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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

C Name of organization
ANNE ARUNDEL MEDICAL CENTER INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 2001 MEDICAL PARKWAY

Room/suite

City or town, state or country, and ZIP + 4
ANNAPOLIS, MD 21401

D Employer identification number
52-1169362

E Telephone number
(443)481-6554

G Gross receipts $ 445,691,299

F Name and address of principal officer
ROBERT REILLY
2001 MEDICAL PARKWAY
ANNAPOLIS, MD 21401

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW AAHS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1902

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ENHANCE THE COMPREHENSIVE HEALTH CARE WE PROVIDE TO THE LOCAL AND REGIONAL COMMUNITY WE SERVE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	3,378
6	Total number of volunteers (estimate if necessary)	**6**	590
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	9,818,359
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-880,497

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	902,049	1,287,801
9	Program service revenue (Part VIII, line 2g)	392,121,382	423,643,976
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,454,723	4,688,407
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,464,331	15,710,602
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	413,942,485	445,330,786
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	6,956,891
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	195,216,314	195,446,677
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	198,410,238	218,787,422
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	393,626,552	421,190,990
19	Revenue less expenses Subtract line 18 from line 12	20,315,933	24,139,796

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	844,739,672	902,345,989
21	Total liabilities (Part X, line 26)	513,204,421	489,007,804
22	Net assets or fund balances Subtract line 21 from line 20	331,535,251	413,338,185

Part II Signature Block

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

Sign Here

****** — Signature of officer — 2012-05-09 — Date

ROBERT REILLY CFO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: LORI S BURGHAUSER	Preparer's signature: LORI S BURGHAUSER	Date: 2012-05-09	Check if self-employed ☐	PTIN
Firm's name ▶ SC&H TAX & ADVISORY SERVICES LLC				Firm's EIN ▶
Firm's address ▶ 910 RIDGEBROOK ROAD SPARKS, MD 21152				Phone no ▶ (410) 403-1500

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

ANNE ARUNDEL MEDICAL CENTER'S ("AAMC") MISSION IS TO ENHANCE THE HEALTH OF THE PEOPLE IT SERVES AND AAMC'S VISION IS "LIVING HEALTHIER TOGETHER" WITH THE COMMUNITY IN ADDITION TO TRADITIONAL PATIENT SERVICES LIKE DIAGNOSIS, TREATMENT AND REHABILITATION, THIS VISION IS ACCOMPLISHED BY EXPANDING HEALTH CARE OUTSIDE OF THE HOSPITAL WALLS, STRENGHTHENING COMMUNITY HEALTH THROUGH COMPREHENSIVE HEALTH MAINTENANCE AND EDUCATION OUTREACH

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 371,125,427 including grants of $ 6,956,891) (Revenue $ 425,913,843)

