of care relat	ing to payments	s on line 5		6		85,808,090			
7	Subtract line 6 from line 5 Th	· -	-			. 7		3,957,305			
8	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes	osting method	ology or source								
	Cost accounting system	r c∘	st to charge rat	tio Г	Other						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt co	ollection policy?						9a	Yes	
b	If "Yes," does the organization patients who are known to qua								9b	Yes	
Pa	rt IV Management Com				.iibe iii r	ait VI	• •			1.05	
	(a) Name of entity	_) Description of pr	imary	(c) Organi) Officers, directors,		e) Physic	
			activity of entity	,	profit % c ownersh		er	trustees, or key nployees' profit % stock ownership%		ofit % or ownershi	
1											
2											
3											
4		1					+		+		
5 											
6											
7											
8											
9											
10							+		+		
11											
12							_		+		
							+		+		

Paru	Facility information									
(list in	on A. Hospital Facilities order of size, measured by total revenue per facility, from it to smallest)	Licensed hospital	General medical	Children's h	Teaching hospital	Ortical acc	Research facility	ER-24 hours	ER-other	
	nany hospital facilities did the organization operate during x year? 2	ospital	edical & euigical	hospital	ospital	Ortical access hospital	acility	 		
Name	and address									Other (Describe)
1	THE MEMORIAL HOSPITAL AT EASTON 219 S WASHINGTON STREET EASTON, MD 21601	×	х					х		
2	DORCHESTER GENERAL HOSPITAL 300 BYRN STREET CAMBRIDGE, MD 21613	х	х					х		
		-								
-										
					ļ					
		-			 	_	-		-	

Part V Facility Information (continued) Section B. Facility Policies and Practices.

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

Name of Hospital Facility:	THE MEMORIAL HOSPITAL AT EAS	TON	
Line Number of Hospital Facility (from Sche	edule H, Part V, Section A):	1	

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a Γ A definition of the community served by the hospital facility			
	b Demographics of the community			
	c Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
_	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Γ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care $\frac{200}{9}$ %			

P	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care $\frac{300}{9}$ %			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Z Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h Cother (describe in Part VI)			
	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			
	b 🔽 The policy was attached to all billing invoices			
	c The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e 🔽 The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g C O ther (describe in Part VI)			
	ling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a		103	
	any time during the tax year			
	a 🔽 Reporting to credit agency			
	b 🔽 Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e C Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during		,	
	the tax year?	16	Yes	
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16			
_,	(check all that apply)			
	a 🔽 Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c 🔽 Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	<u>bills</u>			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			

If "Yes," explain in Part VI

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services **d** Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21 | Yes

20

Nο

Part V Facility Information (continued) Section B. Facility Policies and Practices.

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

Name of Hospital Facility:	DORCHESTER GENERAL HOSE	PITAL	
Line Number of Hospital Facility (from Sch	hedule H, Part V, Section A):	2	

		Yes	No	
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
_	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a			
	b A vailable upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	nancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care $\frac{300}{9}$ %			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ▼ Income level			
	b ▼ Asset level			
	c Medical indigency			
	d 🔽 Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a The policy was posted at all times on the hospital facility's web site			
	b 🔽 The policy was attached to all billing invoices			
	c 🔽 The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d 🔽 The policy was posted in the hospital facility's admissions offices			
	e 🔽 The policy was provided, in writing, to patients upon admission to the hospital facility			
	f 🔽 The policy was available upon request			
	g Other (describe in Part VI)			
Bil	ing and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy that explained actions the hospital facility may take upon non-payment?	14	Yes	<u> </u>
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a any time during the tax year	t		
	a Reporting to credit agency			
	b V Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during			
	the tax year?	16	Yes	
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
	a Reporting to credit agency			
	b V Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a V Notified patients of the financial assistance policy upon admission			
	b 🔽 Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d 🔽 Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	e C Other (describe in Part VI)	1		1

If "Yes," explain in Part VI

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services **d** Other (describe in Part VI) 20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial

assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21 | Yes

20

Nο

Part V Facility Information (continued)	
Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Reco (list in order of size, measured by total revenue per facility, from largest to smallest)	gnized as a Hospital Facility
How many non-hospital facilities did the organization operate during the tax year?	10
Name	

Schedule H (Form 990) 2010

Type of Facility (Describe)

and address

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Page **7**

Schedule H (Form 990) 2010 Page 8

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6j, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
Criteria for Free or Discounted Care	Schedule H, Part I, Line 3c	SHORE HEALTH SYSTEM WILL PROVIDE FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION, FOR RELATED SYSTEM HOSPITALS, FINANCIAL ASSISTANCE IS BASED ON INDIGENCE OR HIGH MEDICAL EXPENSE FOR PATIENTS WHO MEET SPECIFIED FINANCIAL CRITERIA, REQUEST ASSISTANCE, AND PROVIDE ADEQUATE EVIDENCE OF SUCH NEED AND ELIGIBILITY ELIGIBILITY INCLUDES INCOME, PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY, AND MEDICAL HARDSHIP CRITERIA, WHICH MAY INCLUDE ASSET CONSIDERATION

Identifier	ReturnReference	Explanation
Related Organization Report	Schedule H, Part I, Lille 6a	SHORE HEALTH SYSTEM, IS AN AFFILIATE OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM THE COMMUNITY BENEFIT REPORT IS PREPARED SEPARATELY

Identifier	ReturnReference	Explanation
Cost Attributable to a Physical Clinic		SUBSIDIZED COSTS ARE NOT ATTRIBUTED TO A PHYSICIAN CLINIC, BUT ANESTHESIA AND EMERGENCY HOSPITAL SERVICES

Identifier	ReturnReference	Explanation
Costing Methodology	Schedule II, Fait I, Line /	LINE 7A,COLUMN (D),LINE 7F, COLUMN (C), 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 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

Identifier	ReturnReference	Explanation
Community Building Activities	Scriedule n, Part II	COMMUNITY BUILDING ACTIVITIES PROVIDE NEED ASSESSMENT AND IDENTIFICATION OF INITIATIVES THE SYSTEM CAN ADDRESS AND POSITIVELY IMPACT THAT NEED

Identifier	ReturnReference	Explanation
Bad Debt Expense	Schedule H, Part III, Line 4	REVENUE IS REDUCED FOR ANTICIPATED DISCOUNTS UNDER CONTRACTUAL ARRANGEMENTS AND FOR CHARITY CARE AN ESTIMATED PROVISION FOR BAD DEBTS IS RECORDED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED BASED UPON ANTICIPATED UNCOMPENSATED CARE, AND IS ADJUSTED AS ADDITIONAL INFORMATION BECOMES AVAILABLE THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN 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

Identifier	ReturnReference	Explanation
Medicare Cost Report	Schedule H, Part III, Line 8	ALLOWABLE COSTS ARE ESTIMATED RATIO OF COST TO CHARGE APPLIED TO GROSS CHARGES

Identifier	ReturnReference	Explanation
Collection Practices	Schedule H, Part III, Line 9b	Explanation APPENDIX 1 DESCRIBE YOUR CHARITY CARE POLICY A DESCRIBE HOW THE HOSPITAL INFORMS PATIENTS AND PERSON WHO WOULD OTHERWISE BE BILLED FOR SERVICES ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE HOSPITALS CHARITY CARE POLICY IT IS THE POLICY OF SHORE HEALTH SYSTEM TO WORK WITH OUR PATIENTS TO IDENTIFY AVAILABLE RESOURCES TO PAY FOR THEIR CARE ALL PATIENTS PRESENTING AS SELF PAY AND REQUESTING CHARITY RELIEF FROM THEIR BILL WILL BE SCREENED AT ALL POINTS OF ENTRY, FOR POSSIBLE COVERAGE THROUGH STATE PROGRAMS AND A PROBABLE DETERMINATION FOR COVERAGE FOR EITHER MEDICAL ASSISTANCE OR FINANCIAL ASSISTANCE (CHARITY CARE) FROM THE HOSPITAL IS IMMEDIATELY GIVEN TO THE PATIENT THE PROCESS IS RESOURCE INTENSIVE AND TIME CONSUMING FOR PATIENTS AND THE HOSPITAL, HOWEVER, IF PATIENTS QUALIFY FOR ONE OF THESE PROGRAMS, THEN THEY WILL HAVE HEALTH BENEFITS THAT THEY WILL CARRY WITH THEM BEYOND THEIR CURRENT HOSPITAL BILLS, AND ALLOW THEM TO ACCESS PREVENTIVE CARE SERVICES AS WELL SHORE HEALTH SYSTEM WORKS WITH A BUSINESS PARTNER WHO WILL WORK WITH OUR PATIENTS TO ASSIST THEM WITH THE STATE ASSISTANCE PROGRAMS, WHICH IS FREE TO OUR PATIENTS TO ASSIST THEM WITH THE STATE ASSISTANCE PROGRAMS, WHICH IS FREE TO OUR PATIENTS FOR POSTS NOTICES OF OUR POLICY IN CONSPICUOUS PLACES THROUGHOUT THE HOSPITALS, HAS INFORMATION WITHIN OUR HOSPITAL BILLING BROCHURE, EDUCATES ALL NEW EMPLOYEES THOROUGHOUT THE HOSPITALS, HAS INFORMATION WITHIN OUR HOSPITAL BILLING BROCHURE, EDUCATES ALL NEW EMPLOYEES THOROUGHOUT THE HOSPITALS, HAS INFORMATION WITHIN OUR HOSPITAL BILLING BROCHURE, EDUCATES ALL NEW EMPLOYEES THOROUGHOUT THE HOSPITALS, HAS INFORMATION WITHIN OUR HOSPITAL BILLING BROCHURE, EDUCATES ALL NEW EMPLOYEES THOROUGHOUT THE HOSPITALS, HAS INFORMATION WITHIN OUR HOSPITAL BILLING BROCHURE, EDUCATES ALL NEW EMPLOYEES THOROUGHOUT THE HOSPITAL SASISTANCE APPLICATION, BOTH IN ENGLISH AND SPANISH, TO SUPPLY TO PATIENTS WHO WE DEEM, AFTER SCREENING, TO HAVE A NEED FOR ASSISTANCE SHORE

Identifier	ReturnReference	Explanation
THE MEMORIAL HOSPITAL AT EASTON 1	Schedule II, Fait V, Section B	Line 19d - Calculates an Approved % of Financial Assistance based on income and % of Federal Poverty Level Income The patient is billed the charges less the % of Financial Assistance determined Line 21 - Gross charges for services are always charged at the same rate without discrimination Gross charges for services are always billed, any adjustment such as financial assistance is applied to result in the balance due for payment

T E

Identifier	ReturnReference	Explanation
DORCHESTER GENERAL HOSPITAL 2	Schedule H, Part V, Section B	Line 19d - Calculates an Approved % of Financial Assistance based on income and % of Federal Poverty Level Income The patient is billed the charges less the % of Financial Assistance determined Line 21 - Gross charges for services are always charged at the same rate without discrimination Gross charges for services are always billed, any adjustment such as financial assistance is applied to result in the balance due for payment

Community Health Care Needs		Explanation
Assessment	Schedule H, Part VI, Line 2	Part VI Supplemental Information 2010 Shore Health System 2 Needs assessment Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B Shore Health did not perform a community health needs assessment as defined by the federal reform bill in FY11 Such an assessment is currently being conducted in FY12 and will be fully implemented in FY13. The information included below reflects the standard assessment process which Shore Health System has typically conducted each year as part of strategic planning. Shore Health identifies community needs through analysis of the current needs assessments and health plans developed by the local health departments for Talbot, Dorchester, Caroline, and Queen Annes counties. The needs assessments include data compiled by county, state, and federal government and identifies health needs by county. Additional resources reviewed in FY11 to identify community needs the Healthy People 2020 guidelines established by the Maryland DHHS and the Maryland Department of Health and Mental Hygienes State Improvement Plan (SHIP, Http://dhmh maryland.gov/ship). These comprehensive sets of heath objectives serve as the framework to develop community health initiatives and activities that address major public health concern Currently SHS uses statistical data gathered by local health departments along with internal documentation/evaluation to assess effectiveness of community benefit initiatives. SHS tracks encounters for all health screenings, community outreach programs, and educational based programs offered. The program initiatives are evaluated to ensure the goals of the program are met. Thorough documentation and tracking is accomplished through completion of Activity Forms, Occurrence Forms, Outcomes Forms, and Leadership Journal Forms for all community benefit activities. This tracking system provides the stakeholders with the ability to determine the effectiveness of individual activities and
		regional population, emerging trends in health care delivery, physician recruitment needs, changes in the regions transportation network are examined

Identifier	ReturnReference	Explanation
Eligibility Education	Schedule H, Part VI, Line 3	Part VI Supplemental Information 2010 Shore Health System 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 organizations financial assistance policy It is the policy of Shore Health System to work with our patients to identify available resources to pay for their care. All patients presenting as self pay and requesting charity relief from their bill will be screened at all points of entry, for possible coverage through state programs and a probable determination for coverage for either Medical Assistance or Financial Assistance (charity care) from the hospital is immediately given to the patient. The process is resource intensive and time consuming for patients and the hospital, however, if patients qualify for one of these programs, then they will have health benefits that they will carry with them beyond their current hospital bills, and allow them to access preventive care services as well. Shore Health System works with a business partner who will work with our patients to assist them with the state assistance programs, which is free to our patients. If a patient does not qualify for Medicaid or another program Shore Health System offers our financial assistance program Shore Health System posts notices of our policy in conspicuous places throughout the hospitals, has information within our hospital billing brochure, educates all new employees thoroughly on the process during orientation, and does a yearly re-education to all existing staff All staff have copies of the financial assistance application, both in English and Spanish, to supply to patients who we deem, after screening, to have a need for assistance. Shore Health System has a dedicated Financial Assistance Liaison to work with our patients to assist them with this process and expedite the decision process. Shore Health notifies patients o

Identifier	ReturnReference	Explanation
Description of Community Served	Schedule H, Part VI, Line 4	Part VI Supplemental Information 2010 Shore Health System 4 Community information Descri be the community the
		organization serves, taking into account the geographic area and
		demo graphic constituents it serves. For the purposes of this section, primary services area me and the Maryland postal ZIP
		code areas from which the first 60 percent of a hospitals pati ent
		discharges originate during the most recent 12 month period
		available, where the disch arges from each ZIP code are ordered from largest to smallest number of discharges. Description of
		the community Shore Health System serves Situated on
		Maryland's Eastern Shore, S hore Health Systems two hospitals, The Memorial Hospital at Easton and Dorchester General
		Hospital in Cambridge, are not for profit hospitals offering a
		complete range of inpatient and outpatient services to over
		170,000 people throughout the Mid-Shore of Maryland Shor e Health Systems service area is defined as the Maryland counties
		of Caroline, Dorchester, Talbot (primary service area), Queen
		Annes and Kent (secondary service area) Memorial Ho spital at Easton is situated at the center of the mid-shore area and thus
		serves a large g eographical area MHE is a single jurisdiction
		hospital located in a rural area Dorcheste r General Hospital,
		also a single jurisdiction hospital, is located approximately 18 miles from MHE MHE is located approximately 44 miles from
		Chester River Hospital and approxima tely 42 miles from Anne
		Arundel Medical Center Memorial Hospitals service area has a high er percentage of population aged 65 and older as compared
		to Maryland overall Talbot Coun ty has a 20 4 percent rate for
		this age group This concentration is due mainly to influx of
		retirees The five counties of the Mid-Shore comprise 20% of the landmass of the State of Maryland and 2% of the population The
		population of the five counties is just over 170 ,000 16,485
		adults have less than a 9th grade education and 16,356 have education at the 9th -12th grade level but do not have a high
		school diploma *Source 2000 Census Data ** Source U S
		Census Bureau, Small Area Income & Poverty Estimates for states and count ies (2009) The entire region has over 4,400
		employers with nearly 45,000 workers Only 50 of those
		employers employ 100 or more workers Almost 85% of employers in this rural regio n are manufacturing firms, which
		require workers with high-level technology skills as well as low-
		skilled workers. The service industry is growing rapidly as the
		local population s hifts to include more senior adults who retire to this beautiful area of the State Althou gh the seafood industry
		continues to be important to the region it is fast becoming an end
		angered species In the past year, the Mid-Shore region, has significantly higher unemploy ment rates as compared to state
		and national levels Like many other rural communities in the
		country, the area has suffered a significant loss of jobs Manufacturers such as Airpa x, Black & Decker and Hi-Tech
		Plastics have moved production work out of the country, leaving
		local residents with few options Well over 1,000 workers have
		been dislocated and oft en need to upgrade their skills in order to find work in more technical fields or even just to do the jobs now
		available in the workplace Source Mid Shore Comprehensive
		Economic Development Strategy CEDS http://www.midshore.org/reports/CEDS%20Full%20Document%
		20update% 202-18-11% 20-%20FINAL pdf Although minority
		populations are significant throughout the Ea stern Shore, Dorchester has the highest percentages of African-American
		and Hispanic resid ents and the highest level of unemployment
		at 11% Of the five counties comprising the Mid -Shore, Kent,
		Caroline and Dorchester have the highest percentage of low- income families Source Maryland Department of Business &
		Economic Development Furthermore, these three co unties are
		among the top quartile of jurisdictions in Maryland where significant percentag es of families are considered at-risk. Some
		examples include Teen mothers account for 63 of every 1,000
		births in Caroline County, in Dorchester County, the ratio is 75
		over 1,000 The child poverty rate in Dorchester County is 25% School dropout rates are also significant in Caroline
		County (6%) and in Dorchester County (5 2%) Source Census
		Bureau and M aryland Vital Statistics MID SHORE CEDS 2011 Percentage of households with incomes below the federal
		poverty guidelines within the CBSA Talbot 8 80% Dorchester
		15 40% Caroline 13 2 0% Queen Annes 7 30% Source U S
		Census Bureau, Small Area Income & Poverty Estimates fo r states and counties (2009) Life Expectancy by County within
		the CBSA Talbot 80 1 Dorche ster 76 5 Caroline 75 7 Queen
		Annes 80 1 source MD Assessment Tool for Community Health and Bureau of Labor Statistics Mortality Rates by County within
		the CBSA Talbot 1,213 4 pe r 1000,000 Dorchester 1,154 7
		per 1000,000 Caroline 983 per 1000,000 Queen Annes 715 2
	<u>I</u>	per 1000,000 source MD Assessment Tool for Community

Identifier	ReturnReference	Explanation
Description of Community Served	Schedule H, Part VI, Line 4	Health and Bureau of Labor Statistics

Identifier	ReturnReference	Explanation
Identifier Promoting the Health of the Community	ReturnReference Schedule H, Part VI, Line 5	Part VI Supplemental Information 2010 Shore Health System 5 Promotion of community health Provide any other information important to describing how the organizations hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.) Major Needs Identified The top ten areas/needs that have the greatest impact on overall health in our communities are - Access to quality health services - Cancer - Heart Disease and Stroke - Physical Activity and Fitness - Educational & Community-based Programs - Diabetes - Maternal, Infant and Child Health - Nutrition and Obesity - Mental Health and Mental Disorders - Environmental Health Needs Identified not addressed - Environmental Health Needs Identified not addressed - Environmental Health requires expertise and resources beyond the capabilities of Shore Health System - Mental Health and Mental Disorders is being addressed through the Mid-Shore Mental Health Systems, Inc., a Private Not for Profit 501 (C)(3) Organization, serving Caroline, Dorchester, Kent, Queen Annes and Talbot Counties The mission of MSMHS is to continually improve the provision of mental health services for residents of the Mid-Shore through effective coordination of services in collaboration with consumers, family members, providers and community leaders Provide children ages 8-13 with diabetes and/or asthma, access to educators and resources to manage chronic conditions Educate seniors on diabetes management to prevent adverse outcomes, reduction of hospital encounters related to over diabetes Increase knowledge of risk factors for heart disease and stroke and how to improve health with regular exercise Participate and sponsor event to raise awareness of origins and symptoms of heart disease and stroke Provide nutrition recommendations as part of life style changes necessary to maintain healthy weight Educate children and women on healthy eating to improve overall health and reduc
		improve the ability of patients and families to work together to

Identifier	ReturnReference	Explanation
Affiliated Health Care System Roles S	Schedule II, Pait VI, Line O	SHORE HEALTH SYSTEM, AN AFFILIATE OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, IS CURRENTLY LICENSED TO OPERATE 217 BEDS COMBINED THE GOVERNING BODY INCLUDES THE BOARD OF SHORE HEALTH SYSTEM WHOSE MEMBERS RESIDE IN THE PRIMARY SERVICE AREA AS PER BELOW SHORE HEALTH SYSTEM PRIMARILY DETERMINES ITS ROLE AS AN ORGANIZATION IN PROMOTING HEALTH OF ITS COMMUNITY DESCRIPTION OF THE COMMUNITY SHORE HEALTH SYSTEM SERVES THE MEMORIAL HOSPITAL AT EASTON AND DORCHESTER GENERAL HOSPITAL IN CAMBRIDGE ARE PRIVATE, NOT FOR PROFIT HOSPITALS OFFERING A COMPLETE RANGE OF INPATIENT AND OUTPATIENT SERVICES TO OVER 150,000 PEOPLE THROUGHOUT THE MID-SHORE OF MARYLAND SITUATED ON MARYLAND'S EASTERN SHORE, SHORE HEALTH SYSTEM SERVICES A FOUR COUNTY AREA, COVERING CAROLINE, DORCHESTER, QUEEN ANNE, AND TALBOT COUNTIES

Schedule H (Form 990) 2010

DLN: 93493135022342

OMB No 1545-0047

Employer identification number

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

SHO	DRE HEALTH SYSTEM INC			• •			
				52-0610538			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to provided provid						
	First-class or charter travel	Г н	ousing allowance or residence for	personal use			
	Travel for companions	_	ayments for business use of perso	·			
	<u> </u>		ealth or social club dues or initiat				
		Γ P∈	ersonal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organizate reimbursement orprovision of all the expenses described				1b	Yes	
2	Did the organization require substantiation prior to reimbu officers, directors, trustees, and the CEO/Executive Direc				2	Yes	
3	<u> </u>	pply Wi	establish the compensation of the ritten employment contract ompensation survey or study	2			
	Form 990 of other organizations	F A₁	pproval by the board or compensa	tion committee			
4 a	During the year, did any person listed in Form 990, Part V or a related organization Receive a severance payment or change-of-control payment	•			4 a		No
b	Participate in, or receive payment from, a supplemental no	nonqua	alıfıed retırement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-based of	comp	ensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	e the a	applicable amounts for each item i	n Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must cor For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the revenues of			ny			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the net earnings of	1a, dic	d the organization pay or accrue a	ny			
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line 1 payments not described in lines 5 and 6? If "Yes," descri			n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid of subject to the initial contract exception described in Regs in Part III				8		No
9	If "Yes" to line 8 did the organization also follow the rebu	outtable	e presumption procedure describe	ed in Regulations			ĺ

section 53 4958-6(c)?

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

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

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

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) Robert Chrencık	(ı) (ıı)	0 986,285	0 659,250	0 9,032	0 179,013	0 19,768	0 1,853,348	0 0
(2) Joseph Ross	(ı) (ıı)	397,367 0	108,365 0	96,072 0	8,801 0	15,679 0	626,284 0	0 0
(3) Gerard Walsh	(ı) (ıı)	219,695 0	50,023 0	27,019 0	8,367 0	14,206 0	319,310 0	0
(4) Walter Zajac	(ı) (ıı)	180,528 0	36,645 0	20,559 0	7,043 0	12,927 0	257,702 0	0
(5) John Ashworth III	(ı) (ıı)	0 345,255	0 120,341	0 121,851	0 8,928	0 16,029	0 612,404	0 58,486
(6) Michael Tooke MD	(ı) (ıı)	266,621 0	74,168 0	8,866 0	37,527 0	13,347 0	400,529 0	0
(7) Christopher Parker	(ı) (ıı)	187,982 0	55,109 0	29,729 0	7,093 0	12,511 0	292,424 0	0
(8) Michael Zimmerman	(ı) (ıı)	169,399 0	41,219 0	23,413 0	6,623 0	15,269 0	255,923 0	0
(9) Michael Silgen	(I) (II)	146,713 0	26,471 0	1,950 0	15,884 0	5,215 0	196,233 0	0
(10) John Sawyer	(ı) (ıı)	176,396 0	0	345 0	6,105 0	215 0	183,061 0	0
(11) Catherine Ferara	(I) (II)	148,932 0	0	41 0	5,668 0	5,652 0	160,293 0	0
(12) Susan Sıford	(ı) (ıı)	131,877 0	7,233 0	146 0	5,265 0	14,073 0	158,594 0	0
(13) Pattı Wıllıs	(ı) (ıı)	103,019	19,637 0	11,242 0	4,057 0	12,393 0	150,348 0	0
(14) Jonathan Cook	(ı) (ıı)	156,044 0	43,608 0	1,588 0	17,406 0	13,570 0	232,216 0	0
(15)								
(16)								

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
	,	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 or \$3,000 depending on job title as described in the program documents
	Part I, Line 4b	During the fiscal year end June 30, 2011, the certain officers and key employees participated in the University of Maryland Medical System (UMMS) supplemental nonqualified plan. The individuals, listed below have not vested in the plan therefore the accrued contribution to the plan for the fiscal year is reported on Schedule J Part II Column (C), Retirement and Other Deferred Compensation. JOSEPH P ROSS Term 4/1/11 WALTER J ZAJAC Robert Crencik GERARD M WALSH John Ashworth MICHAEL C TOOKE MD JONATHAN COOK MD CHRISTOPHER PARKER MICHAEL SILGEN PATTI WILLIS MICHAEL ZIMMERMANIN During the fiscal year end June 30, 2011, the certain officers and key employees participated in the University of Maryland Medical System (UMMS) supplemental nonqualified plan. The officers and key employees listed below have vested in the plan in a prior year, therefore the contribution to the plan for the fiscal year is reported as taxable compensation and reported on Schedule J, Part II, Column (Biii), Other Reportable Compensation MICHAEL ZIMMERMAN Patti Willis JOSEPH P ROSS John Ashworth WALTER ZAJAC GERARD M WALSH CHRISTOPHER PARKER During the fiscal year end June 30, 2011, the certain officers and key employees participated in the University of Maryland Medical System (UMMS) supplemental nonqualified plan. The officers and key employees listed below have vested in the plan in the reporting tax year, therefore the full value of the plan, including any contribution to the plan for the current fiscal year, is reported as taxable compensation and reported on Schedule J, Part II, Column (Biii), Other Reportable Compensation. Prior year contributions to the plan were previously reported on Form 990 and are indicated on Schedule J, Part II, Column (F)

Schedule J (Form 990) 2010

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As Filed Data -

DLN: 93493135022342

OMB No 1545-0047

2010

Open to Public Inspection

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

SCHEDULE 0

Complete to provide information for responses to specific questions on

Supplemental Information to Form 990 or 990-EZ

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization SHORE HEALTH SYSTEM INC

Employer identification number

52-0610538

ldentifier	Return Reference	Explanation
Members or Stockholders		THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION IS A MEMBER OF SHORE HEALTH SYSTEM, INC. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION MAY ELECT MEMBERS AND APPROVE DECISIONS OF THE SHORE HEALTH SYSTEM BOARD

ldentifier	Return Reference	Explanation
Form 990 Review Process	Form 990, Part VI, Line 11b	THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE ACCOUNTING FIRM OF GRANT THORNTON ACCOUNTING PERSONNEL IN FINANCE SHARED SERVICES AT THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GATHER THE INFORMATION NEEDED TO COMPLETE THE RETURN AND INPUT THE DATA INTO THE GRANT THORNTON TAX ORGANIZER, WHICH IS A WEB-BASED SYSTEM WHEN ALL DATA HAS BEEN ENTERED, THE INFORMATION IS SUBMITTED TO GRANT THORNTON FOR IMPORTATION INTO THEIR TAX SOFTWARE. AT THIS POINT, GRANT THORNTON STAFF MEMBERS REVIEW THE DATA, ASK FOR ADDITIONAL INFORMATION IF NEEDED AND PREPARE THE TAX RETURN EACH RETURN IS REVIEWED AT SEVERAL LEVELS AT GRANT THORNTON INCLUDING THE TAX PARTNER AFTER THEIR REVIEW PROCESS, A DRAFT RETURN IS SENT TO THE ACCOUNTING STAFF AT UMMS FOR AN IN-HOUSE REVIEW UPON COMPLETION OF THE IN-HOUSE REVIEW, GRANT THORNTON IS INSTRUCTED TO MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN THE FINAL RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS THE RETURN PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATIONS 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 FILING OF THE ORGANIZATION'S IRS FORM 990 EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FILING FORM 990 BEFORE FILING

ldentifier	Return Reference	Explanation
Conflict of Interest Policy Monitoring & Enforcement	Form 990, Part VI, Line 12c	THE ORGANIZATIONS OFFICERS, DIRECTORS, EMPLOY EES 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 EMPLOY EES THE GENERAL COUNSEL, OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (IMMSC) 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 OF POTENTIAL CONFLICT OF INTEREST EXISTED FOR SOARD, 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 SOLITATIONS 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 show

ldentifier	Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Lines 15a, 15b	THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF 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
How Documents are Made Available to the Public Form 990, Part VI, Lir 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
changes in net assets	form 990, part XI, line 5	The following are the other changes in net assets. Transfer of CNES/CENT Activities to Shore Clinical Foundation \$ (1,889,689) Intercompany transactions elimination (8,149,700) Change in beneficiary interest 9,154,564 Change in investment of subsidiary 6,430,573 Rounding 1,623 Unrealiazed Gains 321,700

ldentifier	Return Reference	Explanation
hours on related entity		The University of Maryland Medical System (UMMS) is a multi-entity health care system including 8 acute care hospitals and various supporting entities. A number of individuals provide services to various entities within the system. In general, the officers and key employees of UMMS average in excess of 40 hours per week serving the different entities that comprise UMMS.

ldentifier	Return Reference	Explanation
TAX EXEMPT BONDS		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 of \$994,560,000 of the outstanding authority bonds on June 30, 2011. 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.