INPATIENTTHE AAMC WOMEN'S AND CHILDREN'S CENTER OFFERS MULTIGENERATIONAL PROGRAMS TO SUPPORT A WOMAN FROM THE TIME SHE BEGINS GYNECOLOGICAL CARE THROUGH THE CHILDBEARING YEARS AND BEYOND WE OFFER THE MOST COMPREHENSIVE WOMEN'S SERVICES, ALL-INCLUSIVE MATERNITY, NEWBORN AND PEDIATRIC CARE, ADVANCED TREATMENTS FOR ANY HEALTH CHALLENGES WOMEN AND THEIR FAMILIES MAY ENCOUNTER, AND EXTENSIVE SCREENING, PREVENTION AND WELLNESS PROGRAMS TO HELP THEM LEAD LONGER, HEALTHIER AND MORE FULFILLING LIVES AAMC IS KNOWN FOR EXCELLENCE IN OBSTETRICAL SERVICES, AND WE OFFER MOMS MANY OPTIONS AS THEY MAKE INFORMED CHOICES DURING LABOR AND DELIVERY OUR GOAL IS FOR EACH MOTHER AND HER FAMILY TO FEEL RESPECTED AND TO EXPERIENCE THE BIRTHING PROCESS AND POSTPARTUM EXPERIENCE THEY DESIRE ANNE ARUNDEL MEDICAL CENTER DELIVERS MORE THAN 5,000 BABIES EACH YEAR, THE SECOND HIGHEST NUMBER OF DELIVERIES IN THE STATE OF MARYLAND ANNE ARUNDEL MEDICAL CENTER'S NEONATAL INTENSIVE CARE UNIT (NICU) IS DESIGNATED AS A LEVEL IIIB NICU, AND IS ABLE TO CARE FOR THE MOST CRITICALLY ILL NEWBORNS, ALLOWING BABIES BORN EARLY OR WITH COMPLICATIONS TO STAY WITH THEIR MOTHERS AT AAMC HOSPITALS THAT DO NOT HAVE THIS LEVEL OF NICU CARE OFTEN MUST TRANSFER BABIES TO OTHER HEALTH CARE FACILITIES, MEANING THAT MOTHERS AND BABIES CANNOT REMAIN TOGETHER THE AAMC NICU, ALSO KNOWN AS "TEDDY'S PLACE", IS A STATE-OF-THE-ART 26-BED UNIT, EQUIPPED WITH LIFE-SAVING TECHNOLOGY AND STAFFED BY FULL- AND PART-TIME NEONATOLOGISTS, NEONATAL NURSE PRACTITIONERS, AND NURSES WITH SPECIALIZED NICU TRAINING ON AVERAGE, MORE THAN 20 BABIES A DAY ARE CARED FOR IN OUR NICU, AND APPROXIMATELY 12-15 PERCENT OF ALL BABIES DELIVERED AT AAMC WILL SPEND SOME TIME IN THE NICU AT AAMC, THE CENTER FOR MATERNAL-FETAL MEDICINE OFFERS WOMEN THE HIGHEST LEVEL OF OBSTETRIC CARE, WITH THREE HIGHLY TRAINED PHYSICIANS ABLE TO PERFORM AND OVERSEE A WIDE RANGE OF COMPLICATIONS THE AAMC CENTER FOR MATERNAL-FETAL MEDICINE OFFERS CARE TO WOMEN WHO COME FROM AS FAR AWAY AS MARYLAND'S CHARLES AND ST MARY'S COUNTIES, AS WELL AS DELAWARE TYPICAL PATIENTS INCLUDE WOMEN WHO ARE CARRYING TWINS OR TRIPLETS, WOMEN REQUIRING DIABETES EDUCATION OR SPECIALIZED TESTING, SUCH AS AMNIOCENTESIS, OR WOMEN WHO WILL BE 35 OR OLDER AT THE TIME OF DELIVERY THE AAMC WOMEN'S CENTER FOR PELVIC HEALTH PROVIDES COMPREHENSIVE AND INNOVATIVE PELVIC HEALTH CARE FOR WOMEN OF ALL AGES SUFFERING FROM PROBLEMS AND DISORDERS OF THE PELVIC REGION OUR EXPERIENCED SPECIALISTS EMPLOY A COMPASSIONATE AND PROFESSIONAL APPROACH TO DIAGNOSE AND TREAT ALL COMPONENTS OF PELVIC PROBLEMS, WITH THE GOAL OF ENSURING WELLNESS AND MAINTAINING DIGNITY THE AAMC WOMEN'S CENTER FOR PELVIC HEALTH ADDRESSES ISSUES INCLUDING URINARY INCONTINENCE, PELVIC SUPPORT PROBLEMS, FECAL INCONTINENCE, CHILDBIRTH AND PREGNANCY RELATED PELVIC FLOOR DISORDERS, INCONTINENCE CLEARLY LINKED TO PROLAPSE OR PELVIC FLOOR DYSFUNCTION, AND PELVIC ORGAN