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Robert Chrencik TITLE UMMS President/CEO HOURS 40

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Gerard Walsh TITLE Interim Pres/CEO HOURS 5

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEWalter Zajac TITLE SVP/CFO-Board Treasurer HOURS 5

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEJohn Ashworth, III TITLE Board Member HOURS 40

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEJoseph Ross TITLE President/CEO HOURS 5

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Michael Tooke, MD TITLE SVP/CMO HOURS 5

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Christopher Parker TITLE Interim COO HOURS 5

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Michael Zimmerman TITLE VP/HR HOURS 5

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Michael Silgen TITLE VP/Marketing HOURS 5

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEJonathan Cook TITLE VP/Physican Services HOURS 5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

DLN: 93493135022342

OMB No 1545-0047 2010

Open to Public Inspection

Employer identification number

52-0610538

SCHEDULE R (Form 990)

Name of the organization

SHORE HEALTH SYSTEM INC

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Department of the Treasury Internal Revenue Service

► Attach to Form 990. See separate instructions.

(a) Name, address, and EIN of disregarded entity	(b) Primary activity		(c) Legal domicile (st or foreign countr	ate y)	(d) Total income		(e) End-of-year assets		(f) Direct controlling entity	I		
(1) CHESAPEAKE EAR NOSE THROAT & SINUS 219 s washington st easton, MD 21601 20-2995846	healthcare		MD					sh	าร			
(2) nhp llc 219 s washington st easton, MD 21601 26-2178083	real estate		MD						shs			
(3) chesapeake neurological surgery 219 s washington st easton, MD 21601 20-2995904	healthcare	healthcare		MD					shs			
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions (Complete ıf tax year.)	f the	e organization	n ans	wered "Yes" (on	Form 990, Part	IV,	line 34 because	e it had	one	
(a) Name, address, and EIN of related organization			(c) domicile (state preign country)	Exem	(d) npt Code section		(e) blic charity status section 501(c)(3))	С	(f) Direct controlling entity	Section 5 conti organ	g) 12(b)(13 rolled ızatıon	
										Yes	No	
See Additional Data Table	+											
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Cat No 50	135	Y				Schedule R (Fo	orm 990)	2010	

Part III Identifi because				ble as a Partner reated as a partne					answe	ered "\	es" on Fo	rm 990,	Part	IV, lıı	ne 34				
(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)	Share of t	(f) Share of total income		(g) Share of end-of-year assets		Share of end-of-year		Share of end-of-year		n) prtionate tions?	(i) Code V- amount in b Schedule (Form 1	ox 20 of : K-1	c 20 of managi C-1 partne		(k) Percentage ownership
									Yes	No			Yes	No					
See Additional Data Table													-						
				ble as a Corpora ations treated as a							nswered "\	es" on	Form	990,	Part IV,				
Name, address, and	(a) d EIN of related organiz	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share o	(f) f total income	Sha end-o	g) re of of-year sets		(h) Percentage ownership				
See Additional Data Table				Journal, ,										+					

(6)

Palt	·V	ransactions with Related Organizations (Complete in the organization answered res	on Form 990, Par	t iv, line 34, 35, 3	5A, OF 36.)		
r	Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Dur	ing th	e tax year, did the orgranization engage in any of the following transactions with one or more related organi	zations listed in Parts	II-IV?			
a	Receip	ot of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	Yes	
ь	Gıft, g	rant, or capital contribution to other organization(s)			11	Yes	
c (Gıft, gı	rant, or capital contribution from other organization(s)			10	Yes	
d	Loans	or loan guarantees to or for other organization(s)			10	ı	No
e	Loans	or loan guarantees by other organization(s)			16	Yes	
f s	Sale o	fassets to other organization(s)			1f		No
g	Purch	ase of assets from other organization(s)			19	ı 📗	No
h	Excha	nge of assets			11	ī	No
i L	.ease	of facilities, equipment, or other assets to other organization(s)			11		No
j L	ease	of facilities, equipment, or other assets from other organization(s)			1j		
k	Perfor	mance of services or membership or fundraising solicitations for other organization(s)			11-	Yes	
I P	erforr	mance of services or membership or fundraising solicitations by other organization(s)			11		No
m s	Sharın	g of facilities, equipment, mailing lists, or other assets			1r	n	No
n :	Sharın	ng of paid employees			1r	Yes	
0	Reımb	ursement paid to other organization for expenses			10	Yes	
р	Reımb	ursement paid by other organization for expenses			1 <u>r</u>	Yes	
q	Other	transfer of cash or property to other organization(s)			10		
r	Other	transfer of cash or property from other organization(s)			11	\bot	No
2 I	f the a	answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	cluding covered relati	onships and transact	ıon thresholds		
		(a)	(b) Transaction	(c)	(d) Method of determ	ınına an	nount
		Name of other organization	type(a-r)	Amount involved	involve		- Iount
(1)							
	itional [Data Table					
(2)							
(2)							
(3)							
(4)							
(- /							
(5)							
,							

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		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or anaging eartner?	
			Yes	No		Yes	No		Yes	No	
									+		
									+		
										-	
										1	

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

Software ID: **Software Version:**

EIN: 52-0610538

Name: SHORE HEALTH SYSTEM INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g Section (b)(1 contro organiz	n 512 13) olled					
						Yes	No					
Baltımore Washıngton Emergency Phys Inc												
301 Hospital Drive Glen BurnDdie, MD21061 52-1756326	Health Care	MD	501 (C)(3)	11	BWMS							
Baltımore Washıngton Healthcare Svcs												
301 Hospital Drive Glen Burnie, MD21061 52-1830243	Health Care	MD	501 (C)(3)	11	BWMS							
Baltımore Washıngton Medical Center Inc												
301 Hospital Drive Glen Burnie, MD21061 52-0689917	Health Care	MD	501 (C)(3)	3	BWMS							
Baltımore Washıngton 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												
200 Morgnec Road 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							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(: contr	g) on 512 (13) crolled nization
						Yes	No
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		
Care Health Services Inc		†			1		
219 South Washington Street Easton, MD21601 52-1510269	Health Care	MD	501 (C)(3)	11	SHS		
Dorchester General Hospital Foundation		†				1	
219 South Washington Street Easton, MD21601 52-1703242	Fundraising	MD	501 (C)(3)	11	SHS		
Memorial Hospital Foundation Inc		1					
219 South Washington Street Easton, MD21601 52-1282080	Fundraising	MD	501 (C)(3)	11	SHS		
Shore Clinical Foundation Inc		Ţ,					
219 South Washington Street Easton, MD21601 52-1874111	Health Care	MD	501 (C)(3)	11	SHS		
Maryland General Hospital Inc		,					
827 Linden Avenue Baltimore, MD21201 52-0591667	Health Care	MD	501 (C)(3)	3	MGHS		
James Lawrence Kernan Hosp Endow Fd		<u> </u>					
2200 Kernan Drive Baltimore, MD21207 23-7360743	Fundraising	MD	501 (C)(3)	11	UMMSC		
James Lawrence Kernan Hospital Inc		·		T			
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)(3)	11	UMMSC		
UMMS Foundation Inc		,					
22 South Greene Street Baltimore, MD21201 52-2238893	Fundraising	MD	501 (C)(3)	11	UMMSC		
University of MD Medical System Corp		Ţ					
22 South Greene Street Baltimore, MD21201 52-1362793	Health Care	MD	501 (C)(3)	3	UMMSC		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g Section (b)(1 contro organiz	n 512 l 3) olled
						Yes	No
University Specialty Hospital							
611 South Charles Street Baltimore, MD21230 52-0882914	Health Care	MD	501 (C)(3)	3	UMMSC		

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

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)	Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total Income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispro allocat	prtionate	(i) Code V-UBI amount on Box 20 of K-1 (\$)	Ger Man	j) neral or aging ner?	(k) Percentage ownership
				512-514)			Yes	No		Yes	No	
Arundel Physicians Associates LLC 301 Hospital Drive Glen Burnie, MD21061 52-2000762	Health Care	MD	APA Inc					No			Νo	
Central Maryland												
Radiology Oncology 10710 Charter Drive Columbia, MD21044 27-0879418	Health Care	MD	UMMSC					No			Νo	
Central MD Rehabilitation Center LLC												
22 South Greene Street Baltimore, MD21201 52-1939987	Health Care	MD	UMMSC					No			Νo	
Helen P Denit Cancer Treatment Center 22 South Greene Street Baltimore, MD21201 52-2283591	Health Care	MD	UMMSC					No			No	
Innovative Health LLC												
29165 Canvasback Drive Suite 100 Easton, MD21601 52-1997287	Billing	MD	SHS		34,908	300,773		No			Νo	
North Arundel Pet Center												
301 Hospital Drive Glen Burnie, MD21601 20-0806027	Health Care	MD	BWP Inc					No			Νo	
North Arundel Senior Living LLC												
301 Hospital Drive Glen Burnie, MD21601 54-1810728	Health Care	MD	BWHE Inc					No			Νo	
NAHSunrise of Severna Park LLC 301 Hospital Drive Glen Burnie, MD21601 54-1810729	Health Care	MD	BWHE Inc					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income (related, unrelated, excluded from tax under sections	(f) Share of total Income (\$)	(g) Share of end-of- year assets (\$)	(h) Disprop allocat	prtionate	(i) Code V - UBI amount on Box 20 of K-1 (\$)	Gen o Mana Part	eral r agıng	(k) Percentage ownership
				512-514)			Yes	No		Yes	No	
Shipley's Imaging Center LLC 22 South Greene Street Baltimore, MD21201 52-2040338	Health Care	MD	UMMSC					No			Νo	
Universitycare LLC 22 South Greene Street Baltimore, MD21201 52-1914892	Health Care	MD	UMMSC					No			No	

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, MD21601 52-1992649	Health Care	MD	BWHE	C Corp			
Baltimore Washington Health Enterprises 301 Hospital Drive Glen Burnie, MD21601 52-1936656	Health Care	MD	BWMS	C Corp			
BW Professional Services Inc 301 Hospital Drive Glen Burnie, MD21601 52-1655640	Health Care	MD	BWHE	C Corp			
Council of Unit Owners of MD Gen PC 827 Linden Avenue Baltimore, MD21601 52-1891126	Real Estate	MD	MGHS	C Corp			
Shore Health Enterprises Inc 219 South Washington Street Easton, MD21601 52-1363201	Real Estate	MD	SHS	C Corp	57,130	749,470	100 000 %
University Lithotripter Inc 22 South Greene Street Baltimore, MD21201 52-1451021	Health Care	MD	UMSC	C Corp			
UMMS Self Insurance Trust 23 South Greene Street Baltımore, MD21201 52-6315433	Insurance	MD	UMSC	C Corp			
Terrapin Insurance Company PO Box 1109 Grand Cayman, Cayman Islands KY1-1102 CJ 98-0129232	Insurance	CJ	UMSC	C Corp			
NA Executive Building Condo Assn Inc 301 Hospital Drive Glen Burnie, MD21061	Real Estate	MD	UMSC	C Corp			

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount I nvolved (\$)	(d) Method of determining amount involved
(1)	Shore Health Enterprises	a	61,419	
(2)	Shore Health Enterprises	J	57,000	
(3)	Memorial Hospital Foundation Inc	С	701,926	
(4)	Dorchester General Hospital Foundation Inc	С	75,570	
(5)	Care Health Services	n	581,900	
(6)	Memorial Hospital Foundation	n	155,968	
(7)	Shore Clinical Foundation	n	578,422	
(8)	Shore Clinical Foundation	а	89 31 2	



Consolidated Financial Statements and Schedules

June 30, 2011 and 2010

(With Independent Auditors' Report Thereon)

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KPMG LLP 1 East Pratt Street Baltimore, MD 21202-1128

Independent Auditors' Report

The Board of Directors
University of Maryland Medical System Corporation

We have audited the accompanying consolidated balance sheets of the University of Maryland Medical System Corporation and Subsidiaries (the Corporation) as of June 30, 2011 and 2010, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended These consolidated financial statements are the responsibility of the Corporation's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the University of Maryland Medical System Corporation and Subsidiaries as of June 30, 2011 and 2010, and the results of their operations, changes in their net assets, and their cash flows for the years then ended in conformity with U S generally accepted accounting principles

Our audits were made for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The supplementary information included in schedules I through 8 is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audits of the basic consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole



October 27, 2011

Consolidated Balance Sheets

June 30, 2011 and 2010

(In thousands)

Assets	_	2011	2010
Current assets Cash and cash equivalents Assets limited as to use, current portion Accounts receivable Patient accounts receivable, less allowance for doubtful	\$	217.517 40.114	238.548 39.228
accounts of \$161.124 and \$136.278 as of June 30, 2011 and 2010, respectively Other Inventories Prepaid expenses and other current assets	_	262.421 24.579 32.181 51.871	249.127 24.155 30.230 67.681
Total current assets		628.683	648.969
Investments Assets limited as to use, less current portion Property and equipment, net Deferred financing costs, net Investments in joint ventures Other assets		406.850 505.466 1.298.650 7.547 169.220 9.925	281.108 490.119 1.240.114 8.661 107.851 8.329
Total assets	\$	3,026,341	2.785,151
Liabilities and Net Assets			
Current liabilities Trade accounts payable Accrued payroll and benefits Advances from third-party payors Lines of credit Other current liabilities Long-term debt subject to short-term remarketing arrangements Current portion of long-term debt	\$	154.995 128.420 96.012 54.600 87.643 166.765 24.242	146.149 121.683 87.558 63.300 83.958 70.069 36.442
Total current liabilities		712.677	609,159
Long-term debt, less current portion and amount subject to short-term remarketing arrangements Other long-term liabilities Interest rate swap liabilities	_	869.372 87.858 105.400	959.243 105.794 128.575
Total liabilities	_	1.775.307	1.802.771
Net assets Unrestricted Temporarily restricted Permanently restricted	_	1.142.835 75.656 32.543	894.949 56.184 31.247
Total net assets		1.251.034	982,380
Total liabilities and net assets	\$ <u></u>	3.026.341	2.785.151

Consolidated Statements of Operations

Years ended June 30, 2011 and 2010

(In thousands)

		2011	2010
Unrestricted revenues, gains and other support			
Net patient service revenue Other operating revenue	\$	2.270.416	2,129,662
State support		3,200	3.200
Other revenue		70,588	66,106
Total unrestricted revenues, gains and other support		2,344,204	2,198,968
Operating expenses			
Salaries, wages and benefits		1,041,344	988,399
Expendable supplies		380,222	357,793
Purchased services		336,281	312,381
Contracted services		139,710	140,844
Depreciation and amortization		129,012	117,766
Interest expense		40,341	40,051
Provision for bad debts		177,013	179,289
Total operating expenses	_	2,243,923	2,136,523
Operating income		100,281	62,445
Nonoperating income and expenses, net			
Contributions		6,055	8,137
Equity in net income of joint ventures		20,534	3,514
Investment income		39,207	136
Change in fair value of investments		36,364	45,592
Change in fair value of undesignated interest rate swaps		18,640	(33,700)
Loss on early extinguishment of debt			(816)
Other nonoperating losses, net		(17,947)	(13,798)
Excess of revenues over expenses		203,134	71,510
Net assets released from restrictions used for the			
purchase of property and equipment		23,964	32,612
Other	_	20,788	(8,728)
Increase in unrestricted net assets	\$_	247,886	95,394

Consolidated Statements of Changes in Net Assets

Years ended June 30, 2011 and 2010

(In thousands)

	_	Unrestricted net assets	Temporarily restricted net assets	Permanently restricted net assets	Total
Balance at June 30, 2009	\$	799.555	76.204	28.160	903.919
Excess of revenues over expenses		71.510	_	_	71.510
Investment gains, net		_	3,338	136	3,474
State support for capital		_	7.965	_	7.965
Contributions, net		_	21.011	2.866	23.877
Net assets released from restrictions used for operations and nonoperating activities. Net assets released from restrictions used for purchase.		_	(5.890)	_	(5.890)
of property and equipment		32.612	(32.612)	_	_
Change in economic and beneficial interests in the			(11096)	85	(11001)
net assets of related organizations Change in ownership interest of joint ventures		3.478	(14.986) 1.141	83	(14.901) 4.619
Change in fair value of designated interest rate swaps		(7.410)	1,141	_	(7.410)
Change in funded status of defined benefit pension plans		(4.766)	_	_	(4,766)
Other	_	(30)	13		(17)_
Increase (decrease) in net assets	_	95.394	(20.020)	3.087	78.461
Balance at June 30, 2010		894.949	56,184	31.247	982.380
Excess of revenues over expenses		203.134	_	_	203.134
Investment gains, net		_	5.102	177	5.279
State support for capital		_	21,565	_	21.565
Contributions, net		_	17.058	1.079	18.137
Net assets released from restrictions used for					
operations and nonoperating activities		_	(3.639)	_	(3.639)
Net assets released from restrictions used for purchase of property and equipment		23.964	(23,964)	_	
Change in economic and beneficial interests in the			` ′		
net assets of related organizations		_	3.324	40	3.364
Change in ownership interest of joint ventures		2.268	102	_	2.370
Change in fair value of designated interest rate swaps		2.298	_	_	2.298
Change in funded status of defined benefit pension plans		16.322	_	_	16.322
Other	_	(100)	(76)		(176)
Increase in net assets	_	247.886	19.472	1,296	268,654
Balance at June 30, 2011	\$ _	1.142.835	75,656	32,543	1.251.034

Consolidated Statements of Cash Flows

Years ended June 30, 2011 and 2010

(In thousands)

	 2011	2010
Cash flows from operating activities	 	_
Increase in net assets	\$ 268,654	78,461
Adjustments to reconcile increase in net assets		
to net cash provided by operating activities		
Depreciation and amortization	129,012	117,766
Provision for bad debts	177,013	179,289
Amortization of bond premium and deferred financing costs Net realized gains and change in fair value	1,562	1.178
of investments	(70.293)	(38,703)
Loss on early extinguishment of debt		816
Equity in net income of joint ventures	(20,534)	(3,514)
Contribution of land held for sale		(1,800)
Decrease in economic and beneficial interests in net		
assets of related organizations	(3,364)	14,901
Change in fair value of interest rate swaps	(23,175)	40,649
Change in funded status of defined benefit pension plans	16,322	4,766
Increase in patient accounts receivable	(190,307)	(186,637)
Increase in other receivables, prepaid expenses.		
other current assets and other assets	(6.431)	(8.635)
(Increase) decrease in inventories	(1.951)	1,323
(Decrease) increase in trade accounts payable, accrued		
payroll and benefits, other current liabilities and other long-term liabilities	(23.940)	27,047
Increase in advances from third-party payors	8,454	3,030
Restricted contributions, investment income and state		
support	 (44,981)	(35,316)
Net cash provided by operating activities	216,041	194,621
Cash flows from investing activities		
Purchases and sales of investments and assets limited as		
to use, net	(44,076)	(153,660)
Purchases of property and equipment	(169,198)	(141,686)
Distributions from joint ventures, net	4,388	1,924
Investment in joint ventures	(39,954)	(26,750)
Change in deposit for undesignated interest rate swaps on	, ,	` ,
hand with swap counterparty	11,438	(13.420)
Net cash used in investing activities	 (237,402)	(333,592)

Consolidated Statements of Cash Flows

Years ended June 30, 2011 and 2010

(In thousands)

		2011	2010
Cash flows from financing activities			
Proceeds from long-term debt	\$	26,750	245,942
Repayment of long-term debt and capital leases		(56.815)	(139,915)
(Repayments) draws on lines of credit, net		(8,700)	35,500
Change in deposit for designated interest rate swaps on hand with			
swap counterparty		3,514	(3.941)
Payment of debt issuance costs			(2,420)
Restricted contributions, investment income and state support		35,581	35,316
Net cash provided by financing activities		330	170,482
Net (decrease) increase in cash and cash equivalents		(21.031)	31,511
Cash and cash equivalents, beginning of year		238,548	207,037
Cash and cash equivalents, end of year	\$	217,517	238,548
Supplemental disclosures of cash flow information			
Cash paid during the year for interest	\$	41,802	37,269
Amount included in accounts payable for construction in progress		17,146	11,981
Supplemental disclosures of noncash information			
Capital leases	\$	3.785	11.232
Contributed land	Ψ	9,400	1,800
		,,,,,,	1.000

Notes to Consolidated Financial Statements
June 30, 2011 and 2010

(1) Organization and Summary of Significant Accounting Policies

(a) Organization

The University of Maryland Medical System Corporation (the Corporation or UMMS) is engaged in providing comprehensive healthcare services through an integrated network of hospitals and other inpatient and outpatient clinical enterprises. The Corporation operates University Hospital, University of Maryland Marlene and Stewart Greenebaum Cancer Center (Greenebaum Cancer Center), and The R Adams Cowley Shock Trauma Center (Shock Trauma Center), collectively referred to as University of Maryland Medical Center (Medical Center) and is the sole member of The James Lawrence Kernan Hospital, Inc (Kernan), University Specialty Hospital, Inc (University Specialty). Maryland General Health Systems, Inc (Maryland General), Baltimore Washington Medical System, Inc (Baltimore Washington), Shore Health System, Inc (Shore Health), Chester River Health System, Inc (Chester River), University of Maryland Medical System Foundation, Inc (UMMS Foundation), Shipley's Choice Medical Park, Inc. (Shipley's), and 36 South Paca Street, LLC (36 South Paca), each of which is described below. In addition, the Corporation has a majority interest in University CARE, LLC (UCARE), and accordingly, it is a consolidated subsidiary of the Corporation The Corporation also maintains equity interests in various unconsolidated joint ventures, which are described in note 4. All material intercompany balances and transactions have been eliminated in consolidation

University of Maryland Medical Center

The Medical Center is comprised of three operating divisions. University Hospital, Greenebaum Cancer Center and Shock Trauma Center. University Hospital is a tertiary teaching hospital located in Baltimore with 565 licensed beds. The Greenebaum Cancer Center is a 51-bed program which specializes in the treatment of cancer patients. The Shock Trauma Center is a program with 115 licensed beds which provides both treatment to victims of trauma and training in establishing shock trauma systems.

The James Lawrence Kernan Hospital, Inc.

Kernan is comprised of a medical/surgical and rehabilitation hospital in Baltimore with 132 licensed beds, including 98 rehabilitation beds, 24 chronic care beds, 10 medical/beds, and off-site physical therapy facilities

A related corporation. The James Lawrence Kernan Endowment Fund. Inc (Kernan Endowment), is governed by a separate, independent board of directors and is required to hold investments and income derived therefrom for the exclusive benefit of Kernan Accordingly, the accompanying consolidated financial statements reflect an economic interest in the net assets of the Kernan Endowment

University Specialty Hospital, Inc.

University Specialty is a 180-bed facility located in Baltimore providing chronic care

Notes to Consolidated Financial Statements
June 30, 2011 and 2010

Maryland General Health Systems, Inc.

Maryland General is a West Baltimore health system comprised of Maryland General Hospital, a 213-bed acute care hospital, a wholly owned subsidiary providing primary care, and a noncontrolling 25% interest in a managed care organization providing services primarily to Medicaid patients

A related corporation, Maryland General Community Health Foundation, Inc (Maryland General Foundation), is required to hold investments and income derived therefrom for the exclusive benefit of Maryland General As of June 30, 2011, Maryland General Foundation had contributed all of its assets to Maryland General Hospital in support of future capital projects

Baltimore Washington Medical System, Inc.