PROLAPSE (CYSTOCELE, RECTOCELE, UTERINE, VAGINAL VAULT, PERINEAL) STROKEANNE ARUNDEL MEDICAL CENTER HAS EARNED CERTIFICATION AS A PRIMARY STROKE CENTER FROM THE JOINT COMMISSION, AND WAS THE FIRST HOSPITAL IN THE REGION (AND ONE OF THE FIRST EIGHT IN THE STATE) TO HAVE EARNED THIS HIGHLY SPECIALIZED DESIGNATION BECAUSE SUCCESSFUL TREATMENT OF STROKE PATIENTS IS SO TIME-CRITICAL, THE PRESENCE OF A CERTIFIED STROKE CENTER IN ANNE ARUNDEL COUNTY IS SIGNIFICANT FOR THE RESIDENTS OF THE REGION BECAUSE THEY NO LONGER HAVE TO WASTE PRECIOUS TIME AND TRAVEL 30 OR MORE MILES TO GET LIFE-SAVING TREATMENT THE JOINT COMMISSION CERTIFICATION MEANS AAMC HAS DEMONSTRATED THAT ITS STROKE PROGRAM FOLLOWS NATIONAL STANDARDS AND GUIDELINES THAT CAN SIGNIFICANTLY IMPROVE OUTCOMES FOR STROKE PATIENTS IN MARYLAND, SOMEONE IS HOSPITALIZED FOR A STROKE EVERY 30 MINUTES AND SOMEONE DIES EVERY THREE HOURS, ACCORDING TO THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS (MIEMSS) AAMC OFFERS TREATMENT WITH TPA - TISSUE PLASMINOGEN ACTIVATOR, A CLOT-BUSTING MEDICATION APPROVED FOR USE IN CERTAIN PATIENTS HAVING A STROKE TPA MUST BE GIVEN WITHIN A FEW HOURS AFTER SYMPTOMS BEGIN THE PROCEDURE IS DONE THROUGH AN INTRAVENOUS (IV) LINE BY SPECIALLY TRAINED HOSPITAL PERSONNEL AAMC TREATS OVER 500 STROKE PATIENTS A YEAR HEART AND VASCULAR INSTITUTETHE AAMC HEART AND VASCULAR INSTITUTE IS A COMPREHENSIVE PROGRAM OFFERING EXCEPTIONAL EMERGENCY, INTERVENTIONAL AND SURGICAL CARE TO OUR COMMUNITY THE HEART AND VASCULAR INSTITUTE FEATURES A DEDICATED HEART AND VASCULAR UNIT, VASCULAR SCREENING, SURGERY AND TREATMENT, CARDIAC-CATHERIZATION, INTERVENTIONAL MEDICINE, EMERGENCY ANGIOPLASTY, CARDIOPULMONARY REHABILITATION AND INTERVENTIONAL RADIOLOGY A REGIONAL RESOURCE TO OUR COMMUNITY, THE AAMC HEART AND VASCULAR INSTITUTE IS NATIONALLY RECOGNIZED AS A STANDARD FOR CARE AND TREATMENT OF HEART ATTACK PATIENTS AND RECIPIENT OF THE 2011 GOLD PERFORMANCE ACHIEVEMENT AWARD FROM THE AMERICAN COLLEGE OF CARDIOLOGY AAMC IS ALSO A PARTICIPANT IN THE C-PORT E PROGRAM, OFFERING ELECTIVE ANGIOPLASTY SERVICES TO OUR COMMUNITY SURGICAL SERVICESAAMC SURGEONS PERFORM A VARIETY OF INPATIENT AND OUTPATIENT SURGICAL PROCEDURES FROM THE ROUTINE TO THE TECHNOLOGICALLY ADVANCED, SUCH AS ROBOTICS IN ADDITION TO GENERAL SURGERIES, THEY SPECIALIZE IN BREAST, COLON AND RECTAL, ORTHOPEDIC, PEDIATRIC, RETINAL, THORACIC, VASCULAR, UROLOGY, GYNECOLOGY, UROGYNECOLOGY, OPHTHALMOLOGY, AND EAR, NOSE AND THROAT SURGERY, AS WELL AS NEUROSURGERY AND PLASTIC RECONSTRUCTIVE SURGERY BOARD-CERTIFIED ANESTHESIOLOGISTS PLAN AND SUPERVISE ANESTHESIA CARE FOR ALL PATIENTS IN ADDITION, 24-HOUR PHYSICIAN CARE THROUGH THE HOSPITALIST AND INTENSIVIST PROGRAMS MEANS A DOCTOR IS ALWAYS NEARBY TO MAKE SURE RECOVERY FOR INPATIENTS IS PROGRESSING SMOOTHLY AT THE AAMC JOINT CENTER, OUR SURGEONS HOLD SUPERIOR CREDENTIALS AND MANY OF OUR SURGEONS SPECIALIZE IN KNEE AND HIP REPLACEMENT OUR VOLUME OF SURGERY ALSO CONTRIBUTES TO OUR MEDICAL EXPERTISE AAMC PERFORMS NEARLY 1,300 JOINT REPLACEMENTS PER YEAR, WHICH MAKES US CONSISTENTLY ONE OF THE HIGHEST VOLUME JOINT REPLACEMENT CENTERS IN THE STATE OVER THE PAST THREE YEARS, AAMC PERFORMED MORE JOINT REPLACEMENTS THAN ANY OTHER HOSPITAL IN THE STATE JOINT CAMPANOTHER UNIQUE PART OF THE AAMC JOINT CENTER IS OUR "JOINT CAMP" AN IMPORTANT PART OF THE PROGRAM, THE JOINT CAMP GETS ITS NAME IN PART FROM THE SENSE OF SHARED EXPERIENCES, CAMARADERIE AND COMPANIONSHIP MANY PATIENTS FEEL TOWARD ONE ANOTHER THE PHILOSOPHY OF JOINT CAMP IS THAT YOU AND YOUR FAMILY ARE NOT BYSTANDERS, BUT RATHER ACTIVE PARTICIPANTS WITH A COMMON GOAL A TRAINED COORDINATOR HELPS GUIDE AND ASSIST YOU EVERY STEP OF THE WAY OUTPATIENTTHE AAMC GEATON AND JOANN DECESARIS CANCER INSTITUTE AT ANNE ARUNDEL MEDICAL CENTER ENCOMPASSES A LARGE ARRAY OF SERVICES RANGING FROM PREVENTION, SCREENING, DIAGNOSIS AND TREATMENT THROUGH SURVIVORSHIP MANY DIFFERENT TYPES OF PROFESSIONALS CONTRIBUTE TO THE CARE OF PATIENTS IN OUR PROGRAMS IT IS OUR GOAL TO PROVIDE THE BEST EXPERIENCE POSSIBLE, NO MATTER WHERE OR HOW A PERSON ENCOUNTERS OUR CANCER CENTER SERVICES THE DECESARIS CANCER INSTITUTE WAS AWARDED THE COMMISSION ON CANCER (COC) OUTSTANDING ACHIEVEMENT AWARD FOR 2008 FOLLOWING AN INTENSIVE ON-SITE SURVEY COMPLETED IN NOVEMBER 2008 IN 2011, THE COC GRANTED A THREE-YEAR ACCREDITATION WITH COMMENDATION TO THE DECESARIS CANCER INSTITUTE, RECOGNIZING ITS CANCER COMMITTEE LEADERSHIP, CANCER DATA MANAGEMENT, CLINICAL SERVICES, RESEARCH, COMMUNITY OUTREACH, AND QUALITY IMPROVEMENT IT IS ONE OF ONLY FOUR CANCER PROGRAMS IN MARYLAND (AND ONE OF ONLY 95 PROGRAMS NATIONWIDE) TO RECEIVE THE PRESTIGIOUS AWARD FROM THE COC, AN ORGANIZATION ESTABLISHED BY THE AMERICAN COLLEGE OF SURGEONS THE AWARD WAS ESTABLISHED IN 1994 TO RECOGNIZE CANCER PROGRAMS DEMONSTRATING EXCELLENCE IN PROVIDING QUALITY CARE TO CANCER PATIENTS A FACILITY RECEIVES THE AWARD ONLY IF DEMONSTRATING A "COMMENDATION" LEVEL OF COMPLIANCE WITH SEVEN COC-ESTABLISHED STANDARDS OF CARE AAMC DEMONSTRATED COMMENDATION-LEVEL COMPLIANCE IN SIX AREAS, CANCER COMMITTEE LEADERSHIP, CANCER DATA MANAGEMENT, CLINICAL SERVICES, RESEARCH, COMMUNITY OUTREACH, AND QUALITY IMPROVEMENT THE AAMC BREAST CENTER IS NATIONALLY RECOGNIZED FOR ITS OUTSTANDING CARE, RESEARCH AND COMPREHENSIVE PROGRAMS IT OFFERS KIND, SENSITIVE, AND TAILORED BREAST DISEASE TREATMENT AND CARE FOR WOMEN WITH OUR HIGHLY EXPERIENCED BREAST SPECIALISTS AND SPECIALTY TRAINED STAFF PLUS STATE-OF-THE-ART FACILITIES, WE ARE A BREAST CENTER DEDICATED TO GIVING YOU NEW HOPE AND GOOD HEALTH IN THE SUMMER OF 2009, AAMC MADE A COMMITMENT TO FURTHER SERVE BREAST PATIENTS IN THE REGION BY OPENING A NEW, EXPANDED BREAST CENTER UNDER THE UMBRELLA OF THE DECESARIS CANCER INSTITUTE, AND ADDING A THIRD FELLOWSHIP-TRAINED BREAST SURGEON TO THE CARE TEAM (CONT PAGE 73)