Baltimore Washington is a health system comprised of Baltimore Washington Medical Center, a 311-bed acute care hospital providing a broad range of services, and several wholly owned subsidiaries providing emergency physician and other services

Baltimore Washington Medical Center Foundation, Inc (BWMC Foundation) is governed by a separate, independent board of directors and is required to hold investments and income derived therefrom for the exclusive benefit of Baltimore Washington Medical Center Accordingly, the accompanying consolidated financial statements reflect an economic interest in the net assets of the BWMC Foundation

Shore Health System, Inc.

Shore Health is a two-hospital health system located on the Eastern Shore of Maryland Shore Health owns and operates Memorial Hospital, a 145-bed acute care hospital providing inpatient and outpatient services in Easton. Maryland, Dorchester Hospital, a 54-bed acute care hospital providing inpatient and outpatient services in Cambridge, Maryland, Memorial Hospital Foundation (Memorial Foundation), a nonprofit corporation established to solicit donations for the benefit of Memorial Hospital, and several other subsidiaries providing various outpatient and home care services

Dorchester General Hospital Foundation. Inc (Dorchester Foundation) is governed by a separate, independent board of directors to raise funds on behalf of Dorchester Hospital. Shore Health does not have control over the policies or decisions of the Dorchester Foundation, and accordingly, the accompanying consolidated financial statements reflect a beneficial interest in the net assets of the Dorchester Foundation.

Chester River Health System, Inc.

Chester River owns and operates Chester River Hospital Center (CRHC), a 53-bed acute care hospital providing inpatient and outpatient services to the residents of Kent and Queen Anne's counties. Chester River Health Foundation (Chester River Foundation), a nonprofit corporation established to solicit donations for the benefit of Chester River, and two other subsidiaries providing outpatient and homecare services

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

University of Maryland Medical System Foundation, Inc.

The UMMS Foundation, a not-for-profit foundation, was established for the purpose of soliciting contributions on behalf of the Corporation

36 South Paca Street, LLC

36 South Paca is a single-member limited liability company that owns and operates a residential apartment building near the Corporation's Baltimore campus

UniversityCARE, LLC

UCARE. a physician hospital organization was established as a joint venture between the Corporation and University Physicians. Inc (UPI) The purpose of UCARE is to operate an integrated healthcare services delivery system in a manner that integrates the teaching and research missions of the Corporation. UPI and their affiliates with the delivery of care in a cost efficient manner. The Corporation's ownership percentage and income (loss) sharing percentage is 90% and UPI's percentage is 10%. Accordingly, the assets, liabilities, unrestricted net assets and operations of UCARE are consolidated with the Corporation in the accompanying consolidated financial statements, and UPI's ownership interest is treated as a noncontrolling interest.

Shipley's Choice Medical Park, Inc.

Shipley's, a wholly owned subsidiary, is a 501(c) (2) title-holding corporation, formed for the purpose of managing property investments located in Anne Arundel County. The operations of Shipley's are solely comprised of the management of this property.

(b) Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with U S generally accepted accounting principles

(c) Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing deposits with maturities of three months or less from the date of purchase

(d) Investments and Assets Limited as to Use

The Corporation's investment portfolio is classified as trading, and is reported in the consolidated balance sheets at its fair value, based on quoted market prices, at June 30, 2011 and 2010. Unrealized holding gains and losses on trading securities with readily determinable market values are included in nonoperating income. Investment income, including realized gains and losses, is included in nonoperating income in the accompanying consolidated statement of operations.

Assets limited as to use include investments set aside at the discretion of the board of directors for the replacement or acquisition of property and equipment, investments held by trustees under bond indenture agreements and self-insurance trust arrangements, and assets whose use is restricted by donors. Such investments are stated at fair value. Amounts required to meet current liabilities have

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

been included in current assets in the consolidated balance sheets. Changes in fair values of donor-restricted investments are recorded in temporarily restricted net assets unless otherwise required by the donor or state law.

Assets limited as to use also include the Corporation's economic interests in financially interrelated organizations (note 12)

Alternative investments are recorded under the equity method of accounting. Underlying securities of these alternative investments may include certain debt and equity securities that are not readily marketable. Because certain investments are not readily marketable, their fair value is subject to additional uncertainty, and therefore values realized upon disposition may vary significantly from current reported values.

Investments are exposed to certain risks such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, changes in the value of investment securities could occur in the near term, and these changes could materially differ from the amounts reported in the accompanying consolidated financial statements

(e) Inventories

Inventories, consisting primarily of drugs and medical/surgical supplies, are carried at the lower of cost or market, on a first-in, first-out basis

(f) Economic Interests in Financially Interrelated Organizations

The Corporation recognizes its rights to assets held by recipient organizations, which accept cash or other financial assets from a donor and agree to use those assets on behalf of or transfer those assets, the return on investment of those assets, or both, to the Corporation Changes in the Corporation's economic interests in these financially interrelated organizations are recognized in the consolidated statements of changes in net assets

(g) Property and Equipment

Property and equipment are stated at cost, or estimated fair value at date of contribution, less accumulated depreciation. Depreciation is provided on a straight-line basis over the estimated useful lives of the depreciable assets. The estimated useful lives of the assets are as follows.

Buildings 20 to 40 years
Building and leasehold improvements 5 to 20 years
Equipment 3 to 20 years

Interest costs incurred on borrowed funds less interest income earned on the unexpended bond proceeds during the period of construction are capitalized as a component of the cost of acquiring those assets

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

(h) Deferred Financing Costs

Costs incurred related to the issuance of long-term debt are deferred and are amortized over the life of the related debt agreements or the related letter of credit agreements using the effective interest method. Accumulated amortization of such costs amounted to \$7,708,000 and \$6,594,000 as of June 30, 2011 and 2010, respectively. In connection with the refinancing of certain debt in the year ended June 30, 2010, the Corporation recorded a loss on early extinguishment of debt of \$816,000, which consisted of the write-off of deferred financing costs.

(i) Impairment of Long-Lived Assets

Long-lived assets, such as property, plant, and equipment, and purchased intangibles subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by comparing the carrying amount of an asset to estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized in the amount by which the carrying amount of the asset exceeds the fair value of the asset. Assets to be disposed of would be separately presented in the consolidated balance sheets and reported at the lower of the carrying amount or fair value less costs to sell, and are no longer depreciated. The assets and liabilities of a disposed group classified as held for sale would be presented separately in the appropriate asset and liability sections of the consolidated balance sheets.

(j) Investments in Joint Ventures

When the Corporation does not have a controlling interest in an entity, but exerts a significant influence over the entity, the Corporation applies the equity method of accounting

(k) Self-Insurance

Under the Corporation's self-insurance programs (general and professional liability, workers' compensation and employee health benefits), claims are reflected as a present value liability based upon actuarial estimates, including both reported and incurred but not reported claims taking into consideration the severity of incidents and the expected timing of claim payments

(l) Net Assets

The Corporation classifies net assets based on the existence or absence of donor-imposed restrictions. Unrestricted net assets represent contributions, gifts and grants, which have no donor-imposed restrictions or which arise as a result of operations. Temporarily restricted net assets

Notes to Consolidated Financial Statements
June 30, 2011 and 2010

are subject to donor-imposed restrictions that must or will be met either by satisfying a specific purpose and/or passage of time. Permanently restricted net assets are subject to donor-imposed restrictions that must be maintained in perpetuity. Generally, the donors of these assets permit the use of all or part of the income earned on related investments for specific purposes. The restrictions associated with these net assets generally pertain to patient care, specific capital projects and funding of specific hospital operations and community outreach programs.

(m) Net Patient Service Revenue and Provision for Uncollectible Accounts

Net patient service revenue for the Medical Center, Kernan, Maryland General, Baltimore Washington, Shore Health, Chester River and University Specialty reflects actual charges to patients based on rates established by the State of Maryland Health Services Cost Review Commission (HSCRC) in effect during the period in which the services are rendered, net of contractual adjustments. Contractual adjustments represent the difference between amounts billed as patient service revenue and amounts allowed by third-party payors. Such adjustments include discounts on charges as permitted by the HSCRC

The Corporation records revenues and accounts receivable from patients and third-party payors at their estimated net realizable value. Revenue is reduced for anticipated discounts under contractual arrangements and for charity care. An estimated provision for bad debts is recorded in the period the related services are provided based upon anticipated uncompensated care, and is adjusted as additional information becomes available.

The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in healthcare coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category. The results of this review are then used to make modifications to the provision for bad debts and to establish an allowance for uncollectible receivables. After collection of amounts due from insurers, the Corporation follows internal guidelines for placing certain past due balances with collection agencies.

(n) Charity Care

The Corporation provides charity care to patients who are unable to pay Such patients are identified based on information obtained from the patient and subsequent analysis. Because the Corporation does not expect collection of amounts determined to qualify as charity care, they are not reported as revenue. Based on established rates, the Corporation estimates \$83,232,000 and \$68,825,000 of charity care services were provided in the years ended June 30, 2011 and 2010, respectively

(o) Nonoperating Income and Expenses, Net

Other activities that are largely unrelated to the Corporation's primary mission are recorded as nonoperating income and expenses, and include investment income, equity in the net income of joint ventures, general donations and fund-raising activities, and loss on early extinguishment of debt

Notes to Consolidated Financial Statements
June 30, 2011 and 2010

(p) Derivative Financial Instruments

The Corporation records derivative and hedging activities on the consolidated balance sheet at their respective fair values

The Corporation utilizes derivative financial instruments to manage its interest rate risks associated with long-term tax-exempt debt. The Corporation does not hold or issue derivative financial instruments for trading purposes.

The Corporation's specific goals are to (a) manage interest rate sensitivity by modifying the repricing or maturity characteristics of some of its tax-exempt debt, and (b) lower unrealized appreciation or depreciation in the market value of the Corporation's fixed-rate tax-exempt debt when that market value is compared with the cost of the borrowed funds. The effect of this unrealized appreciation or depreciation in market value, however, will generally be offset by the income or loss on the derivative instruments that are linked to the debt

All derivative instruments are reported as other assets or other long-term liabilities in the consolidated balance sheet and measured at fair value. On the date the derivative contract is entered into, the Corporation may designate the derivative as either a hedge of the fair value of a recognized or forecasted liability (fair value hedge) or a hedge of the variability of cash flows to be received or paid related to a recognized liability (cash flow hedge), provided the derivative instrument meets certain criteria related to its effectiveness. Derivatives not designated as hedges or not meeting effectiveness criteria are carried at fair value with changes in the fair value recognized in other nonoperating income and expenses.

The Corporation formally documents all hedge relationships between hedging instruments and hedged items, as well as its risk-management objective and strategy for undertaking various hedge transactions. This process includes linking all derivatives that are designated as fair value or cash flow hedges to specific liabilities on the consolidated balance sheet. The Corporation also formally assesses, both at the hedge's inception and on an ongoing basis, whether the derivatives that are used in hedging transactions are highly effective in offsetting changes in fair values or cash flows of hedged items.

Changes in the fair value of derivative instruments are included in or excluded from the excess of revenues over expenses depending on the use of the derivative and whether it qualifies for hedge accounting. Changes in the fair value of a derivative that is designated and qualifies as a fair value hedge, along with the changes in the fair value of the hedged item related to the risk being hedged, are included in the excess of revenues over expenses. Changes in the fair value of a derivative that is designated as a cash flow hedge are excluded from the excess of revenues over expenses to the extent that the hedge is effective until the excess of revenues over expenses is affected by the variability of cash flows in the hedged transaction. Changes in the fair value that relate to ineffectiveness are included in the excess of revenues over expenses as interest expense.

The Corporation discontinues hedge accounting prospectively when it determines that the derivative is no longer effective in offsetting changes in the fair value or cash flows of a hedged item, when the derivative expires or is sold, terminated or exercised, or when management determines that

Notes to Consolidated Financial Statements
June 30, 2011 and 2010

designation of the derivative as a hedge instrument is no longer appropriate. When hedge accounting is discontinued and the derivative remains outstanding, all subsequent changes in fair value of the derivative are included in the excess of revenues over expenses.

(q) Excess of Revenue over Expenses

The consolidated statement of operations includes a performance indicator, excess of revenue over expenses. Changes in unrestricted net assets that are excluded from the performance indicator, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions, which, by donor restrictions, were to be used for the purpose of acquiring such assets), pension-related changes other than net periodic pension costs, change in fair value of derivatives that qualify for hedge accounting, and other items that are required by generally accepted accounting principles to be reported separately

(r) Income Taxes

The Corporation and most of its subsidiaries are not-for-profit corporations formed under the laws of the State of Maryland, organized for charitable purposes and recognized by the Internal Revenue Service as tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code pursuant to Section 501(a) of the Code The effect of the taxable status of its for-profit subsidiaries is not material to the consolidated financial statements. The Corporation paid approximately \$195,000 in income taxes on its unrelated business activities in the year ended June 30, 2010. There were no income taxes paid on unrelated business activities in the year ended June 30, 2011. The Corporation has net operating losses of approximately \$13.5 million as of June 30, 2011, which expire at various dates through 2031. The Corporation's deferred tax assets of approximately \$5.4 million at June 30, 2011 are fully reserved as they are not expected to be utilized.

The Corporation follows a threshold of more-likely-than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. Management does not believe that there are any unrecognized tax benefits that should be recognized.

(s) Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the promise becomes unconditional. Contributions are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction is satisfied, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions. Such amounts are classified as other revenue or transfers and additions to property and equipment

Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved. An allowance for uncollectible contributions receivable is provided based upon management's judgment including such factors as prior collection history, type of contributions, and nature of fund-raising activity.

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Notes to Consolidated Financial Statements
June 30, 2011 and 2010

The Corporation follows accounting guidance for classifying the net assets associated with donor-restricted endowment funds held by organizations that are subject to an enacted version of the Uniform Prudent Management Institutional Funds Act of 2006 (UPMIFA)

(t) Fair Value Measurements

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No 2010-06 (ASU 2010-06). *Improving Disclosures about Fair Value Measurements* ASU 2010-06 amends Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures*, to require a number of additional disclosures regarding fair value measurements and disclosure of the amounts of significant transfers between Level 1 and Level 2 investments and the reasons for such transfers, the reasons for any transfers into or out of Level 3 investments, and disclosure of the policy for determining when transfers among levels are recognized ASU 2010-06 also clarified that disclosures should be provided for each class of assets and liabilities and clarified the requirement to disclose information about the valuation techniques and inputs used in estimating Level 2 and Level 3 measurements Effective in fiscal year 2011. ASU 2010-06 also requires that information in the reconciliation of recurring Level 3 measurements about purchases, sales, issuances and settlements be provided on a gross basis. The adoption of ASU 2010-06 only required additional disclosures and did not have an impact on the consolidated financial statements

The following methods and assumptions were used by the Corporation in estimating the fair value of its financial instruments

Cash and cash equivalents, accounts receivable, assets limited as to use, investments, accounts payable, accrued expenses and advances from third-party payors — The carrying amounts reported in the consolidated balance sheet approximate the related fair values

Long-term debt – The fair value of the long-term debt issued through the Maryland Health and Higher Educational Facilities Authority (Authority or MHHEFA), based on quoted market prices for the same or similar issues, at June 30, 2011 and 2010, was approximately \$1,018,753,000 and \$1,040,208,000, respectively. The carrying amounts of other long-term debt reported in note 7 and on the consolidated balance sheet approximate the related fair values

(u) New Accounting Pronouncements

In April 2009, the FASB issued ASU No 2010-07, *Not-for-Profit Entities Mergers and Acquisitions (Topic 958)* This ASU established principles and requirements for how a not-for-profit entity determines whether a combination is a merger or an acquisition and makes other accounting literature fully applicable to not-for-profit entities. This ASU is effective for mergers for which the merger date is on or after the beginning of an initial reporting period beginning on or after December 15, 2009, therefore, effective for the Corporation January 1, 2010. This ASU is effective for acquisitions for which the acquisition date is on or after the beginning of the first annual reporting period beginning on or after December 15, 2009, therefore, effective for the Corporation on July 1, 2010. It may not be applied to mergers or acquisitions before those dates. The Corporation adopted the provisions of this guidance as of July 1, 2010. The adoption did not have an impact on

Notes to Consolidated Financial Statements
June 30, 2011 and 2010

the Corporation's financial position or results of operations for the year ended June 30, 2011. The Corporation completed the acquisition of Civista Health, Inc. and Subsidiaries on July 1, 2011. The acquisition will be accounted for under the new guidance and accordingly, the acquired entity will be recorded by the Corporation at its fair value as of the date of acquisition. Refer to note 21 Subsequent Events for additional disclosure regarding the transaction.

ASU 2010-07 also amends previous guidance for the reporting of goodwill and other intangibles and noncontrolling interests in consolidated financial statements to make their provisions fully applicable to not-for-profit entities. This guidance establishes that goodwill be tested annually for impairment and an impairment loss be recognized if it is determined that the carrying amount of the reporting unit's net assets exceeds its fair value. Beginning on July 1, 2010, the Corporation applied the transition provisions of the guidance, which requires the Corporation to cease amortization of previously recognized goodwill and to test goodwill for impairment annually or more frequently if events or circumstances indicate that the carrying value of an asset may not be recoverable. The Corporation completed the transitional and annual goodwill impairment test. No adjustments to the carrying value of previously recognized goodwill were recorded during the year ended June 30, 2011.

In August 2010, the FASB issued ASU No 2010-24, *Health Care Entities (Topic 954) Presentation of Insurance Claims and Related Insurance Recoveries* The amendments in the ASU clarify that a health care entity may not net insurance recoveries against related claim liabilities. In addition, the amount of the claim liability must be determined without consideration of insurance recoveries. This ASU is effective for the Corporation on July 1, 2011.

In August 2010, the FASB issued ASU No 2010-23, *Health Care Entities (Topic 954) Measuring Charity Care for Disclosure* ASU 2010-23 is intended to reduce the diversity in practice regarding the measurement basis used in the disclosure of charity care ASU 2010-23 requires that cost be used at the measurement basis for charity care disclosure purposes and that cost be identified as the direct and indirect cost of providing the charity care, and requires disclosure of the method used to identify or determine such costs. This ASU is effective for the Corporation on July 1, 2011

In July 2011, the FASB issued ASU No 2011-07, Health Care Entities (Topic 954) Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debt, and the Allowance for Doubtful Accounts The ASU requires health care entities that recognize significant amounts of patient service revenue to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) on their statement of operations This ASU is effective for the Corporation on July 1, 2012, with early adoption permitted

In September 2011, the FASB issued ASU No 2011-08, *Intangibles – Goodwill and Other (Topic 350)* This ASU is effective for fiscal years beginning after December 15, 2011, with early adoption permitted This ASU is effective for the Corporation on July 1, 2012

The Corporation does not anticipate that the adoption of the aforementioned pronouncements that will become effective in future fiscal years, will have a material impact on its financial position or its results of operations

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

(v) Use of Estimates

The preparation of consolidated financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates

(2) Investments and Assets Limited as to Use

The fair value of assets limited as to use was as follows at June 30 (in thousands)

2010
74,160
123,877
86,666
80,212
84,920
41,073
38,439
529,347
(39,228)
490,119

The composition and fair value of assets limited as to use were as follows at June 30, 2011 (in thousands)

	_	Debt service and reserve funds	Construction funds	Board designated funds	Self-insurance trust funds	Funds restricted by donors	Economic and beneficial interests	Total
Cash and eash								
equivalents	\$	33,491	73,904	9,773	477	7.317	_	124,962
Corporate bonds		_	2,928	2,862	1,117	4,349	_	11,256
Collateralized								
corporate obligations		_	1.684	1,627	3	287	_	3,601
U S government								
and agency securities		43,476	74,791	2,819	604	499	_	122,189
Common stocks,								
meluding mutual funds		_	13,804	39,617	1.036	23,894	_	78,351
Alternative investments		_	13,714	40,609	_	12,670	_	66,993
Assets held by other								
organizations	_				96,426		41,802	138,228
Total assets limited								
as to use	\$_	76,967	180,825	97,307	99,663	49,016	41.802	545,580

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

The composition and fair value of assets limited as to use were as follows at June 30, 2010 (in thousands)

rial Total
89,186
32,685
4,333
176,562
56,561
49,801
9 120,219
9 529,347
S

Self-insurance trust funds include amounts held by the Maryland Medicine Comprehensive Insurance Program (MMCIP) for payment of malpractice claims. These assets consist primarily of stocks, fixed-income corporate obligations, and alternative investments. MMCIP is a funding mechanism for the Corporation's malpractice insurance program. As MMCIP is not an insurance provider, transactions with MMCIP are recorded under the deposit method of accounting. Accordingly, the Corporation accounts for its participation in MMCIP by carrying limited-use assets representing the amount of funds contributed to MMCIP and recording a liability for claims, which is included in other current and other long-term liabilities in the accompanying consolidated balance sheets.

The composition and fair value of investments not limited as to use were as follows at June 30 (in thousands)

	 2011	2010
Cash and cash equivalents	\$ 37,789	7,705
Corporate bonds	28,547	40,418
Collateralized corporate obligations	16,403	16,130
U S government and agency securities	28,421	26,875
Common stocks	147,967	97,569
Alternative investments	 147,723	92,411
	\$ 406,850	281,108

Investments at June 30, 2011 include \$150,000,000 of funds for potential future commitments in accordance with the Affiliation Agreement with Upper Chesapeake Health System as discussed in note 4

Alternative investments include hedge fund, private equity, and commingled fund investments, which are valued using the equity method of accounting

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

Fair value disclosures related to the Corporation's investments and assets limited as to use are provided in note 19

The Corporation's total return on its investments and assets limited as to use was as follows for the years ended June 30 (in thousands)

	 2011	2010
Dividends and interest, net of fees	\$ 10,557	13,232
Net realized gains (losses)	30,107	(10.176)
Change in fair value of other-than-trading securities		-
Change in fair value of trading securities	 40,186	48.879
Total investment gain	\$ 80,850	51,935

Total investment gain is classified in the consolidated statements of operations as follows for the years ended June 30 (in thousands)

	 2011	2010
Nonoperating investment income	\$ 39,207	136
Other operating revenue	_	2,733
Change in fair value of unrestricted investments	36,364	45,592
Investment gains on restricted net assets	 5,279	3,474
Total investment return	\$ 80,850	51,935

Investment return does not include the returns on the economic interests in the net assets of related organizations, the returns on the self-insurance trust funds, returns on undesignated interest rates swaps, or the returns on certain construction funds where amounts have been capitalized

(3) Property and Equipment

The following is a summary of property and equipment at June 30 (in thousands)

	_	2011	2010
Land	\$	82,279	72,945
Buildings		972,683	955,181
Building and leasehold improvements		445,868	433,071
Equipment		948,188	916,454
Construction in progress	_	141,624	84,513
		2,590,642	2,462,164
Less accumulated depreciation and amortization	_	(1,291,992)	(1,222,050)
	\$_	1,298,650	1,240,114

Notes to Consolidated Financial Statements
June 30, 2011 and 2010

Interest cost capitalized was \$2,942,000 and \$1,501,000 (net of interest income of \$200,000 and \$374,000) for the years ended June 30, 2011 and 2010, respectively

Remaining commitments on construction projects were approximately \$100.927,000 at June 30, 2011

Construction in progress includes building and renovation costs for assets that have not yet been placed into service. These costs relate to major construction projects as well as routine renovations under way at the Corporation's facilities.