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

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

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 371,125,427

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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	

Part IV Checklist of Required Schedules *(continued)*

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

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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	232		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	3,378		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	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		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section 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	1a 18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 15		
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			
a	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

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
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			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 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		No
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		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE T MORAN CHAIRMAN	1 00	X						0	0	0
(2) BIANA J ARENTZ VICE CHAIRMAN	1 00	X						0	0	0
(3) PATRICIA ROCHE SECRETARY	1 00	X						0	0	0
(4) RICHARD J MORGAN TREASURER	1 00	X						0	0	0
(5) KENT MCNEW ASSISTANT SECRETARY	1 00	X						0	0	0
(6) CHARLES R LARSON ASSISTANT TREASURER	1 00	X						0	0	0
(7) MARTIN L DOORDAN CEO	40 00	X		X				3,724,512	0	20,598
(8) VICTORIA BAYLESS PRESIDENT	40 00	X		X				658,944	0	42,017
(9) JANE CAUDILL BOARD MEMBER	1 00	X						0	0	0
(10) PAUL ELDER MD BOARD MEMBER	1 00	X						0	0	0
(11) JAMES ELLERSON BOARD MEMBER	1 00	X						0	0	0
(12) ED GOSSELIN BOARD MEMBER	1 00	X						0	0	0
(13) JASON GROVES BOARD MEMBER	1 00	X						0	0	0
(14) BARRY JACKSON BOARD MEMBER	1 00	X						0	0	0
(15) GARY JOBSON BOARD MEMBER	1 00	X						0	0	0
(16) MAULIK JOSHI BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) DOUG MITCHELL MD BOARD MEMBER	1 00	X						0	0	0
(18) CHRIS O'MEARA BOARD MEMBER	1 00	X						0	0	0
(19) ROBERT REILLY CFO - CURRENT	40 00			X				379,091	0	15,864
(20) MITCHELL SCHWARTZ CHIEF MEDICAL OFFICER	40 00				X			251,070	0	27,497
(21) SHERRY PERKINS CHIEF NURSING OFFICER	40 00				X			371,299	0	7,686
(22) JOSEPH D MOSER MD VP OF MEDICAL AFFAIRS	40 00					X		488,780	0	16,601
(23) LISA HILLMAN SENIOR VP/ CHIEF DEVELOPMENT	1 00					X		340,038	0	15,651
(24) CAROLYN CORE VP OF STRATEGIC PLAN	40 00					X		338,858	0	18,842
(25) DOUGLAS A ABEL CHIEF INFO OFFICER	40 00					X		326,464	0	16,938
(26) STEPHEN CLARKE VP OF PHYSICIAN SERVICES	20 00					X		258,248	0	19,956
(27) WILLIAM L HUGHES FORMER CFO	40 00						X	252,832	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								7,390,136	0	201,650

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 167

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ANNAPOLIS ASTHMA PULMONARY SLEEP SPECIAL 2000 MEDICAL PARKWAY SUITE 607 ANNAPOLIS, MD 21401	CRITICAL CARE SERVICES	3,745,099
CR GOODMAN ASSOC LLC 912 COMMERCE ROAD ANNAPOLIS, MD 21401	CONSTRUCTION DESIGN	1,688,222
MAXIT HEALTHCARE LLC LOCKBOX KK PO BOX 2589 FORT WAYNE, IN 46801	IT CONSULTING	1,217,404
QUEST DIAGNOSTICS 820 BESTGATE ROAD ANNAPOLIS, MD 21401	LABORATORY TESTING SERVICES	1,023,520
INFORMED LLC 1596 WHITEHALL ROAD ANNAPOLIS, MD 21409	MEDICAL PLAN SVCS	1,002,523

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 40

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d	1,031,238				
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	256,563				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		1,287,801			
Program Service Revenue		Business Code				
	2a ANCILLIARY SERVICES	621500	315,558,098	307,995,918	7,562,180	
	b ADMISSION/ROOM CHARGES	621990	78,521,466	78,521,466		
	c EMERGENCY ROOM CHARGES	621990	25,866,830	25,866,830		
	d CAFETERIA	722210	2,977,999			2,977,999
	e PATIENT EDUCATION/MISC	624100	719,583	719,583		
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		423,643,976			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		4,688,407			4,688,407
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	1,205,705				
	b Less rental expenses	172,928				
	c Rental income or (loss)	1,032,777				
	d Net rental income or (loss) . . . . . ▶		1,032,777		429,750	603,027
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . . ▶					
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a	212,559				
	b Less direct expenses . . . b	187,585				
	c Net income or (loss) from fundraising events . . ▶		24,974			24,974
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a MANAGEMENT SERVICES	812900	13,257,156	11,632,055	1,625,101	
	b PREMIER PURCHASING PAR	525990	1,036,507	1,034,459	2,048	
	c ANSWERING/PAGING SERVI	812900	199,280		199,280	
	d All other revenue		159,908	143,532		16,376
	e **Total.** Add lines 11a–11d . . . . . ▶		14,652,851			
	12 **Total revenue.** See Instructions . . . ▶		445,330,786	425,913,843	9,818,359	8,310,783