Depreciation expense was \$128,970,000 and \$117,470,000 for the years ended June 30, 2011 and 2010, respectively

(4) Investments in Joint Ventures

The Corporation has investments of \$169,220,000 and \$107,851,000 at June 30, 2011 and 2010, respectively, in the following unconsolidated joint ventures

		Percent ownership		
Joint venture	Business purpose	FY2011	FY2010	
Lithogroup, Inc Shipley's Imaging Center,	Lithotripsy provider	25%	25%	
LLC	Freestanding imaging center	50	50	
Maryland Care, Inc Innovative Health	Managed care organization	25	25	
Services, LLC	Third-party insurance claims			
	processor	50	50	
Helen P Denit Cancer	•			
Treatment Center, LLC NAH/Sunrise of Severna	Cancer treatment services	_	50	
Park, LLC	Senior living facility	50	50	
Terrapın Insurance	<i>5</i> .			
Company (Terrapin)	Healthcare professional liability insurance company	50	50	
Mt Washington Pediatric Hospital, Inc	Company			
(Mt Washington) UCHS/UMMS Venture.	Healthcare services	50	50	
LLC Central Maryland Radiation	Healthcare services	49	34	
Oncology Center LLC	Healthcare services	50	50	

The Corporation recorded equity in net earnings of \$20,534,000 and \$3,514,000 related to these joint ventures for the years ended June 30, 2011 and 2010, respectively

Notes to Consolidated Financial Statements
June 30, 2011 and 2010

Effective June 26, 2009, the Corporation entered into a Membership Interest Purchase Agreement (Membership Agreement) with Upper Chesapeake Health System, Inc (UCHS), a healthcare system located in Harford County, Maryland, whereby the Corporation purchased a 20% interest in the Upper Chesapeake Health System/University of Maryland Medical System Venture, LLC (UCHS/UMMS Venture, LLC) for \$31,500,000 On October 1, 2009, the Corporation entered into an Affiliation Agreement with UCHS and the UCHS/UMMS Venture, LLC whereby the Corporation paid an additional \$26,750,000 to UCHS/UMMS Venture, LLC for an additional 14% interest in the UCHS/UMMS Venture, LLC to 34% In accordance with the Affiliation Agreement, the Corporation paid an additional \$26,750,000 to UCHS/UMMS Venture, LLC on October 1, 2010 This payment increased the Corporation's membership interest in UCHS/UMMS Venture, LLC to 49% In accordance with the Affiliation Agreement, the Corporation has designated \$150 million for future capital improvements of UCHS/UMMS Venture, LLC The Corporation has committed no less than \$176 million to UCHS/UMMS Venture, LLC for future capital improvements over the next several years, which will increase the Corporation's membership interest in the UCHS/UMMS Venture, LLC to 100%

The following is a summary of the Corporation's joint ventures' combined unaudited condensed financial information as of and for the years ended June 30 (in thousands)

				2011		
	,	Mt. Washington	Terrapin	UCHS/UMMS Venture, LLC	Others	Total
Current assets Noncurrent assets	\$	24.051 47.759	12.398 117.524	97.163 280.831	106,151 70,833	239,763 516,947
Total assets	\$	71.810	129,922	377.994	176.984	756,710
Current liabilities Noncurrent liabilities Net assets	\$	9.555 8.189 54.066	3.092 124.880 1.950	51.643 199.695 126.656	94.637 2.636 79.711	158.927 335,400 262,383
Total liabilities and net assets	\$	71.810	129,922	377.994	176.984	756,710
Total operating expenses	\$	50.383 (46.455)	25,361 (34,826)	348.101 (340.285)	668,703 (644,939)	1.092.548 (1.066.505)
Total nonoperating gains/(losses), net		5,168	9,465	19.327	(9.139)	24.821
Other changes in net assets, net		654		30,920	(3.817)	27.757
Increase in net assets	\$	9.750		58,063	10,808	78.621

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

			2010		
	Mt. Washington	Terrapin	UCHS/UMMS Venture, LLC	Others	Total
Current assets Noncurrent assets	\$ 25.450 37.752	22,584 105,559	68.282 259.953	118.293 60.613	234.609 463.877
Total assets	\$ 63,202	128,143	328,235	178,906	698,486
Current liabilities Noncurrent liabilities Net assets	\$ 9.636 9.250 44.316	102 126,091 1.950	49.865 209.777 68.593	106,300 3,703 68,903	165.903 348.821 183.762
Total liabilities and net assets	\$ 63,202	128,143	328.235	178.906	698,486
Total operating revenue Total operating expenses Total nonoperating	\$ 48,901 (46,582)	24.942 (33.643)	294.636 (282.268)	514.305 (499.356)	882.784 (861.849)
gains/(losses), net Other changes in net	2.244	8,701	(9.574)	1.734	3,105
assets, net	3,068		28.609	14,006	45,683
Increase in net assets	\$ 7.631		31.403	30,689	69.723

(5) Leases

The Corporation rents various equipment and facility space Rent expense under these operating leases for the years ended June 30, 2011 and 2010 was approximately \$16,150,000 and \$16,516,000, respectively

Future noncancelable minimum lease payments under operating leases are as follows for the years ending June 30 (in thousands)

2012	\$	5,677
2013		4,541
2014		4,105
2015		3,626
2016		2,579
Thereafter	-	10,864
	\$	31,392

The Corporation rents property used for administration under a 99-year lease. The lease was recorded as a capital lease, and the Corporation recorded assets at their respective fair values of \$3,770,000 and \$29,230,000 for land and buildings, respectively. The lease includes an option for the Corporation to purchase the property during the period from April 20, 2017 to February 28, 2021 for a purchase price of not less than \$37,000,000 but not more than \$45,000,000 as determined by appraisals. In addition, the lease agreement includes a put option exercisable through February 28, 2013, whereby the lessor may require the

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

Corporation to purchase the building for \$37,000,000 As of June 30, 2011 and 2010, amounts of \$34,949,000 and \$34,680,000, respectively, representing obligations under the lease have been recorded in other current liabilities

As of June 30, 2011, amounts of \$2,830,000 and \$10,169,000 representing obligations under all other capital leases are included in other current liabilities and other long-term liabilities, respectively

The following is a summary of all property and equipment under capital leases at June 30 (in thousands)

 <u>2011</u>	2010
\$ 3,770	3,770
29,230	29,230
 18,555	14,771
51,555	47,771
 (9,813)	(5,621)
\$ 41,742	42,150
	\$ 3.770 29.230 18.555 51.555 (9.813)

Future minimum lease payments under capital leases, together with the present value of the net minimum lease payments, are as follows as of June 30, 2011 (in thousands)

2012	\$ 6,183
2013	11,458
2014	4,256
2015	3,759
2016	3,505
Thereafter	39,807
Total minimum lease	
payments	68,968
Less amounts representing interest	(21,020)
Present value of net minimum	
lease payments	\$ 47,948

(6) Lines of Credit

The Medical Center had unsecured credit lines totaling \$75,000,000 at June 30, 2011 and \$65,000,000 at June 30, 2010, available for working capital purposes under bank credit agreements, of which \$54,600,000 and \$63,300,000 was outstanding at June 30, 2011 and 2010, respectively. Interest is charged on the outstanding balance based on one-month LIBOR plus a percentage spread (rates ranged from 0.99% – 3.25% at June 30, 2011)

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

Maryland General maintained an unsecured line of credit arrangement with a bank of \$5,000,000, of which there was no outstanding balance as of June 30, 2011 or 2010 Interest is charged on the outstanding balance at one-month LIBOR plus 2 20% (2 39% at June 30, 2011)

Baltimore Washington maintained an unsecured line of credit arrangement with a bank of \$5,000,000 at June 30, 2010, of which there was no outstanding balance as of June 30, 2010

(7) Long-Term Debt and Other Borrowings

Long-term debt consists of the following at June 30 (in thousands)

		Payable in		
	Interest	fiscal		
	rate	year(s)	 2011	2010
MHHEFA project revenue bonds				
Corporation issue, payments due				
annually on July 1				
Series 2010 Bonds	$2\ 00\% - 5\ 25\%$	2011 - 2040	\$ 237,210	242,385
Series 2008A-E Bonds	Variable rate	2025 - 2042	280,000	280,000
Series 2008F Bonds	4 00% - 5 25%	2009 - 2024	75,785	81,395
Series 2007A/B Bonds	Variable rate	2008 - 2035	137.320	137,420
Series 2006A Bonds	4 50% - 5 00%	2026 - 2042	45,000	45,000
Series 2005 Bonds	4 00% - 5 50%	2006 - 2032	138,590	141,390
Series 2004B Bonds	3 20% - 5 00%	2005 - 2025	28,165	29,565
Series 2002 Bonds	5 00%	2004 - 2013	2.785	4.085
Series 2001 Bonds	4 25% - 5 00%	2006 - 2012	1.275	2,410
Series 1991B Bonds	7 00%	1992 - 2023	27.315	27,315
Shore Health issue, payments due				
annually on July 1				
Series 1998 Bonds	4 15% – 5 25%	2000 - 2020	21.115	22,955
MHHEFA pooled loan program				
Chester River Issue, payments due				
semi-annually on July and				
January 1 Commercial paper series	Variable rate	1990 - 2013	630	865
MHHEFA variable rate demand bonds				
Chester River Issue, payments due				
semi-annually on July and				
January 1 MHHEFA D	Variable rate	2004 - 2024	2,080	2,395
MHHEFA master lease and sublease	4 40%	2006 - 2013	1.170	1,765

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

	•	Payable in			
	Interest rate	fiscal year(s)		2011	2010
Other long-term debt					
North Arundel Senior Living.		Monthly.			
LLC Mortgage	Variable rate	2014	\$	10,909	11,167
Term loans	Variable rate	2010 - 2013		43,008	26,644
Other loans and notes payable	5 00% – 7 00%	Monthly . 1991 – 2023	_	4.462	4.990
				1.056.819	1.061.746
Less current portion of long-term debt				24,242	36,442
Less long-term debt subject to short-term re	emarketing agreements		_	166,765	70,069
				865.812	955.235
Plus unamortized premiums and discounts.	net		_	3,560	4,008
			\$_	869,372	959.243

Pursuant to a Master Loan Agreement dated June 20, 1991 (Master Loan Agreement), as amended, the Corporation and several of its subsidiaries have issued debt through MHHEFA. 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 Medical Center, University Specialty, Kernan Hospital, Maryland General Hospital, Baltimore Washington Medical Center, and Shore Health Each member of the Obligated Group is jointly and severally liable for the repayment of the obligations under the Master Loan Agreement. In January 2010, Chester River Health System and the UMMS Foundation were added to the Obligated Group.

Under the terms of the Master Loan Agreement and other loan agreements, certain funds are required to be maintained on deposit with the Master Trustee to provide for repayment of the obligations of the Obligated Group (note 2)

In January 2010, the Corporation refunded \$95,905,000 of the Series 2008G, 2008H, and Shore Health issue Series 2004A bonds. The refunding was completed using the proceeds of a new \$242,385,000 fixed-rate MHHEFA bond issue (the Series 2010 Bonds). The unamortized portion of issuance costs on the refunded debt of \$816,000 was expensed as a loss on early extinguishment of debt during the year ended June 30, 2010.

The payment of principal and interest on the Series 2005 Bonds and the Series 2004B Bonds is insured under a financial guaranty insurance policy. This policy insures the payment of principal, sinking fund

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Notes to Consolidated Financial Statements

June 30, 2011 and 2010

installments and interest on the corresponding bonds. Premiums related to the policy as well as other costs incurred relating to the bond issuances were capitalized and are being amortized over the life of the bonds. The insurance policy requires the Obligated Group to adhere to the same covenants as those in the Master Loan Agreement.

The aggregate annual future maturities of long-term debt according to the original terms of the Master Loan Agreement and all other loan agreements are as follows for the years ending June 30 (in thousands)

2012	\$	24,242
2013		52,987
2014		42,646
2015		23,262
2016		24,356
Thereafter	_	889,326
	\$	1,056,819

The Corporation's Series 2007A/B and 2008A-E, and Chester River's MHHEFA Series D and Pooled Loan issuances, are variable rate demand bonds requiring remarketing agents to purchase and remarket any bonds tendered before the stated maturity date. The reimbursement obligations with respect to the letters of credit are evidenced and secured by the respective bonds. To provide liquidity support for the timely payment of any bonds that are not successfully remarketed, the Corporation has entered into letter of credit agreements with six banking institutions. These agreements have terms that expire in 2012 through 2014. If the bonds are not successfully remarketed, the Corporation is required to pay an interest rate specified in the letter of credit agreement, and the principal repayment of bonds may be accelerated to require repayment in periods ranging from 20 to 60 months from the date of the failed remarketing. The Corporation has reflected the amount of its long-term debt that is subject to these short-term remarketing arrangements as a separate component of current liabilities in its consolidated balance sheets. In the event that bonds are not remarketed, the Corporation maintains available lines of credit and has the ability to access other sources to obtain the necessary liquidity to comply with accelerated repayment terms. All variable rate demand bonds were successfully remarketed as of June 30, 2011.

The following table reflects the required repayment terms for the years ended June 30 (in thousands) of the Corporation's debt obligations in the event that the put options associated with variable rate demand bonds subject to short-term remarketing agreements were exercised, but not successfully remarketed

2012	\$ 191,007
2013	253,097
2014	95,701
2015	23,262
2016	24,356
Thereafter	 469,396
	\$ 1,056,819

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

The approximate interest rates on MHHEFA project revenue bonds bearing interest at variable rates were as follows at June 30

	2011	2010
Series 2008A Bonds	0 20%	0 50%
Series 2008B Bonds	0 07	0 22
Series 2008C Bonds	0 09	0 26
Series 2008D Bonds	0 04	0 17
Series 2008E Bonds	0 08	0 29
Series 2007A Bonds	0 07	0 26
Series 2007B Bonds	0 07	0 28
Pooled Loan Program Series A and D. Chester River Issue	0 08	0 30

Chester River's MHHEFA Series D and Pooled Loan notes are secured by CRHS's buildings and equipment, as well as an irrevocable letter of credit, which expires in April 2012. Under the terms of the related loan and letter of credit agreements. Chester River is required to comply with certain restrictive covenants including maintenance of debt to equity and other financial tests.

In May 2006. CRHC entered into a Master Lease and Sublease Agreement (the CRHC Agreement) with MHHEFA and a financial institution to provide financing for CRHC to lease certain equipment essential or convenient for the operation of CRHC. The CRHC Agreement expires in May 2013. During the term of the CRHC Agreement, MHHEFA has legal title to the equipment, including any software license components. At the end of the CRHC Agreement, CRHC has the option to purchase the equipment for a notional amount of \$1.

The Medical Center had term loans outstanding totaling \$38.827.000 and \$22.238.000 at June 30, 2011 and 2010, respectively. One loan (\$11.600.000) is due in December 2011 and is charged interest at a rate of one-month LIBOR plus 0 29% (0 48% at June 30, 2011). The second loan (\$26.750.000) is scheduled to be repaid commencing in January 2013 with 11 equal monthly installments, beginning February 2012, of \$223.000 and a final installment for the remaining balance. This loan is charged interest monthly at one-month LIBOR plus 2.75% (2.9355% at June 30, 2011). The third loan (\$477.000) was repaid in August 2011. Baltimore Washington had a term loan outstanding of \$4.181.000 and \$4.406.000 at June 30, 2011 and 2010, respectively, upon which interest is charged at a rate of one-month LIBOR plus 1.75% (2.19% at June 30, 2011).

(8) Interest Rate Risk Management

The Corporation uses a combination of fixed and variable rate debt to finance capital needs. The Corporation maintains an interest rate risk-management strategy that uses interest rate swaps to minimize significant, unanticipated earnings fluctuations that may arise from volatility in interest rates. At June 30, 2011 and 2010, the notional values of outstanding interest rate swaps were \$609,669,000 and \$609,869,000, respectively. The interest rate swap agreements provide the Corporation synthetically fixed interest rates ranging from 3.6% - 4.0% with termination dates in 2031 through 2041

Notes to Consolidated Financial Statements
June 30, 2011 and 2010

Certain swaps representing a total notional amount of \$137,320,000 qualify as, and are designated as, cash flow hedges. Changes in the fair value of these designated swaps that effectively offset the variability of cash flows associated with the variable rate debt obligation initially are excluded from the excess of revenue over expenses and are reported as a change in the fair value of interest rate swap agreements included in the consolidated statement of changes in net assets. These amounts subsequently are reclassified into interest expense as a yield adjustment of the hedged debt obligation in the same period in which the related interest affects the excess of revenues over expenses. An unrealized gain (loss) on the designated swaps of \$2,298,000 and \$(7,410,000) is recorded in other changes in unrestricted net assets for the years ended June 30, 2011 and 2010, the Corporation recognized a net gain of \$2,237,000 and \$461,000, respectively, representing hedge ineffectiveness on the designated swaps, which is included in interest expense. The accumulated loss on changes in the fair value of designated swaps that is included in unrestricted net assets was \$23,181,000 and \$25,479,000 at June 30, 2011 and 2010.

Beginning in March 2008, previously designated cash flow hedging relationships were de-designated for accounting purposes. Accordingly, all changes in the fair value of the de-designated swaps since that date have been recognized in nonoperating gains (losses) in the accompanying consolidated statements of operations. The de-designated swaps represent a total notional amount of \$380,000,000 as of June 30, 2011 and 2010. The Corporation recorded a net nonoperating gain (loss) on de-designated interest rate swaps of \$18,640,000 and \$(33,700,000) for the years ended June 30, 2011 and 2010, respectively

The Corporation has a forward-starting swap agreement representing a total notional amount of \$92,348,500 that takes effect on July 1, 2012. The forward-starting swap agreement provides the Corporation with a synthetically fixed interest rate of 3.6%

The Corporation recognizes the fair value of interest rate swaps as a component of assets or liabilities, as appropriate At June 30, 2011 and 2010, a liability representing the fair value of the Corporation's interest rate swaps, including forward-starting swaps, amounts to \$105,400,000 and \$128,575,000, respectively

The Corporation is subject to a collateral posting requirement with one of its swap counterparties Collateral posting requirements are based on the Corporation's long-term debt credit ratings, as well as the net liability position of total interest rate swap agreements outstanding with that counterparty. The amount of such posted collateral was \$41,276,000 and \$56,242,000 at June 30, 2011 and 2010, respectively, and is included as a component of other current assets on the Corporation's consolidated balance sheets

Notes to Consolidated Financial Statements
June 30, 2011 and 2010

(9) Other Liabilities

Other liabilities consist of the following at June 30 (in thousands)

	 2011	2010
Malpractice and other self-insurance liabilities	\$ 51,104	53,228
Capital lease obligations	47,948	46,557
Accrued pension obligations	26,267	43,062
Accrued interest payable	14,580	14,793
Other	 35,602	32,112
Total other liabilities	175,501	189,752
Less current portion	 (87,643)	(83,958)
Other long-term liabilities	\$ 87,858	105,794

(10) Retirement Plans

Employees of the Corporation are included in various retirement plans established by the Corporation, the Medical Center, Kernan, University Specialty, Maryland General, Baltimore Washington, Shore Health, Chester River, and the State of Maryland Participation by employees in their specific plan(s) has evolved based upon the organization by which they were first employed and the elections that they made at the times when their original employers became part of the Corporation, if applicable Following is a brief description of each of the retirement plans in which employees of the Corporation participate

(a) Defined Benefit Plans

State of Maryland Retirement Plans - Defined benefit pension plans sponsored by the State of Maryland in which certain Medical Center and Kernan Hospital employees participate As required by an agreement with the State of Maryland at the time the Medical Center became an independent not-for-profit organization, the Corporation makes annual contributions to these plans related to certain employees who participate in these plans. The total required contributions and annual installments were determined through actuarial analysis in 1984 and are being funded over a period of 32 years, the expected remaining service lives of the employees at that time. These contributions are for the purpose of funding the net periodic pension costs for all remaining employees participating in these plans. These contributions were fixed via agreement and the Corporation does not have any obligation to fund nor does it have the ability to reduce contributions if net periodic pension costs or the minimum funding requirements as defined by the Employee Retirement Income Security Act of 1974 (ERISA) differ from the fixed contribution. The Corporation expenses costs of this plan as related services are rendered by employees. At June 30, 2011 and 2010, the present value of the Corporation's remaining unfunded amounts under this agreement was \$5,151,000 and \$6,082,000, respectively. Information as to the funded status of these plans and their relationship to the accumulated benefit obligations as they relate specifically to the Corporation's employees is not available

Notes to Consolidated Financial Statements
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Maryland General Returement Plan for Non – Union Employees – A noncontributory defined benefit plan covering substantially all nonunion employees. The benefits are based on years of service and compensation. Contributions to this plan are made to satisfy the minimum funding requirements of ERISA. In 2006, Maryland General froze the defined benefit pension plan.

Baltimore Washington Medical Center Pension Plan – A noncontributory defined benefit pension plan covering full-time employees who have been employed for at least one year and have reached 21 years of age

Baltimore Washington Medical Center Supplemental Executive Retirement Plan – A noncontributory defined benefit pension plan for senior management level employees

Chester River Health System. Inc Pension Plan and Trust – A noncontributory defined benefit pension plan covering substantially all CRHC employees as well as employees of a subsidiary. The benefits are paid to retirees based upon age at retirement, years of service and average compensation. Chester River's funding policy is to satisfy the minimum funding requirements of ERISA. Effective June 30, 2008. Chester River froze the defined benefit pension plan

The Corporation recognizes the funded status (i.e., difference between the fair value of plan assets and projected benefit obligations) of its defined benefit pension plans as an asset or liability in its consolidated balance sheet. The Corporation recognizes changes in the funded status in the year in which the changes occur as changes in unrestricted net assets. All defined benefit pension plans use a June 30 measurement date.

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

The following table sets forth the combined benefit obligations and assets of the defined benefit plans (excluding the State of Maryland Retirement Plan) at June 30 (in thousands)

	 2011	2010
Change in projected benefit obligations Benefit obligations at beginning of year	\$ 125,518	110,855
Plan amendment Settlements Service cost Interest cost Actuarial loss	(1.373) 2.649 6.213 (2.851)	2.176 6.433 10,351
Benefit payments	 (4.821)	(4.297)
Projected benefit obligations at end of year	\$ 125,335	125,518
Change in plan assets		
Fair value of plan assets at beginning of year Actual return on plan assets Settlements Employer contributions Benefit payments	\$ 82,456 14,169 (1,373) 8,637 (4,821)	70,337 8,580 — 7,836 (4,297)
Fair value of plan assets at end of year	\$ 99,068	82,456
Accumulated benefit obligation at end of year	\$ 120,226	120,027

The funded status of the plans and amounts recognized as other long-term liabilities in the consolidated balance sheets at June 30 are as follows (in thousands)

	 2011	2010
Funded status, end of period Fair value of plan assets Projected benefit obligations	\$ 99,068 125,335	82.456 125.518
	\$ (26,267)	(43,062)
Amounts recognized in unrestricted net assets at June 30 Net actuarial loss Prior service cost	\$ (45,595) (534)	(61,832) (619)
	\$ (46,129)	(62,451)

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

The estimated amounts that will be amortized from unrestricted net assets into net periodic pension cost in fiscal 2012 are as follows

Net actuarial loss	\$ (3.490)
Prior service cost	(87)
	\$ (3,577)

The components of net periodic pension cost for the years ended June 30 are as follows (in thousands)

	 2011	2010
Service cost	\$ 2,649	2,176
Interest cost	6,213	6,433
Expected return on plan assets	(6,661)	(6,242)
Prior service cost recognized	85	85
Recognized gains or losses	 5,878	3,158
Net periodic pension cost	\$ 8,164	5,610

The following table presents the weighted average assumptions used to determine benefit obligations for the plans at June 30

	2011	2010	
Discount rate	5 25%	5 00%	
Rate of compensation increase (for nonfrozen plan)	5 00	5 00	

The following table presents the weighted average assumptions used to determine net periodic benefit cost for the plans for the years ended June 30

	2011	2010
Discount rate	5 00%	6 00%
Expected long-term return on plan assets	7 75	7 75% – 8 00%
Rate of compensation increase (for nonfrozen plan)	5 00	5 00%

The investment policies of the Corporation's pension plans incorporate asset allocation and investment strategies designed to earn superior returns on plan assets consistent with reasonable and prudent levels of risk. Investments are diversified across classes, sectors, and manager style to minimize the risk of loss. The Corporation uses investment managers specializing in each asset category, and regularly monitors performance and compliance with investment guidelines. In developing the expected long-term rate of return on assets assumption, the Corporation considered the current level of expected returns on risk-free investments, the historical level of the risk premium

Notes to Consolidated Financial Statements
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associated with the other asset classes in which the portfolio is invested, and the expectations for future returns of each asset class. The expected return for each asset class was then weighted based on the target allocation to develop the expected long-term rate of return on assets assumption for the portfolio.

The Corporation's pension plans' target allocation and weighted average asset allocations at the measurement date of June 30, 2011 and 2010, by asset category, are as follows

		Percentage of plan assets as of			
	Target	June 30			
Asset category	allocation	2011	2010		
Cash and cash equivalents	0 - 10%	7%	22%		
Fixed income securities	25 - 45%	27	14		
Equity securities	30 - 50%	39	46		
Global asset allocation	10 - 20%	17	_		
Hedge funds	5 – 15%	10	18		
		100%	100%		

Equity and fixed income securities include investments in hedge fund of funds that are categorized in accordance with each fund's respective investment holdings. At both June 30, 2011 and 2010, the Corporation was in the process of implementing changes to its investment classification, which required the liquidation of certain assets, resulting in more cash on hand than targeted. This cash was used to purchase additional securities in subsequent periods in order to restore compliance with the target allocation.

The table below presents the Corporation's combined investable assets of the defined benefit pension plans, excluding the State of Maryland Retirement Plan, as of June 30, 2011 aggregated by the three level valuation hierarchy as described in note 19

	_	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$	7,138			7.138
Fixed income mutual funds		22,536	_	_	22,536
Common and preferred stocks		6.549	_	_	6,549
Equity mutual funds		26,501	_		26,501
Other mutual funds		9,858			9,858
Alternative investments	_		16,594	9.892	26,486
	\$ _	72,582	16,594	9.892	99.068

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June 30, 2011 and 2010

The table below presents the Corporation's combined investable assets of the defined benefit pension plans, excluding the State of Maryland Retirement Plan, as of June 30, 2010, aggregated by the three level valuation hierarchy as described in note 19

	_	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$	23,700	_	_	23,700
Fixed income mutual funds		4.477	_	_	4,477
Common and preferred stocks		33,253	_	_	33,253
Equity mutual funds		5,548	_	1,138	6,686
Other mutual funds		_	_	_	
Alternative investments	_			14,340	14,340
	\$_	66,978		15.478	82,456

Changes to Level 1 and Level 2 inputs between June 30, 2010 and June 30, 2011 were the result of strategic investments and reinvestments, interest income earnings, and changes in the fair value of investments

Changes to the fair values based on the Level 3 inputs are summarized as follows

	Equity mutual funds	Hedge funds	Total
Balance as of June 30, 2010	\$ 1,138	14,340	15,478
Additions/purchases	_	8,160	8,160
Withdrawals/sales	(1,372)	(11,691)	(13.063)
Net change in value	234	(917)	(683)
Balance as of June 30, 2011	\$ 	9,892	9,892

The following summarizes the redemption terms for the hedge fund-of-funds vehicles alternative investments held as of June 30, 2011

	Fund 1	Fund 2
Redemption timing		
Redemption frequency	Monthly	Quarterly
Required notice	20 days	70 days
Audit reserve		
Percentage held back for audit reserve		_
Gates		
Potential gate holdback	None	None
Potential gate release timeframe	N/A	N/A

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

The Corporation expects to contribute \$10,303,000 to its defined benefit pension plans for the fiscal year ending June 30, 2012

The following benefit payments, which reflect expected future employee service, as appropriate, are expected to be paid from plan assets in the following years ending June 30 (in thousands)

2012	\$ 3,962
2013	5,401
2014	5,994
2015	6,357
2016	6,641
2017 - 2019	47,698

The expected benefits to be paid are based on the same assumptions used to measure the Corporation's benefit obligation at June 30, 2011

(b) Defined Contribution Plans

Corporation Pension Plan – A noncontributory defined contribution plan for all eligible Corporation employees not participating in the State of Maryland Retirement Plans, the Kernan Plan, the University Specialty Retirement Plan or the Maryland General Plan described below Contributions to this plan by the Corporation are determined as a fixed percentage of total employees' base compensation

Corporation Salary Reduction 403(b) Plan – A contributory benefit plan covering substantially all employees not participating in the State of Maryland Retirement Plans, the Kernan Plan, the University Specialty Retirement Plan or the Maryland General Plan described below Employees are immediately eligible for elective deferrals of compensation as contributions to the plan

Kernan Tax Sheltered Annuty Plan – A contributory benefit plan administered by an insurance company for Kernan employees hired prior to a certain date in 1996 Employee contributions to this plan are eligible for a matching contribution by Kernan after participating employees have completed two years of credited service

University Specialty Retirement Plan – A defined contribution plan for substantially all full-time employees of University Specialty Employer contributions are made at the discretion of University Specialty's board of directors Employees may also make optional contributions within limits specified by the plan agreement

Maryland General Hospital, Inc 401(k) Profit Sharing Plan for Union Employees – Defined contribution plan for substantially all union employees of Maryland General Employer contributions to this plan are determined based on years of service and hours worked Employees are immediately eligible for elective deferrals of compensation as contributions to the plan

Notes to Consolidated Financial Statements
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Baltimore Washington Retirement Plans – Defined contribution plans covering all employees of Baltimore Washington Medical Center, and certain related entities Employees are eligible for matching contributions after two years of service as defined in the plans

Shore Health System Retirement Plan – A contributory benefit plan covering substantially all employees of Shore Health Employees are eligible for matching contributions after one year of service

Chester River Retirement Plan – A contributory benefit plan covering substantially all employees of Chester River who have met the eligibility requirements

Total annual retirement costs incurred by the Corporation for the previously discussed defined contribution plans and the State of Maryland Retirement Plans were \$22,794,000 and \$22,051,000 for the years ended June 30, 2011 and 2010, respectively. Such amounts are included in salaries, wages and benefits in the accompanying consolidated statements of operations.