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,956,891	6,956,891		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,091,678		3,091,678	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	160,906,069	143,877,127	17,028,942	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,122,462	1,930,804	191,658	
9	Other employee benefits	17,368,508	15,330,814	2,037,694	
10	Payroll taxes	11,957,960	10,580,468	1,377,492	
a	Fees for services (non-employees) Management				
b	Legal	766,008		766,008	
c	Accounting	150,400		150,400	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17*				
f	Investment management fees	150,353		150,353	
g	Other	37,149,383	23,619,442	13,529,941	
12	Advertising and promotion	1,053,728	1,053,728		
13	Office expenses	15,174,929	12,676,874	2,498,055	
14	Information technology	4,966,985	21,908	4,945,077	
15	Royalties				
16	Occupancy	9,264,231	6,424,014	2,840,217	
17	Travel	661,914	441,334	220,580	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	777,415	578,517	198,898	
20	Interest	9,503,511	9,503,511		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,743,792	21,743,792		
23	Insurance	4,796,824	4,317,142	479,682	
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)				
a	MEDICAL SUPPLIES	94,606,687	94,606,687		
b	BAD DEBT EXPENSE	15,226,300	15,226,300		
c	TEMPORARY AGENCY	2,794,962	2,236,074	558,888	
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	421,190,990	371,125,427	50,065,563	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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		17,847,607	2	4,743,721
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		50,238,125	4	54,676,419
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		7,806,490	8	7,943,886
	9	Prepaid expenses and deferred charges		3,596,328	9	8,925,031
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 575,390,575			
	b	Less accumulated depreciation	10b 169,571,212	330,683,692	10c	405,819,363
	11	Investments—publicly traded securities		173,194,089	11	202,515,720
	12	Investments—other securities See Part IV, line 11		37,414,888	12	41,825,599
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		223,958,453	15	175,896,250
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		844,739,672	16	902,345,989
Liabilities	17	Accounts payable and accrued expenses		102,496,551	17	81,805,706
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		343,636,986	20	341,967,347
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,747,911	23	3,457,980
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		62,322,973	25	61,776,771
	26	**Total liabilities.** Add lines 17 through 25		513,204,421	26	489,007,804
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		303,097,056	27	381,544,842
	28	Temporarily restricted net assets		16,690,195	28	20,084,343
	29	Permanently restricted net assets		11,748,000	29	11,709,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		331,535,251	33	413,338,185
	34	Total liabilities and net assets/fund balances		844,739,672	34	902,345,989

Part XI Reconcilliation of Net Assets

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	445,330,786
2	Total expenses (must equal Part IX, column (A), line 25)	2	421,190,990
3	Revenue less expenses Subtract line 2 from line 1	3	24,139,796
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	331,535,251
5	Other changes in net assets or fund balances (explain in Schedule O)	5	57,663,138
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	413,338,185

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number
52-1169362

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income 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 activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	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

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**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 organization ▶☐

b **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 ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the 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).

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number
52-1169362

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,895,207		26,895,207
b Buildings		338,447,383	48,593,449	289,853,934
c Leasehold improvements		9,397,525	3,599,628	5,797,897
d Equipment		191,033,305	115,360,105	75,673,200
e Other		9,617,155	2,018,030	7,599,125
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				405,819,363

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

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

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

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

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

(a) Description	(b) Book value
(1) LIMITED USE ASSETS	80,506,147
(2) DEFERRED DEBT ISSUE COSTS	7,429,910
(3) DUE FROM AFFILIATES	47,547,200
(4) NOTES RECEIVABLE FROM AFFILIATES	6,237,920
(5) BENEFICIAL INTEREST IN AAMC FOUNDATION	32,331,764
(6) FAIR VALUE OF INTEREST RATE SWAP DERIVATIVE CONTRACTS	1,843,309
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	175,896,250