(11) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are restricted primarily for the following purposes at June 30 (in thousands)

	 2011	2010
Facility construction and renovations, research, education, and other Economic and beneficial interests in the net assets of	\$ 33,854 41,802	17.745 38.439
related organizations	 41,802	38,439
	\$ 75,656	56,184

Net assets were released from donor restrictions during the years ended June 30, 2011 and 2010 by expending funds satisfying the restricted purposes or by occurrence of other events specified by donors as follows (in thousands)

	 2011	2010
Purchases of equipment and construction costs Research, education, uncompensated care, and other	\$ 23.964 3.639	32.612 5.890
	\$ 27,603	38,502

Included in net assets released from donor restrictions during the year ended June 30, 2011 for research, professional education, faculty support, uncompensated care and other is \$3,416,000 related to nonoperating activities of the Foundation

Permanently restricted net assets consist primarily of gifts to be held in perpetuity, the income from which may be used to fund the operations of the Corporation

Notes to Consolidated Financial Statements
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The Corporation's endowments consist of donor-restricted funds established for a variety of purposes. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

(a) Interpretation of Relevant Law

The Corporation has interpreted the Maryland Uniform Prudent Management of Institutional Funds Act (MUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Corporation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment. (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by MUPMIFA. In accordance with MUPMIFA, the Corporation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds

- (1) The duration and preservation of the fund
- (2) The purposes of the Corporation and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Corporation
- (7) The investment policies of the Corporation

Endowment net assets are as follows (in thousands)

	_	June 30, 2011					
	Unrestricte		Temporarily restricted	Permanently restricted	Total		
Donor-restricted endowment							
funds	\$		7.596	32,543	40,139		

Notes to Consolidated Financial Statements

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		June 30, 2010							
	_	Unrestricted	Temporarily restricted	Permanently restricted	Total				
Donor-restricted endowment									
funds	\$		4,930	31,247	36,177				

(b) Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or MUPMIFA requires the Corporation to retain as a fund of perpetual duration. The Corporation does not have any donor-restricted endowment funds that are below the level that the donor or MUPMIFA requires

(c) Investment Strategies

The Corporation has adopted policies for corporate investments, including endowment assets that seek to maximize risk-adjusted returns with preservation of principal. Endowment assets include those assets of donor-restricted funds that the Corporation must hold in perpetuity or for a donor-specified period(s). The endowment assets are invested in a manner that is intended to hold a mix of investment assets designed to meet the objectives of the account. The Corporation expects its endowment funds, over time, to provide an average rate of return that generates earnings to achieve the endowment purpose.

To satisfy its long-term rate-of-return objectives, the Corporation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Corporation employs a diversified asset allocation structure to achieve its long-term return objectives within prudent risk constraints.

The Corporation monitors the endowment funds returns and appropriates average returns for use. In establishing this practice, the Corporation considered the long-term expected return on its endowment. This is consistent with the Corporation's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

(12) Economic and Beneficial Interests in the Net Assets of Related Organizations

The Corporation is supported by several related organizations that were formed to raise funds on behalf of the Corporation and certain of its subsidiaries. These interests are accounted for as either economic or beneficial interests in the net assets of such organizations.

Notes to Consolidated Financial Statements
June 30, 2011 and 2010

The following is a summary of economic and beneficial interests in the net assets of financially interrelated organizations as of June 30 (in thousands)

	2011	2010
Economic interests in The James Lawrence Kernan Hospital Endowment Fund. Incorporated Baltimore Washington Medical Center Foundation. Inc	\$ 33,354 5,896	27.522 5.895
Maryland General Community Health Foundation, Inc	 	2,672
Total economic interests	39,250	36,089
Beneficial interest in the net assets of Dorchester General Hospital Foundation. Inc	 2,552	2,350
	\$ 41,802	38,439

At the discretion of its board of trustees, the Kernan Endowment Fund may pledge securities to satisfy various collateral requirements on behalf of Kernan and may provide funding to Kernan to support various clinical programs or capital needs

BWMC Foundation was formed in July 2000 and supports the activities of Baltimore Washington Medical Center by soliciting charitable contributions on its behalf

The Maryland General Foundation contributed the remainder of its assets, approximately \$2,590,000 and \$18,000,000 of funds during the years ended June 30, 2011 and 2010, respectively, to support future Emergency Department capital projects at Maryland General, which is included in contributions and change in economic and beneficial interest in net assets of related organizations in the accompanying consolidated statement of changes in net assets. The contribution made during the year ended June 30, 2011 constituted all of Maryland General Foundation's remaining assets.

Shore Health maintains a beneficial interest in the net assets of Dorchester Foundation, a nonprofit corporation organized to raise funds on behalf of Dorchester Hospital Shore Health does not have control over the policies or decisions of the Dorchester Foundation

Notes to Consolidated Financial Statements

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A summary of the combined unaudited condensed financial information of the financially interrelated organizations in which the Corporation holds an economic or beneficial interest as of June 30 is as follows (in thousands)

		2011	2010
Current assets Noncurrent assets	\$	3.753 39.061	3.017 37.047
Total assets	\$	42,814	40,064
Current liabilities Noncurrent liabilities Net assets	\$	374 638 41,802	419 1,206 38,439
Total liabilities and net assets	\$ 	42,814	40,064
Total operating revenue Total operating expense Other changes in net assets	\$	7.125 (3.066) (696)	286 (220) (14,967)
Total increase (decrease) in net assets	\$	3,363	(14,901)

(13) State Support

The Corporation received \$3,200,000 in support for the Shock Trauma Center operations from the State of Maryland in each of the years ended June 30, 2011 and 2010

The State of Maryland appropriates funds for specific construction costs incurred and equipment purchases made. The Corporation recognizes this support as the funds are expended for the intended projects. The Corporation expended and recorded \$20.815,000 and \$7,215,000 during the years ended June 30, 2011 and 2010, respectively.

For the year ended June 30, 2011 and 2010, the Corporation received \$750,000 of capital support from the State of Maryland for Kernan

(14) Functional Expenses

The Corporation provides general healthcare services to residents within its geographic location. Expenses related to providing these services, based on management's estimates of expense allocations, are as follows for the years ended June 30 (in thousands)

	_	2011	2010
Healthcare services General and administrative	\$	1.915.587 328.336	1,839,257 297,266
	\$	2,243,923	2,136,523

Notes to Consolidated Financial Statements
June 30, 2011 and 2010

(15) Insurance

The Corporation and its affiliates are self-insured for professional and general liability claims up to the limits of \$1 0 million on individual claims and \$3 0 million in the aggregate on an annual basis. For amounts in excess of these limits, the risk of loss has been transferred to the Terrapin Insurance Company (Terrapin), an unconsolidated joint venture. Terrapin provides insurance for claims in excess of \$1 million individually and \$3 million in the aggregate up to \$75 million individually and \$75 million in the aggregate under claims made policies between the Corporation and Terrapin. For claims in excess of Terrapin's coverage limits, if any, the Corporation retains the risk of loss.

As discussed in note 4. Terrapin is a joint venture corporation in which a 50% equity interest is owned by the Corporation and a 50% equity interest is owned by University Physicians, Inc

Based upon estimates made by independent actuaries, the Corporation provides for and funds the present value of the costs for professional and general liability claims and insurance coverage related to the projected liability from asserted and unasserted incidents, which the Corporation believes may ultimately result in a loss, risk management expenses and the projected costs to adjudicate claims. These accrued malpractice losses are discounted using a discount rate of 2.5% and, in management's opinion, provide an adequate and appropriate loss reserve

Claims asserted based upon occurrences prior to the inception of the current insurance programs and those prior to certain of the Corporation's component hospitals becoming participants in the insurance programs are covered by other insurance arrangements

Total malpractice insurance expense for the Corporation during the years ended June 30, 2011 and 2010 was approximately \$32,581,000 and \$30,107,000, respectively

The Corporation is involved in claims and litigation on malpractice matters, which arise in the normal course of business, none of which, in the opinion of management, is expected to result in losses in excess of insurance limits or have a materially adverse effect on the Corporation's financial position

The Corporation, and substantially all of its subsidiaries, are self-insured for workers' compensation and employee health claims

(16) Business and Credit Concentrations

The Corporation provides healthcare services through its inpatient and outpatient care facilities located in the State of Maryland. The Corporation generally does not require collateral or other security in extending credit, however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits receivable under their health insurance programs, plans or policies (e.g., Medicare, Medicaid, Blue Cross, workers' compensation, health maintenance organizations (HMOs) and commercial insurance policies)

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The Corporation had gross receivables from patients and third-party payors as follows at June 30

	2011	2010
Medicare	20%	20%
Medicaid	33	37
Commercial insurance and HMOs	16	16
Blue Cross	12	12
Self-pay and others	19	15
	100%	100%

The Corporation recorded gross revenues from patients and third-party payors for the years ended June 30 as follows

	2011	2010
Medicare	33%	34%
Medicaid	26	24
Commercial insurance and HMOs	16	17
Blue Cross	14	15
Self-pay and others	11	10
	100%	100%

(17) Certain Significant Risks and Uncertainties

The Corporation provides general acute healthcare services in the State of Maryland. The Corporation and other healthcare providers in Maryland are subject to certain inherent risks, including the following

- Dependence on revenues derived from reimbursement by the Federal Medicare and state Medicaid programs.
- Regulation of hospital rates by the State of Maryland Health Services Cost Review Commission.
- Government regulation, government budgetary constraints and proposed legislative and regulatory changes, and
- Lawsuits alleging malpractice and related claims

Such inherent risks require the use of certain management estimates in the preparation of the Corporation's consolidated financial statements and it is reasonably possible that a change in such estimates may occur

The Medicare and state Medicaid reimbursement programs represent a substantial portion of the Corporation's revenues, and the Corporation's operations are subject to a variety of other federal, state and local regulatory requirements. Failure to maintain required regulatory approvals and licenses and/or changes in such regulatory requirements could have a significant adverse effect on the Corporation.

Notes to Consolidated Financial Statements
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Changes in federal and state reimbursement funding mechanisms and related government budgetary constraints could have a significant adverse effect on the Corporation

The healthcare industry is subject to numerous laws and regulations from federal, state and local governments. The Corporation's compliance with these laws and regulations can be subject to periodic governmental review and interpretation, which can result in regulatory action unknown or unasserted at this time. Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the ordinary course of business, none of which, in the opinion of management, are expected to result in losses in excess of insurance limits or have a materially adverse effect on the Corporation's financial position.

The federal government and many states have aggressively increased enforcement under Medicare and Medicaid anti-fraud and abuse laws and physician self-referral laws (STARK law and regulation) Recent federal initiatives have prompted a national review of federally funded healthcare programs. In addition, the federal government and many states have implemented programs to audit and recover potential overpayments to providers from the Medicare and Medicaid programs. The Corporation has implemented a compliance program to monitor conformance with applicable laws and regulations, but the possibility of future government review and enforcement action exists.

As a result of recently enacted and pending federal healthcare reform legislation, substantial changes are anticipated in the U.S. healthcare system. Such legislation includes numerous provisions affecting the delivery of healthcare services, the financing of healthcare costs, reimbursement to healthcare providers and the legal obligations of health insurers, providers and employers. These provisions are currently slated to take effect at specified times over the next decade. This federal healthcare reform legislation does not affect the consolidated financial statements for the year ended June 30, 2011.

(18) Maryland Health Services Cost Review Commission (HSCRC)

Patient service revenue for hospital services is regulated by the HSCRC and recorded at rates established by the HSCRC. The Medical Center, Kernan, Maryland General, and Baltimore Washington have Charge Per Case (CPC) agreements with the HSCRC. The CPC agreements establish a prospectively approved average charge per inpatient case (inpatient cases are defined as hospital admissions plus births) and an estimated case mix index. These approved CPC targets are adjusted during the rate year for actual changes in case mix. The CPC agreements allow the hospital to adjust approved unit rates, within certain limits, to achieve the average charge per case targets for each rate year ending June 30. In 2011, the HSCRC implemented a charge per visit (CPV) methodology for hospital based outpatient services, which is similar in nature to the CPC inpatient methodology discussed above. The CPV methodology establishes prospectively approved average charges per outpatient visit for the majority of outpatient services provided. The remaining outpatient services are charged using the established HSCRC unit rates.

Shore Health and Chester River have Total Patient Revenue (TPR) agreements with the HSCRC. The TPR agreements establish an approved aggregate inpatient and outpatient revenue for regulated services to provide care for the patient population in the geographic region without regard for patient acuity or volumes.

Notes to Consolidated Financial Statements
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The HSCRC utilizes a bad debt pool into which each of the regulated hospitals in Maryland participates. The funds in the bad debt pool are distributed to the hospitals that exceed the state average based upon the amount of uncompensated care delivered to patients during the year. For the years ended June 30, 2011 and 2010, the Corporation recognized a net distribution from the pool of \$47.558,000 and \$47.642,000, respectively, which is recorded as net patient service revenue.

(19) Fair Value of Financial Instruments

The Corporation has implemented the provisions of recent accounting guidance on fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. This guidance established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows.

- Level 1 inputs are quoted market prices (unadjusted) in active markets for identical assets or liabilities that the Corporation has the ability to access at the measurement date
- Level 2 inputs are inputs other than quoted market prices including within Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 inputs are unobservable inputs for the asset or liability

Assets and liabilities classified as Level 1 are valued using unadjusted quoted market prices for identical assets or liabilities in active markets. The Corporation uses techniques consistent with the market approach and the income approach for measuring fair value of its Level 2 and Level 3 assets and liabilities. The market approach is a valuation technique that uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. The income approach generally converts future amounts (cash flows or earnings) to a single present value amount (discounted)

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety

As of June 30, 2011 and 2010, the Level 2 assets and liabilities listed in the fair value hierarchy tables below utilize the following valuation techniques and inputs

(a) U.S. Government and Agency Securities

The fair value of investments in U S government, state, and municipal obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads

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(b) Corporate Bonds

The fair value of investments in U S and international corporate bonds, including commingled funds that invest primarily in such bonds, and foreign government bonds is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads, and security specific characteristics, such as early redemption options.

(c) Collateralized Corporate Obligations

The fair value of collateralized corporate obligations is primarily determined using techniques consistent with the income approach, such as a discounted cash flow model Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and quotes

(d) Derivative Liabilities

The fair value of derivative contracts is primarily determined using techniques consistent with the market approach. Derivative contracts include interest rate, credit default, and total return swaps Significant observable inputs to valuation models include interest rates. Treasury yields, volatilities, credit spreads, maturity and recovery rates

Notes to Consolidated Financial Statements
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The following table presents assets and liabilities that are measured at fair value on a recurring basis at June 30, 2011 (in thousands)

	_	Level 1	Level 2	Level 3	Total
Assets					
Investments					
Cash and cash equivalents	\$	37,789	_	_	37.789
Corporate bonds		10,604	17.943	_	28.547
Collateralized corporate					
obligations		_	16,403	_	16,403
U S government and		10.760	15.050		20. 121
agency securities		10,568	17,853	_	28,421
Common and preferred					
stocks, including mutual funds		147,483	484		147,967
matau rana ,	_		101		117,507
	_	206,444	52,683		259,127
Assets limited as to use					
Cash and cash equivalents		88,869	36,093	_	124,962
Corporate bonds		7,162	4,094		11,256
Collateralized corporate					
obligations		_	3,601	_	3,601
U S government and agency					
securities		2,668	119.521	_	122,189
Common and preferred					
stocks, including		77.0 00			50.051
mutual funds		77.209	1.142	_	78.351
Investments held by other organizations			96.426		96,426
organization,	_				
		175,908	260,877		436,785
	\$_	382,352	313,560		695,912
Liabilities					
Interest rate swap habilities	\$	_	105,400	_	105,400
=	=				

Notes to Consolidated Financial Statements
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The following table presents assets and liabilities that are measured at fair value on a recurring basis at June 30, 2010 (in thousands)

	_	Level 1	Level 2	Level 3	Total
Assets					
Investments					
Cash and eash equivalents	\$	7.705	_		7.705
Corporate bonds		16.260	24.158	_	40.418
Collateralized corporate			45.450		4.5.450
obligations		_	16,130		16,130
U.S. government and agency securities		13,924	12.951		26,875
Common and preferred		13,924	12,931		20,873
stocks, including					
mutual funds		97.569			97.569
	_	135.458	53.239		188,697
Assets limited as to use		_			_
Cash and cash equivalents		89,186	_	_	89,186
Corporate bonds		13,691	18,994	_	32,685
Collateralized corporate					
obligations		_	4,332		4,332
U S government and agency					
securities		91.510	85.052	_	176,562
Common and preferred					
stocks, including			1.007		57.573
mutual funds Investments held by other		55.555	1.007	_	56,562
organizations			81,780		81,780
		249,942	191,165		441,107
	_				
	\$ =	385,400	244,404		629,804
Liabilities					
Interest rate swap habilities	\$_	<u> </u>	128.575		128,575
	_				

Changes to Level 1 and Level 2 inputs between June 30, 2010 and June 30, 2011 were the result of strategic investments and reinvestments, interest income earnings, and changes in the fair value of investments

(20) Related Party Agreements

The Corporation has certain agreements with various departments of the University of Maryland School of Medicine concerning the provision of professional and administrative services to the Corporation and its

Notes to Consolidated Financial Statements
June 30, 2011 and 2010

patients Total expense under these agreements in the years ended June 30, 2011 and 2010 was approximately \$97,160,000 and \$98,144,000, respectively

(21) Subsequent Events

The corporation evaluated all events and transactions that occurred after June 30, 2011 and through October 27, 2011 Other than described below, the Corporation did not have any material recognizable subsequent events during the period

Effective July 1, 2011, the Corporation entered into an affiliation agreement with Civista Health, Inc. and Subsidiaries (Civista), a healthcare system located in Southern Maryland, whereby the Corporation became the sole corporate member of Civista. The Civista Medical Center, the largest component of Civista, has been operated by the Corporation under a management agreement that began in 2009. In accordance with the affiliation agreement, the Corporation paid Civista \$4 million on July 1, 2011 to fund the purchase of the land on which Civista Medical Center is located. The Corporation has also transferred \$2.5 million to Civista to support operational and capital initiatives, and has committed an additional \$10 million for similar investments over the next five years.

The transaction will be accounted for under the guidance of ASU 2010-07, and accordingly, the Corporation will consolidate Civista at its fair value as of July 1, 2011. Such amounts are currently being determined. The Corporation does not expect the fair value adjustment recorded during the year ended June 30, 2012 to have a material impact on the Corporation's consolidated financial statements.

Notes to Consolidated Financial Statements

June 30, 2011 and 2010

Summarized pro forma unaudited historical cost basis combined balance sheet and statement of operations information for the Corporation, its subsidiaries and Civista for the year ended June 30, 2011 is as follows (in thousands)

Operating rev	venues		
UMMS		\$	2,344,204
Cıvısta		_	108,613
	Combined	\$ _	2,452,817
Operating ex	penses		
UMMS		\$	2,243,923
Cıvısta		_	106,423
	Combined	\$ _	2,350,346
Net nonopera	ating revenues		
UMMS		\$	102,853
Cıvısta		·	1,672
	Combined	\$	104,525
Change in to	tal net accets	_	
UMMS	tai net assets	\$	268,654
Civista		Ψ	6,256
	Combined	S –	274,910
	Combined	, =	274,910
Total net asse	ets		
UMMS		\$	1,251,034
Cıvısta		_	24,362
	Combined	\$ _	1,275,396

Consolidating Balance Sheet Information by Division

June 30 2011

(In thousands)

Assets	_	University of Maryland Medical Center	University CARE	Kernan	University Specialty	Maryland General	Baltimore Washington	Shore Health	Chester River	UMMS Foundation	Shipley s	36 South Paca	Eliminations	Consolidated Total
Current assets														
Cash and cash equivalents	\$	140 420	157	14 416	2 94~	14 664	25 382	14 466	4 356	_	144	565	_	217 517
Assets limited as to use current portion Accounts receivable		3~469	_	_		986	833	4~1	355	_	_	_	_	40 114
Patient accounts receivable less allowance														
for doubtful accounts of \$161 124		152 030	163	12 026	5 606	13 523	39.571	30.081	9 421	_	_	_	_	262 421
Other		36 716	132	951	323	6	1 234	3 469	22	(2672)	3 469	85	(19.827)	24 5 7 9
Inventories		18 119	39	990	616	2 043	6 014	34	586	_	_	_	_	32 181
Prepaid expenses and other current assets	_	39 391	11	105	24	300	8 954	1 150	682	1 500			(246)	51.871
Total current assets	_	424 145	502	28 488	9 5 1 6	32 193	81 988	53 411	15 422	(1.172)	3 613	650	(20.073)	628 683
Investments		304 671	_	13 154	5 303	_	48 420	30 162	5 140	_	_	_	_	406 850
Assets limited as to use less current portion														
Debt service funds		41 ~~0	_	_	_	_	_	_	_	_	_	_	_	41 ^^0
Construction funds		146 001	_	1 99"	_	9 86"	19874	3 086	_	_	_	_	_	180 825
Board designated and escrow funds		_	_	_	_	_	_	60 096	5 000	32 211	_	_	_	97 307
Self-insurance trust funds		39 485	_	_	_	25 326 3 545	16 495	11 916	1 524		_	_	_	94 746
Funds restricted by donor Economic and beneficial interests in the		_	_	_	_	1,47	_	22 231	1 704	21 536	_	_	_	49 016
net assets of related organizations	_	56 843		34 982	40"	-35	5 896	2 552					(59 613)	41 802
		284 099	_	36 979	40~	39.4"3	42 265	99 881	8 228	53 "4"	_	_	(59 613)	505 466
Property and equipment net		717 512	_	36 592	20 025	93.66	269 170	119 120	24 493	1.80	6 336	9 928	_	1 298 650
Deterred financing costs net		7.547	_	_		_	_	_	_	_		_	_	7.547
Investments in joint ventures and other assets	_	201 466				15 720	- 895	1 193	2 501	5 315		3 2	(58 222)	179 145
Total assets	s =	1 939 440	502	115 213	35 251	181 053	449 738	303 767	55 784	59 69	9 949	13.855	(137 908)	3 026 341

Consolidating Balance Sheet Information by Division

June 30 2011

(In thousands)

Liabilities and Net Assets	University of Maryland Medical Center	University CARE	Kernan	University Specialty	Mary land General	Baltimore Washington	Shore Health	Chester River	UMMS Foundation	Shipley s	36 South Paca	Eliminations	Consolidated Total
Current liabilities													
Trade accounts payable	\$ 103,712	806	5 763	3 347	9 732	23.073	52	2 339	84	57	310	_	154 995
Accrued payroll and benefits	71 642		4 243	2 909	12 252	20.49	14 142	2 886	_	_	_	(228)	128 420
Advances from third-party payors	66 844	_	3 596	4 69"	6 468	8 112	5 28"	1 008	_	_	_	_	96 012
Lines of credit	54 600	_	_	_	_	_	_	_	_	_	_	_	54 600
Other current liabilities	79 192	148	1 600	11 653	4.670	2 29"	3 9~1	1 616	_	_	2.20	(19 711)	8-643
Long-term debt subject to short-term													
remarketing arrangements	164 055	_	_	_	_	_	_	2 ~10	_	_	_	_	166 765
Current portion of long-term debt	15 051		2~0	300	1 036	4 619	1 883	1 216				(133)	24 242
Total current liabilities	555 096	1 031	15 472	22 906	34 158	58 598	31 055	115	84	5-	2 51 7	(20.072)	712 677
Long-term debt less current portion	517 591	_	12 319	6 956	41 524	202 112	85 845	3 025	_	_	_	_	869 372
Other long-term habilities	32 2-2	_	441	186	24 594	15 370	6 980	8 015	_	_	_	_	87.858
Interest rate swap habilities	105 400	_							_	_	_	_	105 400
Total habilities	1 210 359	1 031	28 232	30 048	100 276	276 080	123 880	22 815	84	5-	2 51 7	(20.072)	1 775 307
Net assets													
Unrestricted	657 739	(529)	51 866	4 -96	~6.49~	167 762	155 506	31 266	34 925	9 892	11 338	(58 223)	1 142 835
Temporarily restricted	70 929	1 -27	35 115	40	4 280	5 896	12 197	323	6 122	7 672	- 11 //6	(59 613)	75 656
Permanently restricted	413	_	_	40		- 670	12 184	1 380	18 566	_	_	-	32 543
Total net assets	729 081	(529)	86 981	5 203	80	173 658	179 887	32 969	59 61 3	9 892	11 338	(117.836)	1 251 034
Total habilities and net assets	\$ 1 939 440	502	115 213	35 251	181 053	449 738	303 767	55.784	59 69	9 949	13 855	(137 908)	3 026 341

See accompanying independent auditors, report

Consolidating Balance Sheet Information by Division – Maryland General Health Systems (MGHS) June 30, 2011

(In thousands)

Assets	_	Maryland General Health Systems, Inc.	Maryland General Hospital	Maryland General Clin. Prac. Group	Eliminations	MGHS Consolidated Total
Current assets	ď	£1	11551	63		11661
Cash and cash equivalents Assets limited as to use, current portion	\$	51 —	14.551 986	62	_	14.664 986
Accounts receivable			700			700
Patient accounts receivable, less allowance for doubtful						
accounts of \$12.908			12,804	719	_	13.523
Other		48	1,403	(774)	_	677
Inventories		_	2.043	_	_	2.043
Prepaid expenses and other current assets	_		300			300
Total current assets	_	99	32,087	7		32,193
Investments			_	_	_	_
Assets limited as to use, less current portion						
Debt service funds				_		
Construction funds		_	9,867	_	_	9,867
Board designated and escrow funds		_	25.226	_	_	25.226
Self-insurance trust funds			25,326 3,545	_		25,326 3,545
Funds restricted by donor Economic interests in the net assets of related organizations		_	735	<u> </u>	_	735
beolomic interests in the net assets of related organizations	-					
		_	39,473	_	_	39,473
Property and equipment, net		2.175	91,492	_	_	93,667
Deferred financing costs, net		_	_	_	_	_
Investments in joint ventures and other assets	_	15.571	149			15.720
Total assets	\$ _	17.845	163,201	7		181.053

Consolidating Balance Sheet Information by Division – Maryland General Health Systems (MGHS)

June 30, 2011

(In thousands)

Liabilities and Net Assets	_	Maryland General Health Systems, Inc.	Maryland General Hospital	Maryland General Clin. Prac. Group	Eliminations	MGHS Consolidated Total
Current liabilities						
Trade accounts payable	\$	12	9,720	_	_	9,732
Accrued payroll and benefits			12,252		_	12,252
Advances from third-party payors			6,468	_	_	6,468
Lines of credit				_		
Other current liabilities			4.670	_	_	4.670
Current portion of long-term debt	_	152	884			1,036
Total current liabilities		164	33,994	_	_	34.158
Long-term debt, less current portion		1,304	40,220	_	_	41,524
Other long-term liabilities	_	1	24.593			24.594
Total liabilities	_	1,469	98,807			100,276
Net assets						
Unrestricted		16,376	60,114	7	_	76,497
Temporarily restricted		_	4,280		_	4,280
Permanently restricted	_					
Total net assets	_	16,376	64.394	7		80,777
Total liabilities and net assets	\$_	17.845	163,201	7		181.053

See accompanying independent auditors' report

Consolidating Balance Sheet Information by Division – Baltimore Washington Medical System (BWMS)

June 30, 2011

(In thousands)

Assets		Baltimore Washington Medical System, Inc.	Baltimore Washington Medical Center	Baltimore Washington Healthcare Services	Baltimore Washington Health Enterprises	North County Corporation	Eliminations	BWMS Consolidated Total
Current assets Cash and cash equivalents	\$	_	24,561	710	111	_	_	25,382
Assets limited as to use, current portion Accounts receivable Patient accounts receivable, less allowance for		_	833	_	_	_	_	833
doubtful accounts of \$15.415		_	35,324	2.001	2,246	_	_	39,571
Other Inventories		30.476	1.234 6.014	3.939	_	(1.789)	(32.626)	1.234 6.014
Prepaid expenses and other current assets			8,759		115	80		8.954
Total current assets		30.476	76,725	6,650	2.472	(1.709)	(32,626)	81.988
Investments Assets limited as to use, less current portion		_	48.420	_	_	_	_	48.420
Debt service funds		_		_	_	_	_	
Construction funds		_	19.874	_	_	_	_	19.874
Board designated and escrow funds Self-insurance trust funds		_	16,495	_	_	_	_	16,495
Funds restricted by donor Economic interests in the net assets of		_	_	_	_	_	_	—
related organizations			5,896					5.896
		_	42.265	_	_	_	_	42.265
Property and equipment, net Deferred financing costs, net		_	243.873	_	11.270	14.027	_	269.170
Investments in joint ventures and other assets	_	144.541	630		2,296		(139.572)	7.895
Total assets	\$	175.017	411,913	6,650	16.038	12.318	(172,198)	449.738

Consolidating Balance Sheet Information by Division – Baltimore Washington Medical System (BWMS)

June 30, 2011

(In thousands)

Liabilities and Net Assets	Baltimore Washington Medical System, Inc.	Baltimore Washington Medical C'enter	Baltimore Washington Healthcare Services	Baltimore Washington Health Enterprises	North County Corporation	Eliminations	BW MS Consolidated Total	
Current liabilities								
Trade accounts payable	\$ 2	20.766	1.134	1.050	90	31	23.073	
Accrued payroll and benefits	1,357	17.924	136	1.049	31	_	20,497	
Advances from third-party payors	_	8.112	_	_	_	_	8.112	
Lines of ciedit	_		_		_			
Other current liabilities	_	24,434	_	10.520	_	(32,657)	2.297	
Current portion of long-term debt		4.120		274	225		4.619	
Total current liabilities	1.359	75,356	1.270	12.893	346	(32,626)	58,598	
Long-term debt, less current portion	_	187.521	_	10.635	3.956	_	202,112	
Other long-term liabilities		14.987		383			15,370	
Total liabilities	1.359	277,864	1.270	23,911	4,302	(32,626)	276,080	
Net assets								
Unrestricted	173.658	128.153	5,380	(7.873)	8.016	(139,572)	167,762	
Temporarily restricted	_	5.896	_		_	_	5,896	
Permanently restricted								
Total net assets	173,658	134.049	5.380	(7.873)	8,016	(139.572)	173.658	
Total liabilities and net assets	\$ 175.017	411.913	6,650	16,038	12.318	(172,198)	449,738	

See accompanying independent auditors' report

Consolidating Balance Sheet Information by Division - Shore Health System (SHS)

June 30 2011

(In thousands)

Assets	Shore Health System, Inc	Memorial Hospital Foundation, Inc and Subsidiary	Care Health Services, Inc	Shore Health Enterprises, Inc and Subsidiary	Shore Clinical Foundation, Inc	Chesapeake Ear, Nose, Throat, Sinus, and Hearing Center, LLC	Chesapeake Neurological Surgery, LLC	Eliminations	SHS Consolidated Total
Current assets									
Cash and eash equivalents	\$ 13 585	_	289	36	556	_	_	_	14 466
Assets limited as to use current portion	471	_	_	_	_	_	_	_	471
Accounts receivable									
Patient accounts receivable less allowance	24.200		0=4		2015				20.004
for doubtful accounts of \$9 403	26 390		876	_	2 815	_	_	- (1.110)	30 081
Other	4 276 3 774	201	2 882	_	529	_	_	(4 419)	3 469 3 774
Inventories Prepaid expenses and other current assets	3 / / 4 941			_	 169		_	_	1 150
Frepard expenses and other current assets	9+1		15		109				1130
Total current assets	49 437	228	4 060	36	4 069			(4 419)	53 411
Investments	30 162	_	_	_	_	_	_	_	30 162
Assets limited as to use Tess current portion									
Debt service funds	_	_	_	_	_	_	_	_	_
Construction funds	3 086	_	_	_	_	_	_	_	3 086
Board designated and escrow funds	25 000	35 096	_	_	_	_	_	_	60 096
Self-insurance trust funds	11 916	_	_	_	_	_	_	_	11 916
Funds restricted by donor	3 852	18 379	_	_	_	_	_	_	22 231
Economic and beneficial interests									
in the net assets of related organizations	59 272							(56 720)	2 552
	103 126	53 475	_	_	_	_	_	(56 720)	99 881
Property and equipment net	112 836	3 778	438	714	1 354	_	_	_	119 120
Deferred financing costs net		_	_	_	_	_	_		
Investments in joint ventures and other assets	8 799	24						(7 630)	1 193
Total assets	\$ 304 360	57 505	4 498	750	5 423			(68 769)	303 767

Consolidating Balance Sheet Information by Division - Shore Health System (SHS)

June 30 2011

(In thousands)

Liabilities and Net Assets	Shore Health System, Inc	Memorial Hospital Foundation, Inc and Subsidiary	Care Health Services, Inc	Shore Health Enterprises, Inc. and Subsidiary	Shore Clinical Foundation, Inc	Chesapeake Ear, Nose, Throat, Sinus, and Hearing Center, LLC	Chesapeake Neurological Surgery, LLC	Eliminations	SHS Consolidated Total
Current habilities									
	\$ 5 406	4	105	_	257	_	_	_	5 772
Accrued payroll and benefits	13 019	11	237	_	875	_	_	_	14 142
Advances from third-party payors	5 287	_	_	_	_	_	_	_	5 287
Lines of credit		_	_		_	_	_		_
Other current liabilities	6 197	741	2	1 450	_	_	_	(4 419)	3 971
Current portion of long-term debt	1 883								1 883
Total current liabilities	31 792	756	344	1 450	1 132	_	_	(4 419)	31 055
Long-term debt less current portion	85 845	_	_	_	_	_	_	_	85 845
Other long-term liabilities	6 837	29			114				6 980
Total liabilities	124 474	785	344	1 450	1 246			(4 419)	123 880
Net assets									
Unrestricted	155 505	38 782	4 154	(700)	4 177	_	_	(46 412)	155 506
Temporarily restricted	12 197	8 674	_		_	_	_	(8 674)	12 197
Permanently restricted	12 184	9 264						(9 264)	12 184
Total net assets	179 886	56 720	4 154	(700)	4 177			(64 350)	179 887
Total liabilities and net assets	\$ 304 360	57 505	4 498	750	5 423			(68 769)	303 767

Consolidating Balance Sheet Information by Division – Chester River Health System, Inc. (CRHS)

June 30, 2011

(In thousands)

Assets	_	Chester River Hospital Center	Chester River Manor	C'hester River Home C'are and Hospice	Chester River Health Foundation	Eliminations	CRHS Consolidated Total
Current assets							
Cash and cash equivalents	\$	2.050	748	376	1.182	_	4.356
Assets limited as to use, current portion		355	_	_	_	_	355
Accounts receivable							
Patient accounts receivable, less allowance for doubtful							
accounts of \$6.598		8.570	581	270	_	_	9.421
Other		196	16	5	_	(195)	22
Inventories		582	4	_	_	_	586
Prepaid expenses and other current assets	_	624	58				682
Total current assets	_	12.377	1.407	651	1.182	(195)	15.422
Investments		3,664		1,246	230	_	5.140
Assets limited as to use, less current portion							
Debt service funds			_		_	_	_
Construction funds		_	_		_	_	_
Board designated and escrow funds		5.000	_		_	_	5.000
Self-insurance trust funds		1.524	_		_	_	1.524
Funds restricted by donor		22	_	73	1,609	_	1.704
Economic interests in the net assets of related organizations	_	4.962	16	417		(5.395)	
		11.508	16	490	1.609	(5.395)	8.228
Property and equipment, net		22.007	2,155	331	_	_	24.493
Deferred financing costs, net		_	_	_	_	_	_
Investments in joint ventures and other assets	_				2.501		2.501
Total assets	\$ _	49,556	3.578	2.718	5.522	(5.590)	55.784

Consolidating Balance Sheet Information by Division – Chester River Health System, Inc. (CRHS)

June 30, 2011

(In thousands)

Liabilities and Net Assets	_	C'hester River Hospital C'enter	Chester River Manor	C'hester River Home C'are and Hospice	C'hester River Health Foundation	Eliminations	CRHS Consolidated Total
Current liabilities		_					
Trade accounts payable	\$	1.930	382	24	3	_	2,339
Accrued payroll and benefits		2,526	219	141	_	_	2,886
Advances from third-party payors		1,004	4	_	_	_	1.008
Lines of credit		_	_	_	_	_	_
Other current liabilities		1,595	122	78	16	(195)	1.616
Long-term debt subject to short-term							
remarketing arrangements		2.710	_	_	_	_	2.710
Current portion of long-term debt	_	1.186	30				1.216
Total current liabilities		10.951	757	243	19	(195)	11.775
Long-term debt, less current portion		2,700	325	_	_	_	3.025
Other long-term liabilities		7.912	60		43		8.015
Total liabilities	_	21,563	1.142	243	62	(195)	22.815
Net assets							
Unrestricted		26,362	2,436	2,403	3,851	(3,786)	31,266
Temporarily restricted		268	_	55	246	(246)	323
Permanently restricted	_	1,363		17	1.363	(1.363)	1.380
Total net assets	_	27.993	2.436	2,475	5.460	(5.395)	32,969
Total liabilities and net assets	\$ <u>_</u>	49.556	3.578	2.718	5.522	(5.590)	55.784

Consolidating Balance Sheet Information by Division

June 30 2010 (In thousands)

Assets	_	University of Maryland Medical Center	University CARE	<u>Kernan</u>	University Specialty	Maryland General	Baltimore Washington	Shore Health	Chester River	UMMS Foundation	Shipley's	36 South Paca	Eliminations	Consolidated Total
Current assets	_	175 378	101	6141	2.216	11 635	17.103	17 903	5 029		110	496		238 548
Cash and cash equivalents Assets limited as to use current portion	3	36.570	124	9 161 —	2 219	986	16 493 846	1 903	355	_	110	496	_	39 228
Accounts receivable		10 . 0				200	340	7.1	,					17 = 20
Patient accounts receivable less allowance														
for doubtful accounts of \$136.278		137 783	120	14 025	2 733	18 291	40 544	26 728	8 903	_		_		249 12
Other Inventories		40 926 17 014	22 ⁻	1 631 987	193 556	522 1 703	366 5.456	2 459 3 785	512 690	_	3 019	69	(25 769)	24 1 55 30 2 30
Prepaid expenses and other		1 014	"	70	0	1	. 4.0	, 9.	050					W = W
current assets	_	55.070		15	1-	596	9 000	889	594	1 500				67 681
Total current assets	_	462 "41	510	25 819	5 718	33 733	72 705	52 235	16 083	1 500	3 129	565	(25.769)	648 969
Investments		184 626	_	11 252	15 330	_	42 121	21 950	5 829	_	_	_	_	281 108
Assets limited as to use less														
Current portion Debt service funds		39 553		_										39 553
Construction funds		160 185	_	_	_	8 602	28 315	6 98	_	_	_	_	_	204 089
Board designated and escrow hinds		-	_	_	_	-		54 464	5 000	27 202	_	_	_	86 666
Self-insurance trust funds		38 393	_	_	_	22 738	11 529	7 351	288	_	_	_	_	80 299
Funds restricted by donor Economic and beneficial interests in the		_	_	_	_	958	_	18 297	1 447	20 371	_	_	_	41 073
net assets of related organizations	_	52 158		29 232	390	3 242	5 895	2 350					(54 828)	38 4 39
		290 289		29 232	390	35 540	45 739	89 449	6 735	47 573			(54.828)	490 119
Property and equipment net		668 500	_	36 016	18974	95 785	259 324	119 996	23 395	1.800	6 394	9 930	_	1 240 114
Deterred financing costs net		8 661	_	-	-						-		_	8 661
Investments in joint ventures and other assets	_	146 393				13 350	6 96	361	2 506	4 057		3 2	(60 731)	116 180
Total assets	s -	1 761 210	510	102 319	40 412	178 408	426 856	283 991	54 548	54 930	9 523	13 ~~2	(141 328)	2 785 151

Consolidating Balance Sheet Information by Division

June 30 2010 (In thousands)

University of Maryland University CARE UMMS University Maryland Baltımore Chester 36 South Consolidated Medical Shore Liabilities and Net Assets Center Kernan Specialty General W ashington Health River Foundation Shipley s Paca Eliminations Total Current liabilities 146 149 121 683 Trade accounts payable 97 956 706 74 5 598 3 031 9180 11108 16 034 10.390 2 830 35 287 102 6- 339 (110) Accrued payroll and benefits 3 949 2 445 2 826 4 294 19118 13 294 4 085 61 988 6 630 5 090 1 101 87 558 Advances from third-party payors 6 010 Lines of credit 63 300 63 300 506 853 13 943 5.076 1130 (25 ()97) Other current habilities 69 794 12 024 3.840 1 889 83 958 Long-term debt subject to short-term remarketing arrangements Current portion of long-term debt 70.069 0 069 27 162 259 300 1.107 4 444 1 808 1 362 36 442 457 608 24 394 Total current habilities 1 286 13 104 40 049 50 682 34 422 10 508 102 35 2176 (25.207) 609 159 Long-term debt less current portion 595 578 12 590 206 725 88 158 6951 (562) 959 243 Other long-term liabilities 36 114 128 575 441 35-33 942 19 400 6 293 9 24 105 794 128 575 Interest rate swap habilities Total liabilities 1 217 875 1 286 26 135 32 007 116 538 276 807 128 873 26 706 102 35 2176 (25.769) 1 802 771 Net assets Unrestricted 57 670 144 154 5 895 134 814 26 396 31 324 (60 731) 486 180 (~~6) 46 819 8 015 9 488 11 596 894 949 Temporarily restricted 56 742 29 365 390 4 200 9 221 5 124 (54.828) 56 184 Permanently restricted 413 11 083 1 371 18 380 31 247 Total net assets 543 335 (~~6) ~6 184 8 405 61.870 150 049 155 118 27 842 54 828 9 488 11 596 (115 559) 982 380

426 856

283 991

54 548

54 930

9 523

13 ~~2

(141-328)

2 785 151

178 408

See accompanying independent auditors, report

Total liabilities and net assets

1 761 210

510

102 319

40 412

Consolidating Balance Sheet Information by Division – Maryland General Health Systems (MGHS)

June 30, 2010

(In thousands)

Assets	_	Maryland General Health Systems, Inc.	Maryland General Hospital	Maryland General Clin. Prac. Group	Eliminations	MGHS Consolidated Total
Current assets	\$	40	11.538	57		11.635
Cash and cash equivalents Assets limited as to use, current portion	Ф	40	986	<u></u>	_	986
Accounts receivable			700			760
Patient accounts receivable, less allowance for doubtful						
accounts of \$11.118		_	17.485	806	_	18.291
Other		140	1.215	(833)	_	522
Inventories		_	1.703	_	_	1.703
Prepaid expenses and other current assets	_		596			596
Total current assets	_	180	33,523	30		33,733
Investments			_	_	_	_
Assets limited as to use, less current portion						
Debt service funds		_	_	_	_	_
Construction funds		_	8.602	_	_	8.602
Board designated and escrow funds		_		_	_	
Self-insurance trust funds		_	22,738	_	_	22,738
Funds restricted by donor		_	958	_	_	958
Economic interests in the net assets of related organizations	-		3.242			3.242
		_	35,540	_	_	35.540
Property and equipment, net		2.248	93,537	_	_	95.785
Deferred financing costs, net				_	_	_
Investments in joint ventures and other assets	_	13,187	163			13.350
Total assets	\$ _	15.615	162,763	30		178,408

Consolidating Balance Sheet Information by Division – Maryland General Health Systems (MGHS)

June 30, 2010

(In thousands)

Liabilities and Net Assets	_	Maryland General Health Systems, Inc.	Maryland General Hospital	Maryland General Clin. Prac. Group	Eliminations	MGHS Consolidated Total
Current liabilities						
Trade accounts payable	\$	7	9.150	23		9,180
Accrued payroll and benefits		_	11,108	_	_	11,108
Advances from third-party payors			6,630	_	_	6,630
Lines of credit			-			 .
Other current liabilities			12.024	_	_	12.024
Current portion of long-term debt	_	142	965			1,107
Total current liabilities		149	39,877	23	_	40,049
Long-term debt, less current portion		1,457	41,090			42,547
Other long-term liabilities	_	11	33,941			33.942
Total liabilities	_	1.607	114,908	23		116,538
Net assets						
Unrestricted		14,008	43,655	7	_	57,670
Temporarily restricted		_	4,200			4,200
Permanently restricted	_					
Total net assets		14.008	47.855	7		61.870
Total liabilities and net assets	\$ _	15.615	162,763	30		178,408

 $Consolidating \ Balance \ Sheet \ Information \ bv \ Division - Baltimore \ Washington \ Medical \ Sv stem \ (BWMS)$

June 30, 2010

(In thousands)

Assets	Baltimore Washington Medical System, Inc.	Baltimore Washington Medical Center	Baltimore Washington Healthcare Services	Baltimore Washington Health Enterprises	North County Corporation	Eliminations	BWMS Consolidated Total
Current assets							
Cash and cash equivalents \$	_	15,472	620	381	20	_	16.493
Assets limited as to use, current portion Accounts receivable	_	846	_	_	_	_	846
Patient accounts receivable, less allowance for							
doubtful accounts of \$10,570	_	35,624	2,969	1,951	_	_	40,544
Other	28,332	366	2.359	_	(2.043)	(28.648)	366
Inventories	_	5.456	_	_	· — ·		5,456
Prepaid expenses and other current assets	98	8,775		63	64		9.000
Total current assets	28.430	66,539	5,948	2,395	(1.959)	(28.648)	72.705
Investments	_	42.121	_	_	_	_	42.121
Assets limited as to use, less current portion							
Debt service funds	_	_	_	_	_	_	_
Construction funds	_	28,315	_	_	_	_	28.315
Board designated and escrow funds	_	_	_	_	_	_	_
Self-insurance trust funds	_	11.529	_	_	_	_	11.529
Funds restricted by donor	_	_	_	_	_	_	_
Economic interests in the net assets of							
related organizations		5.895					5.895
	_	45.739	_	_	_	_	45.739
Property and equipment, net	_	232,965	_	12.044	14.315	_	259.324
Deferred financing costs, net	122.77/	_	_	2.102	_	(117.007)	
Investments in joint ventures and other assets	122.776	86		2.102		(117.997)	6,967
Total assets \$	151.206	387.450	5.948	16,541	12.356	(146,645)	426,856

Consolidating Balance Sheet Information by Division – Baltimore Washington Medical System (BWMS)

June 30, 2010

(In thousands)

Liabilities and Net Assets	Baltimore Washington Medical System, Inc.	Baltimore Washington Medical Center	Baltimore Washington Healthcare Services	Baltimore Washington Health Enterprises	North County Corporation	Eliminations	BW MS Consolidated Total
Current liabilities							
Trade accounts payable	\$ 17	13.980	985	1.004	48	_	16.034
Accrued payroll and benefits	1,140	16,723	215	1,016	24	_	19.118
Advances from third-party payors	_	6.010	_	_	_	_	6.010
Lines of ciedit	_		_		_		
Other current liabilities	_	26.920	_	6,804		(28.648)	5.076
Current portion of long-term debt		3.961		258	225		4,444
Total current liabilities	1.157	67,594	1.200	9.082	297	(28.648)	50,682
Long-term debt, less current portion	_	191,635	_	10,909	4.181	_	206,725
Other long-term liabilities		18.813		587			19,400
Total liabilities	1.157	278.042	1.200	20.578	4,478	(28,648)	276,807
Net assets							
Unrestricted	150,049	103,513	4,748	(4.037)	7.878	(117,997)	144,154
Temporarily restricted	_	5,895	_	` _ ′	_		5,895
Permanently restricted							
Total net assets	150.049	109.408	4.748	(4.037)	7.878	(117.997)	150.049
Total liabilities and net assets	\$ 151.206	387.450	5.948	16,541	12.356	(146,645)	426,856

Consolidating Balance Sheet Information by Division - Shore Health System (SHS)

June 30 2010

(In thousands)

Assets	Shore Health System, Inc	Memorial Hospital Foundation, Inc and Subsidiary	Care Health Services, Inc	Shore Health Enterprises, Inc and Subsidiary	Shore Clinical Foundation, Inc	Chesapeake Ear, Nose, Throat, Sinus, and Hearing Center, LLC	Chesapeake Neurological Surgery, LLC	Eliminations	SHS Consolidated Total
Current assets									
Cash and cash equivalents	\$ 16 946	_	463	51	383	53	7	_	17 903
Assets limited as to use current portion	471	_	_	_	_	_	_	_	471
Accounts receivable									
Patient accounts receivable less allowance									
for doubtful accounts of \$7 503	24 196	_	947	_	1 464	97	24	_	26 728
Other	7 806	125	2 873	_	139	_	342	(8 826)	2 459
Inventories	3 785			_	170		_	_	3 785
Prepaid expenses and other current assets	675	24	15		170	+	1		889
Total current assets	53 879	149	4 298	51	2 1 5 6	154	374	(8 826)	52 235
Investments	21 950	_	_	_	_	_	_	_	21 950
Assets limited as to use less current portion									
Debt service funds	_	_	_	_	_	_	_	_	_
Construction funds	6 987	_	_	_	_	_	_	_	6 987
Board designated and escrow funds	25 000	29 464	_	_	_	_	_	_	54 464
Self-insurance trust funds	7 351	_	_	_	_	_	_	_	7 351
Funds restricted by donor	3 285	15 012	_	_	_	_	_	_	18 297
Economic and beneficial interests									
in the net assets of related organizations	43 255							(40 905)	2 350
	85 878	44 476	_	_	_	_	_	(40 905)	89 449
Property and equipment net	114 061	3 873	432	726	803	84	17	_	119 996
Deferred financing costs net	-		_	_	_	_	_		
Investments in joint ventures and other assets	8 396	26						(8 061)	361
Total assets	\$ 284 164	48 524	4 730	777	2 9 5 9	238	391	(57 792)	283 991

Consolidating Balance Sheet Information by Division - Shore Health System (SHS)

June 30 2010

(In thousands)

Liabilities and Net Assets	_	Shore Health System, Inc	Memorial Hospital Foundation, Inc and Subsidiary	Care Health Services, Inc	Shore Health Enterprises, Inc. and Subsidiary	Shore Clinical Foundation, Inc	Chesapeake Ear, Nose, Throat, Sinus, and Hearing Center, LLC	Chesapeake Neurological Surgery, LLC	Eliminations	SHS Consolidated Total
Current habilities Trade accounts pavable Accrued pavroll and benefits Advances from third-party pavors Lines of credit Other current habilities Current portion of long-term debt	\$	9 674 12 068 5 090 — 6 038 1 808	2 19 — — 709	133 318 — — 2	1 440	250 756 — — — —	20 131 — — 1 592	311 2 — 2 885	(8 826)	10 390 13 294 5 090 — 3 840 1 808
Total current liabilities Long-term debt less current portion Other long-term liabilities		34 678 88 158 6 210	730 — 26	453 	1 440	1 006 — 57	1 743 — —	3 198 	(8 826) — —	34 422 88 158 6 293
Total habilities	-	129 046	756	453	1 440	1 063	1 743	3 198	(8 826)	128 873
Net assets Unrestricted Temporarily restricted Permanently restricted	_	134 814 9 221 11 083	33 103 6 463 8 202	4 277 	(663) 	1 896 	(1 505) — —	(2 807)	(34 301) (6 463) (8 202)	134 814 9 221 11 083
Total helders and not seek	_	155 118	47 768	4 277	(663)	1 896	(1 505)	(2 807)	(48 966)	155 118
Total liabilities and net assets	» =	284 164	48 524	4 730	111	2 9 5 9	238	391	(57 792)	283 991

Consolidating Balance Sheet Information by Division – Chester River Health System, Inc. (CRHS)

June 30, 2010

(In thousands)

Assets	_	Chester River Hospital Center	Chester River Manor	Chester River Home Care and Hospice	Chester River Health Foundation	Eliminations	CRHS Consolidated Total
Current assets							
Cash and cash equivalents	\$	2.646	700	504	1.179	_	5.029
Assets limited as to use, current portion		355	_	_	_	_	355
Accounts receivable							
Patient accounts receivable, less allowance for doubtful							
accounts of \$6,123		8.011	625	267	_	_	8.903
Other		1.235	3	22	_	(748)	512
Inventories		686	4	_	_	_	690
Prepaid expenses and other current assets	_	474	106	13	1		594
Total current assets	_	13.407	1.438	806	1.180	(748)	16.083
Investments		4,394	_	1,232	203	_	5.829
Assets limited as to use, less current portion							
Debt service funds		_	_	_	_	_	_
Construction funds		_	_	_	_	_	_
Board designated and escrow funds		5.000	_	_	_	_	5.000
Self-insurance trust funds		288	_	_	_	_	288
Funds restricted by donor		26	_	73	1.348	_	1.447
Economic interests in the net assets of related organizations	_	4.748	11	422		(5.181)	
		10.062	11	495	1.348	(5.181)	6.735
Property and equipment, net		21.084	2,106	205	_	_	23,395
Deferred financing costs, net		_	_	_	_	_	_
Investments in joint ventures and other assets	_	24			2.482		2,506
Total assets	\$ <u>_</u>	48.971	3,555	2.738	5.213	(5.929)	54.548

Consolidating Balance Sheet Information by Division – Chester River Health System, Inc. (CRHS)

June 30, 2010

(In thousands)

Liabilities and Net Assets	_	Chester River Hospital Center	C'hester River Manor	C'hester River Home C'are and Hospice	C'hester River Health Foundation	Eliminations	CRHS Consolidated Total
Current liabilities							
Trade accounts payable	\$	2,483	340	4	3	_	2.830
Accrued payroll and benefits		3,637	315	133	_	_	4.085
Advances from third-party pavors		1.056	45	_	_	_	1.101
Lines of credit					_		
Other current liabilities		1.094	489	257	38	(748)	1.130
Current portion of long-term debt	_	1.335	27				1.362
Total current liabilities		9.605	1.216	394	41	(748)	10.508
Long-term debt, less current portion		6,596	355	_	_	_	6,951
Other long-term liabilities	_	9.122	60		65		9.247
Total liabilities	_	25.323	1.631	394	106	(748)	26,706
Net assets							
Unrestricted		22,274	1.924	2.272	3.759	(3.833)	26,396
Temporarily restricted		20	_	55	(6)	6	75
Permanently restricted	_	1.354		17	1.354	(1.354)	1.371
Total net assets	_	23.648	1.924	2.344	5,107	(5.181)	27.842
Total liabilities and net assets	\$_	48.971	3,555	2.738	5,213	(5.929)	54.548

Consolidating Operations Information by Division

Year ended June 50 2011

(In thousands)

	University of Maryland Medical Center	University C ARE	Kernan	University Specialty	Maryland General	Baltimore Washington	Shore Health	C hester River	UMMS Foundation	Shipley s	36 South Paca	Eliminations	C on volidated Total
Unrestricted revenues Lains and other support Net patient service revenue Other operating revenue	\$ 1 2~6 194	2 -55	95 419	52 512	183 م	363 481	251 862	66 133	_	_	_	(1 086)	2 270 416
State support Other revenue	3 200 50 776			_ 326		 6 86 -	5 602	 *88	_	1 002		(2 752)	3 200 70 588
Total unrestricted revenue sams and other support	1 0 1 70	4 860	98 012	52 858	185 387	عاد 0° د 48د 0° د	25-464	66 721		1 002	1 221	(3 838)	2 544 204
Operating expenses Salaries wages and benefits Expendable supplies Purchased services	552 426 258 975 170 524	5 405 284 4 714	45 545 15 158 18 555	2 ⁻ 606 6 161 16 591	85 855 16 504 24 065	169 159 61 228 51 520	121 828 55 060 40 448	25 260 9 018 12 290	=		182 56		1 041 544 580 222 562 281
Contracted services Depreciation and amortization Interest expense Provision for bad debis	89 516 69 601 26 881 101 155	- - - 278	- 644 3 238 4 - 6 6 10 -	2 34" 861 4 46"	22 - 70 11 149 1 698 19 69 -	9 -25 25 506 6 665 54 520	8 5 5 8 14 7 8 5 5 2 6 0 8 5 9 5	1 49 - 3 8 5 - 39 5 - 2 19 6	=	1 ⁻² - -	3.59 10"	(4 02 4) — — —	159 710 129 012 40 541 177 015
Total operating expenses	1 249 0 74	8 681	96 701	58 023	181 536	356 a01	250 554	65 611		198	1479	(4 625)	2 243 923
Operating income (loss)	81 096	(5 821)	0دد 1	(5 195)	ا ⁵ 8 د	14 04~	0 6 9 6	1 110		404	(258)		100 281
Nonoperating income and expenses net Loss on early extinguishment of debt	s —	_	_	_	_	_	_	_	_	_	_	_	_
Change in fair value of undesignated interest rate swaps	18 640	_	_	_	_	_	_	_	_	_	_	_	18 640
Other nonoperating gains and losses Contributions Equity in net income of joint ventures Investment income Change in fair value of investments Other nonoperating gains and losses	10 366 25 543 16 500 (9 420)		 1 1 5 1 		4 400 290 152 (550)	(182) 4 241 2 856 (2 821)	206 — 1 "0" 12 915 (1 814)	591 — 638 -52 (404)	5 258 — 4 362 1 743 (2 954)			5 950 - - - 1	6 055 20 554 59 207 56 564 (17 947)
Total other nonoperating gains and losses	42 989		1 9 2 2	1 975	4 292	4 0~4	014 د 1	1 5	8 4 0 9			5 951	84 215
Excess (deficiency) of revenues over expenses	142 725	(5 821)	s 262	(5 220)	8 145	18 121	19 944	2 68 7	8 4 0 9	404	(258)	86 6	205 154
Net assets released from restrictions used for purchase of properts and equipment Change in unrealized gains on investments Change in economic and beneficial interess in	20 815	_	-s ₀ —	_	88 5 —	- 5 0 -	-64 -	=	=	=	=	_	23 964 —
the net assets of related organizations Change in ownership interest of joint ventures Capital transfers (to) from affiliate Change in flar value of designated interest	2 268 5 801	 4 068	_ _ 1 0.5	_ _ _	4 <u>-</u>	_ _ _	_ _ _	_ _ _	 (4 885)	_ _ _	_ _ _	— (4 068)	2 268
rate swaps Change in hinded status of defined benefit pension plans Other	2 298		_	- -	9 - 52		— — (16)	1 854 549	_ _ -	_	_	— (162)	2 298 16 3 22 (100)
Increase (decrease) in unrestricted net assets	\$ 1-1 559	24~	- v 04-	(5 219)	18 82	808 د2	20 692	4 8 0	601 د	404	(258)	2 508	24~886

Consolidating Operations Information by Division for Maryland General Health Systems (MGHS)

Year ended June 30, 2011

(In thousands)

	_ <u>s</u>	Maryland General Health ystems, Inc.	Maryland General Hospital	Maryland General Clin. Prac. Group	Eliminations	MGHS Consolidated Total
Unrestricted revenues, gains and other support						
Net patient service revenue	\$		180,958	9,445	(7.257)	183,146
Other operating revenue						
State support Other revenue		 889	1,347		_	2,241
			1,517			2,211
Total unrestricted revenue, gains and other support		889	182,305	9,450	(7.257)	185,387
Operating expenses						
Salaries, wages and benefits			85,855	_	_	85,855
Expendable supplies			16,304		_	16,304
Purchased services		747	23,307	9	_	24,063
Contracted services			22,770	7,257	(7.257)	22,770
Depreciation and amortization		455	10,694	_	_	11.149
Interest expense		103	1,595	_	_	1,698
Provision for bad debts			17,513	2,184		19,697
Total operating expenses		1,305	178,038	9,450	(7.257)	181,536
Operating income (loss)		(416)	4,267			3,851

Consolidating Operations Information by Division for Maryland General Health Systems (MGHS)

Year ended June 30, 2011

(In thousands)

		Maryland General Health Systems, Inc.	Maryland General Hospital	Maryland General Clin. Prac. Group	Eliminations	MGHS Consolidated Total
Nonoperating income and expenses, net						
Loss on early extinguishment of debt Change in fair value of undesignated interest	\$	_		_		_
rate swaps		_	_	_	_	_
Other nonoperating gains and losses						
Contributions		_	_	_	_	_
Equity in net income of joint ventures		4,400	_	_		4,400
Investment income		_	290	_		290
Change in fair value of investments		_	152	_	_	152
Other nonoperating gains and losses	_		(550)			(550)
Total other nonoperating gains and losses	_	4,400	(108)			4,292
Excess of revenues over expenses		3,984	4.159		_	8,143
Net assets released from restrictions used for purchase						
of property and equipment			885	_		885
Change in unrealized gains on investments		_	_	_	_	_
Change in economic and beneficial interests in the net						
assets of related organizations		_	_	_		_
Change in ownership interest of joint ventures		(1.600)	1 (17	_		17
Capital transfers (to) from affiliate		(1,600)	1.647	_	_	47
Change in fair value of designated interest rate swaps Change in funded status of defined benefit pension plans		_	9.752	_	_	9,752
Other		(16)	9,732	_	<u> </u>	9,132
	. –	· · · · · · · · · · · · · · · · · · ·				
Increase in unrestricted net assets	\$ _	2,368	16,459			18.827

Consolidating Operations Information by Division for Baltimore Washington Medical System (BWMS)

Year ended June 30, 2011

(In thousands)

	_	Baltimore Washington Medical System, Inc.	Baltimore Washington Medical C'enter	Baltimore Washington Healthcare Services	Baltimore Washington Health Enterprises	North County Corporation	Eliminations	BWMS Consolidated Total
Unrestricted revenues, gains and other support Net patient service revenue Other operating revenue	\$	_	326.216	28.730	10.958	_	(2.423)	363.481
State support Other revenue		3,406	3.292		2.891	2,101	(4.823)	6,867
Total unrestricted revenue, gains and other support	_	3.406	329.508	28.730	13.849	2.101	(7.246)	370,348
Operating expenses Salaries, wages and benefits Expendable supplies Purchased services Contracted services Depreciation and amortization		3.406	147.837 60.399 49.277 7.830 22.001	10.577 — 4.448 —	7.319 829 3.738 1.895 959	1.303 — 546	(7.246)	169.139 61.228 51.520 9.725 23.506
Interest expense Provision for bad debts		_	5.813 21.447	13.073	736	114		6.663 34.520
Total operating expenses		3,406	314.604	28.098	15.476	1.963	(7.246)	356,301
Operating income (loss)	_	_	14.904	632	(1.627)	138		14.047

Consolidating Operations Information by Division for Baltimore Washington Medical System (BWMS)

Year ended June 30, 2011

(In thousands)

	Baltimore Washington Medical System, Inc.	Baltimore Washington Medical C'enter	Baltimore Washington Healthcare Services	Baltimore W ashington Health Enterprises	North County Corporation	Eliminations	BUMS Consolidated Total
Nonoperating income and expenses, net Loss on early extinguishment of debt Change in fair value of undesignated interest rate swaps	\$ _ _	_ _	_ _	_ _	_ _	_ _	_ _
Other nonoperating gains and losses Contributions Equity in net income of joint ventures Investment income Change in fair value of investments Other nonoperating gains and losses	202 17.920 —	4.232 2.836 (2.821)		(384) 6 —		(17.917) — — —	(182) 4.241 2.836 (2.821)
Total other nonoperating gains and losses	18,122	4.247		(378)		(17.917)	4.074
Excess (deficiency) of revenues over expenses	18.122	19,151	632	(2.005)	138	(17.917)	18.121
Net assets released from restrictions used for purchase of property and equipment Change in unrealized gains on investments Change in economic and beneficial interests in the net	750 —	750 —				(750) —	750 —
assets of related organizations Change in ownership interest of joint ventures Capital transfers (to) from affiliate	_ _	_ _	_ _ _	(1.831)	_ _		
Change in fair value of designated interest rate swaps Change in funded status of defined benefit pension plans Other	4.736 1	4,736		(1.651) — — —		(4.736) (3)	4.736 1
Increase (decrease) in unrestricted net assets	\$ 23,609	24.640	632	(3,836)	138	(21.575)	23,608

Consolidating Operations Information by Division for Shore Health System (SHS)

Year ended June 30 (2011)

(In thousands)

	Shore Health System, Inc	Memorial Hospital Foundation, Inc and Subsidiary	C are Health Services, Inc	Shore Health Enterprises, Inc. and Subsidiary	Shore Clinical Foundation, Inc	Chesapeake Ear, Nose, Throat, Sinus, and Hearing Center, LLC	Chesapeake Neurological Surgery, LLC	Eliminations	SHS Consolidated Total
Other operating revenue	\$ 217 704	_	5 511	_	7 756	⁻ 66	-29	(604)	231 862
State support Other revenue	6 301		8-		62-	1		(1.471)	5 602
Total unrestricted revenue gains and other support	224 005		5 598	57	8 383	<u></u>	-29	(2.075)	237 464
Operating expenses Salaries wages and benefits Expendable supplies Purchased services Contracted services Depreciation and amortization Interest expense Provision for bad debts	106 570 32 302 37 317 6 990 14 484 3 260 8 435		4 005 269 1 311 18 35 — 86		9 925 455 3 091 1 010 211 — 67	1 021 25 191 — 24 — 4	88 ⁻ 9 155 540 19 - 3	(580) (1 638) — — — — — —	121 828 33 060 40 448 8 558 14 785 3 260 8 595
Total operating expenses	209 358		5.724	94	14 759	1 265	1 613	(2.279)	230 534
Operating income (loss)	14 64		(126)	(3~)	(63-6)	(498)	(884)	204	6 930
Nonoperating income and expenses net Loss on early extinguishment of debt Change in fair value of undesignated interest rate swaps	=	_		_	=	_	_	_	
Other nonoperating gains and losses Contributions Equity in net income of joint ventures Investment income (loss) Change in fair value of investments Other nonoperating gains and losses	83 1 421 7 321 (1 289)	121 346 5 594 (382)	2 - 1 -	_ _ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _		206
Total other nonoperating gains and losses	- 536	5 6 7 9	3					(204)	13 014
Excess (deficiency) of revenues over expenses	22 183	5 679	(123)	(3~)	(63-6)	(498)	(884)		19 944
Net assets released from restrictions used for purchase of property and equipment. Change in unrealized gains on investments. Change in economic and beneficial interests in the net assets of related.	~64 —	=		=		=	Ξ	=	⁷ 64 —
organizations Change in ownership interest of joint ventures Change in ownership interest of joint ventures Capital transfers (to) from affiliate Change in fair value of designated interest rate swaps	5 680 6 431 (14 350)		_ _ _	_ _ _	8 65 ⁻	2 002	3 691	(5 680) (6 431) —	_ _ _
Change in fair value of designated merest rate swaps Change in funded status of defined benefit pension plans Net losses from nonconsolidated subsidiaries Other		_ _ _		_ _ _		_ _ _ 1	_ _ _	_ _ _	_ _ _ (16)
Increase (decrease) in unrestricted net assets	\$ 20 691	5.679	(123)	(3-)	2 281	1 505	2.807	(12 111)	20 692

Consolidating Operations Information by Division for Chester River Health System. Inc (CRHS)

Year ended June 30, 2011

(In thousands)

	_	C'hester River Hospital C'enter	Chester River Manor	Chester River Home Care and Hospice	C'hester River Health Foundation	Eliminations	CRHS Consolidated Total
Unrestricted revenues, gains and other support							
Net patient service revenue	\$	55.065	8.494	2.574	_	_	66,133
Other operating revenue							
State support					_	_	_
Other revenue	_	498	26	64			588
Total unrestricted revenue, gains and other support	_	55,563	8.520	2.638			66,721
Operating expenses							
Salaries, wages and benefits		29.568	3.949	1.843	_	_	35,360
Expendable supplies		8.109	843	66	_	_	9.018
Purchased services		9.859	2.939	492	_	_	13.290
Contracted services		1.497	_	_	_	_	1.497
Depreciation and amortization		3.594	219	42	_	_	3,855
Interest expense		385	10	_	_	_	395
Provision for bad debts	_	2.020	103	73			2.196
Total operating expenses	_	55.032	8.063	2.516			65.611
Operating income	_	531	457	122			1,110

Consolidating Operations Information by Division for Chester River Health System. Inc (CRHS)

Year ended June 30, 2011

(In thousands)

	_	C'hester River Hospital C'enter	Chester River Manor	C'hester River Home C'are and Hospice	C'hester River Health Foundation	Eliminations	CRHS Consolidated Total
Nonoperating income and expenses, net Loss on early extinguishment of debt	\$	_	_	_	_	_	_
Other nonoperating gains and losses Contributions Equity in net income of joint ventures Investment income Change in fair value of investments Other nonoperating gains and losses		 592 752 219			591 — 32 — (406)		591
Total other nonoperating gains and losses		1.563	5	9	217	(217)	1.577
Excess of revenues over expenses		2.094	462	131	217	(217)	2.687
Net assets released from restrictions used for purchase of property and equipment Change in unrealized gains on investments Change in economic and beneficial interests in the net assets of		_	_				
related organizations Change in ownership interest of joint ventures Capital transfers (to) from affiliate Change in fair value of designated interest rate swaps Change in funded status of defined benefit pension plans Other	_	1.834 160	50				1.834
Increase in unrestricted net assets	\$ _	4.088	512	131	92	47	4.870

Consolidating Operations Information by Division

Year ended June 50 2010

(In thousands)

	University of Maryland Medical Center	University CARE	Kernan	University Specialty	Maryland General	Baltimore Washington	Shore Health	C hester River	UMMS Foundation	Shipley s	36 South Paca	Eliminations	C on volidated Total
Unrestricted revenues sams and other support													
Net patient service revenue	\$ 1.172.458	2 666	9-532	54 088	178 611	343 289	2164	65 324	_	_	_	(1 080)	2 129 662
Other operating revenue													
State support	s 200	_	_	_	_	_	_	_	_	_	_	_	s 200
Other revenue	47 786	2 144	2 4 8 8	221	2.174	د 06 -	ა ა9ა	660		988	114"	(1.958)	66 106
Total unrestricted revenue gains and other support	1 225 444	4 810	100 020	99د 4	180 785	350 352	220 16	65 984		988	1 14"	(3 0 3 8)	2 198 968
()perating expenses													
Salaries wages and benefits	50~010	000 د	46 161	28 482	دد 1 86	44د 165	115 155	o6 442	_	_	1-2	_	98 د 988
Expendable supplies	226 144	263	15 127	6 011	15551	55 129	29 629	9 891	_	1	4~	_	د9 ۶د
Purchased services	65 146	4 419	18 2 79	14 22 1	26 162	55 T45	38851	12.878	_	455	742	(5 846)	81 د 12د
Contracted services	90 *08	_	6.6	_	22 -93	9 15"	9 5 90	1 160	_	_	_	_	140 844
Depreciation and amortization	61 "9"	_	3 3 58	2 068	9 888	22 601	14 256	s ss6	_	159	د0د	_	117766
Interest expense	28 ~48	_	5.6	88*	1 205	4 -41	2.451	40 ₹	_	_	6-	_	40 0 51
Provision for bad debts	41_ د 10	<u> 328</u>	9 0 5 -	5 742	16 615	80د اد	9 363	۶ در د					179 289
Total operating expenses	1 164 113	8 510	100 154	57 519	1"8 54"	8د0 د4د	219 295	6" 44"		615	1 331	(3 846)	2 156 525
Operating income (loss)	ادد ۶۹	(5 "00)	(154)	(5 210)	2 4 3 8	314	872	(1 465)		<u> </u>	(184)	808	62 445
Nonoperating income and expenses net Loss on early extinguishment of debt Change in tair value of undesignated	(816)	_	_	_	-	=	_	_	_	_	_	_	(816)
interest rate swaps	(00 دد)	_	_	_	_	_	_	_	_	_	_	_	(00° دد)
Other nonoperating gains and losses Contributions	_	_	_	_	_	_	559	651	6 92-	_	_	_	815
Equity in net income of joint ventures	(5 ⁻ 89)		_	_	3 36 ⁻	186		_				a ~50	o 15
Investment income (loss)	1 499	_	50	.9	(428)	213	(2.5***)	275	1 065	_	_	J -0	156
Change in fair value of investments	18 502	_	1 259	1 721	255	5 862	ر 04ء د 1	62	1 888	_	_	_	45 592
Other nonoperating gains and losses	(2 205)	_			(1 999)	(4 765)	(1801)	(169)	(264 د)	_	_	0-د	(98 د ا)
Total other nonoperating gains and losses	14 00		1 309	1 "93	4 195	1 498	9 2 2 4	819	6 6 1 6			4 120	45 581
Excess (deficiency) of revenues													
over expenses	38 822	(5 700)	1 1 - 5	(1.417)	6 6 3 3	8 812	10 096	(644)	6 6 1 6	3-3	(184)	4 928	71 510
Net assets released from restrictions used													
tor purchase of property and equipment	6دد -	_	-50	_	26 563	1 000	1 090	_	(4.127)	_	_	_	32 612
Change in unrealized gains on investments Change in economic and beneficial interests in	_	_	_	_	_	_	_	_	_	_	_	_	_
the net assets of related organizations	_	_	_	_	_	_	_	_	_	_	_	_	_
Change in ownership interest of joint ventures	3 4 T 8	_			_	_		_	_		_	_	3 4 T8
Capital transfers (to) from affiliate		م -69	_	_	_	_	_	1 9	_	_		(5 -46)	
Chanke in fair value of designated interest								• •				,	
rate swaps	(~408)	_	_	_	_	_	(2)	_	_	_	_	_	(~410)
Change in funded status of defined benefit													
pension plans	_	_	_	_	(0c8 c)	(561)	_	(5-5)	_	_	_	_	(4 ~66)
Other	13	(29)			18	(2)	(11)	2	1		1	(25)	(0c)
Increase (decrease) in unrestricted net assets	\$ 42.241	40	1 925	(1.41")	84 و 29	9 449	11.175	¯60	2 490	3 ⁻ 3	(د18)	(841)	95 394

Consolidating Operations Information by Division for Maryland General Health Systems (MGHS)

Year ended June 30, 2010

(In thousands)

	_ <u>:</u>	Maryland General Health Systems, Inc.	Maryland General Hospital	Maryland General Clin. Prac. Group	Eliminations	MGHS Consolidated Total
Unrestricted revenues, gains and other support						
Net patient service revenue	\$	_	175,997	9,492	(6,878)	178,611
Other operating revenue State support			_			
Other revenue		898	1,275	1		2,174
Total unrestricted revenue, gains and	_	_				
other support		898	177,272	9,493	(6,878)	180,785
Operating expenses						
Salaries, wages and benefits			86,133	_	_	86,133
Expendable supplies		_	15,551	_		15,551
Purchased services		826	25,323	13	_	26,162
Contracted services			22,793	6,878	(6,878)	22,793
Depreciation and amortization		448	9,440	_	_	9,888
Interest expense		113	1,092			1,205
Provision for bad debts	_		14,013	2,602		16,615
Total operating expenses		1,387	174,345	9,493	(6,878)	178,347
Operating income (loss)		(489)	2,927			2,438

Consolidating Operations Information by Division for Maryland General Health Systems (MGHS)

Year ended June 30, 2010

(In thousands)

	_	Maryland General Health Systems, Inc.	Maryland General Hospital	Maryland General Clin. Prac. Group	Eliminations	MGHS Consolidated Total
Nonoperating income and expenses, net						
Loss on early extinguishment of debt	\$	_		_	_	_
Change in fair value of undesignated interest						
rate swaps		_	_	_	_	_
Other nonoperating gains and losses						
Contributions		_	_	_	_	_
Equity in net income of joint ventures		3,367	_	_		3,367
Investment loss			(428)	_	_	(428)
Change in fair value of investments			3,255	_	_	3,255
Other nonoperating gains and losses	-		(1,999)			(1,999)
Total other nonoperating gains and losses	_	3,367	828			4,195
Excess of revenues over expenses		2.878	3,755			6,633
Net assets released from restrictions used for purchase						
of property and equipment			26,563	_	_	26,563
Change in unrealized gains on investments				_	_	_
Change in economic and beneficial interests in the net						
assets of related organizations			_	_		_
Change in ownership interest of joint ventures			_	_	_	_
Capital transfers (to) from affiliate		220	(220)	_	_	_
Change in fair value of designated interest rate swaps		_	(2.920)	_	_	(2.020)
Change in funded status of defined benefit pension plans		_	(3,830)	_		(3,830)
Other	-		18			18
Increase in unrestricted net assets	\$ =	3,098	26,286			29,384

Consolidating Operations Information by Division for Baltimore Washington Medical System (BWMS)

Year ended June 30, 2010

(In thousands)

	Baltimore Washington Medical System, Inc.	Baltimore Washington Medical C'enter	Baltimore Washington Healthcare Services	Baltimore Washington Health Enterprises	North County Corporation	Eliminations	BWMS Consolidated Total
Unrestricted revenues, gains and other support Net patient service revenue Other operating revenue State support	\$	309.441	27.298	8.753	_	(2.203)	343.289
Other revenue	3.238	3.251		2.464	2.216	(4,106)	7,063
Total unrestricted revenue, gains and other support	3.238	312.692	27.298	11.217	2.216	(6.309)	350.352
Operating expenses							
Salaries, wages and benefits	3,238	146,988	9.917	5.201 704	_	_	165,344
Expendable supplies Purchased services		54,425 50,292	5.230	3,287	1.245	(6,309)	55,129 53,745
Contracted services	_	8,457	J.2.70	700	-	(0.507)	9,157
Depreciation and amortization	_	21,124	_	943	534	_	22,601
Interest expense	_	4.904	_	762	88	_	5.754
Provision for bad debts		19,507	11.801				31,308
Total operating expenses	3.238	305,697	26,948	11.597	1.867	(6,309)	343.038
Operating income (loss)		6.995	350	(380)	349		7.314

Consolidating Operations Information by Division for Baltimore Washington Medical System (BWMS)

Year ended June 30, 2010

(In thousands)

	Baltimore Washington Medical System, Inc.	Baltimore Washington Medical C'enter	Baltimore Washington Healthcare Services	Baltimore Washington Health Enterprises	North County Corporation	Eliminations	BW MS Consolidated Total
Nonoperating income and expenses, net Loss on early extinguishment of debt Change in fair value of undesignated interest rate swaps	\$ _ _	_ _	_ _	_	_	_	_
Other nonoperating gains and losses Contributions Equity in net income of joint ventures Investment income Change in fair value of investments Other nonoperating gains and losses	186 8.624 —	292 5,862 (4,556)		(82) (207)		(8.621)	186 213 5.862 (4.763)
Total other nonoperating gains and losses	8.810	1.598		(289)		(8.621)	1.498
Excess (deficiency) of revenues over expenses	8.810	8.593	350	(669)	349	(8.621)	8.812
Net assets released from restrictions used for purchase of property and equipment Change in unrealized gains on investments Change in economic and beneficial interests in the net	1.000	1.000		_	_	(1.000)	1.000
change in economic and beneficial interests in the net assets of related organizations Change in ownership interest of joint ventures Capital transfers (to) from affiliate Change in fair value of designated interest rate swaps Change in funded status of defined benefit pension plans Other	(1.089) — — — (361) —	(361)		(1.908) — — — — — (2)		1.089 	(361)
Increase in unrestricted net assets	\$ 8,360	9.231	350	(2.579)	349	(6,262)	9,449

Consolidating Operations Information by Division for Shore Health System (SHS)

Year ended June 30 (2010)

(In thousands)

	Shore Health System, Inc	Memorial Hospital Foundation, Inc and Subsidiary	C are Health Services, Inc	Shore Health Enterprises, Inc. and Subsidiary	Shore Clinical Foundation, Inc	Chesapeake Ear, Nose, Throat, Sinus, and Hearing Center, LLC	C hesapeake Neurological Surgery , LLC	Eliminations	SHS Consolidated Total
Unrestricted revenues—gains and other support Net patient service revenue Other operating revenue	\$ 201 717	_	5 780	_	8 692	792	347	(554)	216 774
State support ⊖ther revenue	4 455				259	42		(1 436)	3 393
Total unrestricted revenue gains and other support	206 172		5 796	57	8 951	834	34	(1 990)	220 167
Operating expenses Salaries wages and benefits Expendable supplies Purchased services Contracted services Depreciation and amortization Interest expense Provision for bad debts	103 374 28 857 36 112 5 907 14 019 2 451 8 451		3 948 290 1 214 18 36 — 94		7 398 441 2 567 3 059 141 —	913 40 199 — 29 —	52 1 234 606 19 —	(530) — (1 498) — — (84)	115 155 29 629 38 851 9 590 14 256 2 451 9 363
Total operating expenses	199 1 - 1		5 600	119	14 331	1 210	9-6	(2112)	219 295
Operating income (loss)	- 001		196	(62)	(5.380)	(3~6)	(629)	122	872
Nonoperating income and expenses net Loss on early extinguishment of debt Change in fair value of undesignated interest rate swaps									
Other nonoperating gains and losses Contributions Equity in net income of joint ventures Investment income (loss) Change in fair value of investments Other nonoperating gains and losses	240 	559 — (1 278) 5 986 (515)	_ _ _ _ 	_ _ _ _ _				(240) — (84) — 202	559 (2 577) 13 043 (1 801)
Total other nonoperating gains and losses	4 593	4 752	1					(122)	9 224
Excess (deficiency) of revenues over expenses	11 594	4 752	197	(62)	(5.380)	(3~6)	(629)		10 096
Net assets released from restrictions used for purchase of property and equipment Change in unrealized gains on investments Change in economic and beneficial interests in the net assets of related	1 090 —			<u> </u>	_ _		<u> </u>		1 090
organizations Change in ownership interest of joint ventures Capital transfers (to) from attiliate Change in fair value of designated interest rate swaps	4 332 (5 827) (2)	_ _ _	_ _ _	_ _ _	<u> </u>	_ _ _	_ _ _	(4 332) — —	_ _ _ (2)
Change in funded status of defined benefit pension plans Net losses from nonconsolidated subsidiaries Other	(14)	_ _ _ _ 1	_ _ _	_ _ _ 1	_ _ _	_ _ _	_ _ _ _ 1	_ _ _ _	— — — (11)
Increase (decrease) in unrestricted net assets	\$ 11.173	4 753	197	(61)	447	(376)	(628)	(4 332)	11.173

Consolidating Operations Information by Division for Chester River Health System. Inc (CRHS)

Year ended June 30, 2010

(In thousands)

	_	C'hester River Hospital C'enter	C'hester River Manor	C'hester River Home C'are and Hospice	C'hester River Health Foundation	Eliminations	CRHS Consolidated Total
Unrestricted revenues, gains and other support							
Net patient service revenue	\$	55.023	7.839	2.462	_	_	65.324
Other operating revenue							
State support		_	_	_	_	_	_
Other revenue	_	575	2	83			660
Total unrestricted revenue, gains and other support	_	55.598	7.841	2.545			65.984
Operating expenses							
Salaries, wages and benefits		30,265	4.306	1.706	_	165	36,442
Expendable supplies		9.041	793	57	_	_	9.891
Purchased services		10.113	2,220	545	_	_	12.878
Contracted services		1.160	_	_	_	_	1,160
Depreciation and amortization		3.130	198	8	_	_	3,336
Interest expense		393	14	_	_	(2)	405
Provision for bad debts	_	3.170	57	108			3,335
Total operating expenses	_	57.272	7.588	2.424		163	67.447
Operating income (loss)	_	(1.674)	253	121		(163)	(1,463)

Consolidating Operations Information by Division for Chester River Health System. Inc (CRHS)

Year ended June 30, 2010

(In thousands)

	_	C'hester River Hospital C'enter	Chester River Manor	C'hester River Home C'are and Hospice	C'hester River Health Foundation	Eliminations	CRHS Consolidated Total
Nonoperating income and expenses, net Loss on early extinguishment of debt	\$	_	_	_	_	_	_
Other nonoperating gains and losses Contributions Equity in net income of joint ventures Investment income Change in fair value of investments Other nonoperating gains and losses	_	220 62 364	 7		651 — 32 — (334)	(2) (184)	651 — 275 62 (169)
Total other nonoperating gains and losses	_	646	7	3	349	(186)	819
Excess (deficiency) of revenues over expenses		(1.028)	260	124	349	(349)	(644)
Net assets released from restrictions used for purchase of property and equipment Change in unrealized gains on investments Change in economic and beneficial interests in the net assets of		205			(205)		
related organizations Change in ownership interest of joint ventures Capital transfers (to) from affiliate Change in fair value of designated interest rate swaps		1.977	_ _ _	_ _ _ _			1.977
Change in funded status of defined benefit pension plans Other	_	(575) (130)		(1)		131	(575)
Increase in unrestricted net assets	\$ _	449	262	123	121	(195)	760

Combining Balance Sheet Information – Obligated Group

June 30 2011

(In thousands)

Assets	_	University of Maryland Medical Center	Kernan Hospital, Inc	University Specialty Hospital, Inc	Maryland General Hospital, Inc	Baltimore Washington Medical Center, Inc	Shore Health System, Inc	C hester River Health System, Inc	UMMS Foundation	Eliminations	Obligated Group Total
Current assets Cash and cash equivalents Assets limited as to use current portion Accounts receivable	\$	140 420 37 469	14416	2 94 ⁻ —	14 551 986	24 561 833	13 585 471	_	_	_	210 480 39 ⁻ 59
Patient accounts receivable less allowance for doubtful accounts of \$151,402 Other Inventories Prepaid expenses and other current assets		152 030 36 716 18 119 39 391	12 026 6 314 990 105	5 606 323 616 24	12 804 1 403 2 043 300	35 324 1 234 6 014 8 759	26 390 4 276 3 774 941	_ _ _ _	(2 672) ————————————————————————————————————	(9 428) ————————————————————————————————————	244 180 38 166 31 556 51 020
Total current assets		424 145	33 851	9 516	32 087	76 725	49 43		(1.172)	(9.428)	615 161
Investments		304 671	13 154	5 303	_	48 420	30 162	_	_	_	401 ~10
Assets limited as to use less current portion Debt sen (ce funds) Construction funds Board designated and escrow funds Self-insurance trust funds Funds restricted by donor Economic interests in the net assets of related organizations	-	41 770 146 001 — 39 485 — 56 843 284 099	1 99 ⁻ - - - - 34 982 36 9 ⁻ 9		9 867 25 326 3 545 	19 8 ⁻⁴ 	3 086 25 000 11 916 3 852 59 272 103 126		32 211 21 536 ————————————————————————————————————	(59 613)	41 170 180 825 57 211 93 222 28 933 98 522 500 483
Property and equipment, net Deterred financing costs net Investments in joint ventures and other assets Total assets	-	717 512 7 547 201 466 1 939 440	36 569 — — — — — ——————————————————————————	20 025	91 492 — — ————————————————————————————————	243 873 ————————————————————————————————————	112 836 	32 969 32 969	1 80 ⁻ 5 315 59 69 ⁻	(34 733)	1 224 114
1 Oldi Brigli	" =	1 222 771	120000	2/2/ 2/1	15727 2571	711 713	2017 2001	32 30	2730	(100 4)	2 2/2/1/11

Combining Balance Sheet Information – Obligated Group

June 30 2011 (In thousands)

Liabilities and Net Assets	University of Maryland Medical Center	Kernan Hospital, Inc	University Specialty Hospital, Inc	Maryland General Hospital, Inc	Baltimore Washington Medical Center, Inc	Shore Health System, Inc	C hester River Health System, Inc	UMMS Foundation	Eliminations	Obligated Group Total
Current liabilities										
Trade accounts payable	\$ 103,712	5 ~63	3 347	9 720	20.766	5 406	_	84	_	148 798
Accrued payroll and benefits	71 642	4138	2 909	12 252	17 924	13 019	_	_	(228)	121 656
Advances from third-party payors	66 844	3 596	4 69~	6 468	8 1 1 2	5.287	_	_	_	95 004
Lines of credit	54 600	_	_	_	_	_	_	_	_	54 600
Other current liabilities	79 192	1 600	11 653	4670	24 434	619	_	_	(9 005)	118 741
Long-term debt subject to short-term remarketing										
arrangements	164 055	_	_	_	_	_	_	_	_	164 055
Current portion of long-term debt	15 051	270	300	884	4 1 20	1 883			(133)	22 375
Total current liabilities	555 096	15.367	22 906	33 994	75 356	31 792	_	84	(9.366)	725 229
Long-term debt, less current portion	517 591	12 319	6.956	40 220	187 521	85 845	_	_	_	850 452
Other long-term habilities	32 272	441	186	24 593	14 987	6.83	_	_	_	79.316
Interest rate swap liabilities	105 400	_	_			_	_	_	_	105 400
Total liabilities	1 210 359	28 127	30 048	98 807	277 864	124.474	_	84	(9.366)	1 760 397
Net assets										
Unrestricted	657 739	57 444	4 796	60114	128 153	155 505	31 266	34 925	(34.795)	1 095 147
Temporarily restricted	70 929	34 982	40	4 280	5 896	12 197	323	6122	(59 613)	75 523
Permanently restricted	413	-		_	_	12 184	1 380	18 566		32 543
Total net assets	729 081	92 426	5 203	64 394	134 049	179 886	32 969	59 613	(94.408)	1 203 213
Total liabilities and net assets	\$ 1 939 440	120 553	35 251	163 201	411 913	304 360	32 969	59 697	(103 774)	2 963 610
rotal literate that her direct	1 232 110	12000	5/5/ 25/1	100 201	.11 212	2377 23737	32 303	3.5 (7.5	(1.55 17	2 35 (71

Combining Balance Sheet Information – Obligated Group

June 30-2010

(In thousands)

Assets	_	University of Maryland Medical Center	Kernan Hospital, Inc	University Specialty Hospital, Inc	Maryland General Hospital, Inc	Baltimore Washington Medical Center, Inc	Shore Health System, Inc	C hester River Health System, Inc	UMMS Foundation	Eliminations	Obligated Group Total
Current assets Cash and cash equivalents Assets limited as to use current portion Accounts receivable	\$	175 378 36 570	9 151 —	2 219 —	11 538 986	15 472 846	16 946 4 ⁻ 1	_		=	230 T04 38 8T3
Patient accounts receivable less allowance for doubtful accounts of \$1.28.261 Other Inventories Prepaid expenses and other current assets		137 783 40 926 17 014 55 070	13 881 6 886 987 15	2 733 193 556 17	17 485 1 215 1 703 596	35 624 366 5 456 8 775	24 196 - 7 806 - 3 785 - 675			(10.56 ⁻)	231 702 46 825 29 501 66 648
Total current assets	_	462 741	30 920	5 718	33 523	66 539	53 879		1 500	(10.567)	644 253
Investments		184 626	11 252	15 330	_	42 1 21	21 950	_	_	_	275 279
Assets limited as to use less current portion Debt service funds Construction funds Board designated and escrow funds Self-insurance trust funds Funds restricted by donor Economic interests in the net assets of related organizations		39 553 160 185 — 38 393 —			8 602 22 738 958 3 242	28 315 ————————————————————————————————————	6 987 25 000 7 351 3 285 43 255	- - - -	27 202 27 203 — 20 371		39 553 204 089 52 202 80 011 24 614
organization.	-	290 289	29 232	390	35 540	45 739	85.878		47 573	(54.828)	479.813
Property and equipment, net Deferred financing costs net Investments in joint ventures and other assets Total assets	<u>-</u>	668 500 8 661 146 393 1 761 210	35 971 ————————————————————————————————————	18 9 ⁷ 4 — — — 40 412	93 537 ————————————————————————————————————	232 965 ————————————————————————————————————	114 061 	27 842 27 842	1 800 	(38 015)	1 165 808 8 661 148 922 2 722 736
LOIGH GNCIN	• =	1 01 =10	10 3 3	40.412	102 05	20 420	204 104	_ 04_	.14 7.00	(102 410)	30

Combining Balance Sheet Information – Obligated Group

June 30-2010

(In thousands)

Liabilities and Net Assets	University of Maryland Medical Center	Kernan Hospital, Inc	University Specialty Hospital, Inc	Maryland General Hospital, Inc	Baltimore Washington Medical Center, Inc	Shore Health System, Inc	C hester River Health System, Inc	UMMS Foundation	Eliminations	Obligated Group Total
Current liabilities										
Trade accounts payable \$	97 956	5 015	3 031	9 1 5 0	13 980	9674	_	102	_	138 908
Accrued payroll and benefits	67 339	3 843	2 826	11 108	16 723	12 068	_	_	(110)	113 797
Advances from third-party payors	61 988	2 445	4 294	6 630	6 010	5 090	_	_	_	86 457
Lines of credit	63 300	_	_	_	_	_	_	_	_	63 300
Other current habilities	69 794	845	13 943	12 024	26 920	6.038	_	_	(9 895)	119 669
Long-term debt subject to short-term remarketing										
arrangements	70 069	_	_	_	_	_	_	_	_	70 069
Current portion of long-term debt	27 162	259	300	965	3 961	1 808				34 455
Total current habilities	457 608	12.407	24 394	39 8	67 594	34 678	_	102	(10 005)	626 655
Long-term debt, less current portion	595 578	12 590	7 256	41 090	191 635	88 158	_	_	(562)	935 745
Other long-term habilities	36 114	441	357	33 941	18 813	6.210	_	_		95.876
Interest rate swap habilities	128 575									128 575
Total liabilities	1 217 875	25 438	32 007	114 908	278 042	129 046		102	(10.567)	1 786 851
Net assets										
Unrestricted	486 180	52 705	8 015	43 655	103 513	134 814	26 396	31 324	(38 (15)	848.587
Temporarily restricted	56 742	29 232	390	4 200	5 895	9 221	75	5 1 24	(54.828)	56.051
Permanently restricted	413					11 083	1 3 1	18 380		31 247
Total net assets	543 335	81 937	8 405	47 855	109 408	155 118	27 842	54 828	(92 843)	935 885
Total liabilities and net assets \$	1 761 210	107 375	40 412	162 ~63	387 450	284 164	27 842	54 930	(103 410)	2 722 736

Combining Operations Information - Obligated Group

Year ended June 30 2011

(In thousands)

		University of Maryla	and Medical Center				Maryland	Baltzmore Washington		Shore Heal	h System		Chester			Obligated
	Umversity Hospital	Shock Trauma Center	Cancer Center	Subtotal	Kernan Hosp#al	University Specialty	General Hosp#al	Medical Center	Memorial Hospital	Dorchester General	QAEC	Subtotal	Rr er Health System, Inc	UMMS Foundation	Elmmations	Group Total
	\$ 1 035 336	193 030	47 828	1,276 194	94 263	52 512	180 958	326 216	164 741	50 010	2 953	217 704	_	_	(447)	2 14" 400
Other operating revenue State support Other revenue		3 200 1		3 200	2,575			3,292	4 498	703		6,301				3 200 64 042
Total unrestricted revenue gains and other support	1 086 006	196 231	47 933	1,330 170	96 838	52.838	182 305	329 508	170 339	50 713	2 953	224 005			(1 022)	2,214 642
Operatum expenses Salanes wages and benefits Expendable supplies Purchased services Contracted services Depreciation and annortization Interest expenses	481 050 194 436 105 486 76 243 62 857 26 881	52 905 24 629 52 793 10 046 4 455	18 471 19 908 12 245 3 227 2 289	552 426 238 973 170 524 89 516 69 601 26 881	44 786 15 127 18 284 7 644 3 206 476	27 606 6 161 16 591 — 2 347 861	85 855 16 304 23 307 22 770 10 694 1 595	147 837 60 399 49 277 7 830 22 001 5 813	79 647 26 492 28 805 3 527 11 413 2 779	24 848 5 385 8 297 2 027 2 560 91	2 0 ⁻⁵ 425 215 1 436 511 390	106 570 32 302 37 317 6 990 14 484 3 260	_ _ _ _	_ _ _ _		965 080 369 266 314 278 134 750 122 333 38 886
Provision for bad debts	1 007 895	36,316 181,144	3,895	1,249 074	95 61	4.46° 58.033	17,513	21,44° 314 604	6,396 159,059	1,950 45 158	5 141	209 358			(1 022)	2 103 702
Total operating expenses															(1,022)	
Operating income (loss)	78,111	15.08"	(12,102)	81,096	1,221	(5,195)	4.26	14,904	11_280	5,555	(2,188)	14,64				110,940
Nonoperating income and expenses net Loss on early extinguishment of debt Change in fair value of undesignated interest rate swaps	 18 640	=	=	 18 640	=	=	=	=	=	=	=	=	=	=	=	 18 640
Other totoperature gains and losses Contributions Equats in net income of joint sentitives lin estiment uscome C hange in larv adue of un estiments Other motoperature gains and losses	10 366 221 16 500 (9 420)	_ 1 966 _	806 —			 1 2 - 5 700 	 290 152 (550)	- 4 232 2 836 (2 821)	83 — 692 8 035 (1 071)	- - 15 - (218)	= = =	83 	=	5 258 — 4 362 1 743 (2.954)	3 220 — —	\$ 341 13 \$86 36 689 31 603 (1~219)
Total other nonoperating gains and losses	40 21	1 966	806	42 989	1 732	1 975	(108)	4 247	39	(203)		7 536		8 409	3 220	70 000
Excess (deliciency) of revenues over expenses	136 968	17 053	(11,296)	142 725	2 953	(3,220)	4 159	19 151	19 019	5 352	(2 188)	22 183		8 409	3 220	199 580
Net assets released from restrictions used for purchase of property and equipment Change in unrealized gains on un estiments Change in economic and beneficial unterests in the net	20 815	=	=	20 815 —	~<0 —	=	885 —	-50 -	-64 	=	=	~64 —	=	Ξ	Ξ	23 964 — —
assets of related organizations Change in ownership interest of joint ventures Capital transfers (to) from affiliate Change in fair value of designated interest rate swaps	2 268 3 801 2 298	=	=	2 268 3 801 2 298	1 035	=	1 64	_ _ _	5 680 6 431 (14,350)	=	=	5 680 6 431 (14,350)	=	(4 883)	=	5 680 8 699 (12 750) 2 298
Change in funded status of defined benefit persoon plans Net gains from nonconsolidated subsidiaries Other	(348)	=	=	(348)	_ _ _ I	_ _ _ 1	9 -52 - 16	4 36		Ξ	=		4870	_ _ _,	= =	14 488 4 870 (269)
Increase (decrease) in unrestricted net assets	S 165 802	17 053	(11,296)	171 559	4 "39	(3,219)	16 459	24 640	17 527	5 352	(2.188)	20 691	4.870	3 601	3 220	246 560

Combining Operation - Information - Obligated Group

Year ended June 30 2010

(In thou-and-)

		University of Maryla	nd Medical Center				Maryland	Baltimore Washington		Shore Health System		Chester			Obligated
	University Hospital	Shock Trauma Center	C ancer	Subtotal	Kernan Hospital	University Specialty	General Hospital	Medical Center	Memorial Hospital	Dorchester General	Subtotal	River Health System Inc	UMMS Foundation	Eliminations	Group Total
Unrestricted revenues gains and other support Net patient service revenue Other operating revenue	2 040 0~ 5	1-4 990	101 67	1 172 458	95 846	54 088	1-400-	309 441	154 346	47 371	201 717	_	_	(452)	2 009 095
State support Other recenue	4° 60°	3 200	1-9	3 200 4" "86	2 424	221	1 275	3 251	3 426	1 029	1122			(631)	3 200 58 781
Total unrestricted revenue gains and other support	987 682	1~9 190	56 572	1 223 444	98 270	54 309	177 272	312 692	157 772	48 400	206 172			(1 083)	2 071 076
Operating expenses Salaries wages and benefits Expendable supplies Purchased services	438 885 184 160 89 905	50 628 24 01 3 40 370	1" 49" 1" 9"1 16 090	50° 010 226 144 146 365	44 88" 15 104 16 9 30	28 482 6 011 14 331	86 133 15 551 25 323	146 988 54 425 50 292	78 414 23 337 26 847	24 960 5 520 9 265	103 374 28 857 36 112	=	_ _ _		916 8"-4 346 092 288 2"0
Contracted services Depreciation and amortization Interest expense Provision for bad debis	77 651 55 132 28 721 60 668	9 14" 4 219 — 3" 459	3 ~ 10 2 446 2 ~ 5 414	90 508 61 797 28 748 103 541	6 16 2 990 5 56 8 990	2 068 885 5 742	22 793 9 440 1 092 14 013	8 457 21 124 4 904 19 507	3 823 11 339 2 186 6 454	2 084 2 680 265 1 997	5 90" 14 019 2 451 8 451				135 301 111 438 38 636 160 244
Total operating expenses	935 122	165 836	63155	1 164 113	9- 093	5- 510	174 345	305 697	152 400	46 ***1	199 1 1			(1 083)	1 996 855
Operating income (loss)	52 560	13 354	(6 583)	59 331	11**	(3 210)	2 92"	6 99 5	5 372	1 629	~ 001				<u>4 221</u>
Nonoperating income and expenses net Loss on early extinguishment of debt Change in fair value of undesignated interest rate swaps	(816) (33 700)	=	=	(816) (33.700)	=	_	=	=	=	_	_	=	=	_	(816) (33.700)
Other monoperating gains and losses. Contributions Equals in net income of joint sentures Inselment income (loss) Change in tart value of insestments Other monoperating gains and losses	(3 789) (1 273) 18 502 (2 205)	 1 966 	806 —	(3 789) 1 499 18 502 (2 205)		- - 30 1 -21	 (428) 3 255 (1 999)		240 — (1 255) ~ 052 (1 49~)	- - 30 5	240 — (1 216) - 05- (1 488)	_ _ _ _	6 92" — 1 065 1 888 (3 264)	1 41" - - -	7 167 (2 372) 1 522 30 323 (13 459)
Total other nonoperating gains and losses	11 235	1 966	806	14 00~	1 329	1 793	828	1 598	4 540	53	4 593		6 616	1.41*	32 181
Excess (deticiencs) of revenues over expenses	29 279	15 320	(5)	38 822	2 506	(1.41*)	3-44	8 593	9 912	1 682	11 594	_	6 6 1 6	1.417	~1 886
Net assets released from restrictions used for purchase of property and equipment. Change in unrealized gains on investments. Change in economic and beneficial interests in the net	- 136 —		_	~ 336 —	- s ₀	_ _	26 563	1 000	1 090	Ξ	1 090	Ξ	(4 12°) —	Ξ	32 612 — —
assets of related organizations Change in ownership interest of joint ventures Capital fransters (to) from attiliate Change in fair value of designated interest rate swaps Change in finded status of defined benefit pension plans	3 4 7 8 	= =	=======================================	3 478 	=	=	(220)		4 332 — (5 827) (2)	=======================================	4 332 — (5 827) — (2)	=	=======================================	=======================================	4 332 3 478 (6 047) (7 410) (4 191)
Change in funded statis of defined benefit pension plans Net gains (losses) from nonconsolidated subsidiaries Other Increase (decrease) in unrestricted net assets	13 13 13 13 13			13 42 241		(141*)	18	(101) ———————————————————————————————————	(14) 9 491	1 682	(14)				
merca - (accrease) in differentied liet assets	12.098	1.120		72 241	12.0	(141)	20 200	7 2 11	4 4 9 1	1 002	111 '		2 490	1 41	

Software ID: Software Version:

EIN: 52-0610538

Name: SHORE HEALTH SYSTEM INC

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

Compensated Employees, and	Independ	lent C	ontr	act	ors					
(A) Name and Title	(B) Average hours per	Posi t	tion (that a	che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Robert Chrencık UMMS President/CEO	1 0	Х						0	1,654,567	198,781
John Dillon Board Chairman	1 0	х		х				0	0	0
Richard Loeffler Board Vice Chairman	1 0	Х		х				0	0	0
Charles Lea Board Vice Chairman	1 0	Х		х				0	0	0
Gerard Walsh Interim Pres/CEO	40 0	Х		х				296,737	0	22,573
Martha Russell Board Treasurer	1 0	Х		х				0	0	0
Walter Zajac SVP/CFO-Board Treasurer	40 0	Х		х				237,732	0	19,970
Stuart Bounds Board Secretary	1 0	Х		х				0	0	0
Phyllis Matthai Board Assistant Secretary	40 0	Х		х				66,858	0	15,605
Robert Carmean Board Member	1 0	×						0	0	0
Ludwig Eglseder III MD Board Member	1 0	Х						48,000	0	0
Marlene Feldman Board Member	1 0	Х						0	0	0
Mıchael Joyce MD Board Member	1 0	Х						0	0	0
Keith McMahan Board Member	1 0	Х						0	0	0
David Milligan Board Member	1 0	Х						0	0	0
Mıchael Moran Board Member	1 0	Х						0	0	0
John Ashworth III Board Member	1 0	Х						0	587,447	24,957
Neil Mufson Board Member	1 0	Х						0	0	0
James Peterson Board Member	1 0	Х						0	0	0
Jack Stolz Board Member	1 0	Х						0	0	0
Joseph Ross President/CEO	40 0			х				601,804	0	24,480
Michael Tooke MD SVP/CMO	40 0				х			349,655	0	50,874
Christopher Parker Interim COO	40 0				х			272,820	0	19,604
Mıchael Zımmerman VP/HR	40 0				х			234,031	0	21,892
Mıchael Sılgen VP/Marketing	40 0				×			175,134	0	21,099

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

(A) Name and Title	(B) Average hours		tion (that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Jonathan Cook VP/Physican Services	400				х	Х		201,240	0	30,976
John Sawyer Lead Medical Physicist	400					Х		176,741	0	6,320
Catherine Ferara Clinical Pharmist	400					х		148,973	0	11,320
Susan Sıford Pharmacy Dırector	40 0					х		139,256	0	19,338
George Shoener Facilities Director	400					Х		134,527	0	10,723
Pattı Willis VP Public Rel/Comm	400					х		133,898	0	16,450