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
THIRD PARTY ADVANCE LIABILITIES	22,052,972
FAIR VALUE OF INTEREST RATE SWAP DERIVATIVE CONTRACTS	38,195,954
LINE OF CREDIT	1,527,845
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	61,776,771

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ANNE ARUNDEL MEDICAL CENTER, INC IS A SUBSIDIARY OF THE CONSOLIDATED GROUP KNOWN AS ANNE ARUNDEL HEALTH SYSTEM, INC ("GROUP") AN AUDIT WAS PERFORMED AND AUDITED FINANCIAL STATEMENTS WERE ISSUED FOR ANNE ARUNDEL HEALTH SYSTEM, INC AND ITS SUBSIDIARIES ON A CONSOLIDATED BASIS IN THE NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR ANNE ARUNDEL HEALTH SYSTEM, INC , IT IS NOTED THAT THE GROUP HAS DETERMINED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THROUGH JUNE 30, 2011

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number
52-1169362

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	1	REINSURANCE EXPENSES		4,916,000
3a Sub-total	0	1			4,916,000
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	1			4,916,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

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

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 52-1169362
Name: ANNE ARUNDEL MEDICAL CENTER INC

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number
52-1169362

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a 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? ☐ **Yes** ☐ **No**

b 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 individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 LIGHTS ON THE BAY (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	212,559			212,559
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	212,559			212,559
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	187,585			187,585
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				187,585
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				24,974

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132015912

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number
52-1169362

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 330.000000000000 %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			5,683,455		5,683,455	1 400 %
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			5,683,455		5,683,455	1 400 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			2,799,525	119,084	2,680,441	0 660 %
f Health professions education (from Worksheet 5)			1,192,832		1,192,832	0 290 %
g Subsidized health services (from Worksheet 6)			8,063,982		8,063,982	1 990 %
h Research (from Worksheet 7)			681,000		681,000	0 170 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			678,789		678,789	0 170 %
j **Total** Other Benefits			13,416,128	119,084	13,297,044	3 280 %
k **Total.** Add lines 7d and 7j			19,099,583	119,084	18,980,499	4 680 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			10,353		10,353	0 %
3	Community support			51,652		51,652	0 010 %
4	Environmental improvements			1,260,915		1,260,915	0 310 %
5	Leadership development and training for community members						
6	Coalition building			187,929		187,929	0 050 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other			123,053		123,053	0 030 %
10	**Total**			1,633,902		1,633,902	0 400 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	12,253,784		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	2,257,524		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	148,414,922		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	137,977,873		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	10,437,049		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV **Management Companies and Joint Ventures**

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

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

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	ANNE ARUNDEL MEDICAL CENTER INC 2001 MEDICAL PARKWAY ANNAPOLIS,MD 21401	X	X					X		

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

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 3

	Name and address	Type of Facility (Describe)
1	BLOOD DRAW SITE- SAJAK PAVILION 2002 MEDICAL PARKWAY ANNAPOLIS, MD 21401	BLOOD DRAW LABORATORY
2	BLOOD DRAW SITE- SAJAK PAVILION 2002 MEDICAL PARKWAY ANNAPOLIS, MD 21401	BLOOD DRAW LABORATORY
3	BLOOD DRAW SITE- SAJAK PAVILION 2002 MEDICAL PARKWAY ANNAPOLIS, MD 21401	BLOOD DRAW LABORATORY
4		
5		
6		
7		
8		
9		
10		

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, 6i, 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

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 7 CHARITY CARE REPORTED IN LINE 7A WAS CALCULATED USING A COST TO CHARGE RATIO DERIVED USING THE RATIO OF PATIENT CARE COST TO CHARGES AND THE HOSPITAL'S AUDITED FINANCIAL STATEMENTS OTHER COST AMOUNTS INCLUDED IN LINE 7 RELATING TO COMMUNITY BENEFITS AND COMMUNITY BUILDING ACTIVITIES WERE OBTAINED FROM THE ORGANIZATION'S COMMUNITY BENEFIT REPORT FILING WITH THE HSCRC IN THE STATE OF MARYLAND THESE COSTS WERE DETERMINED USING A VARIETY OF SOURCES, INCLUDING PAYROLL INFORMATION (FOR DIRECT LABOR COSTS) AND THE ORGANIZATION'S GENERAL LEDGER SYSTEM DETAIL (FOR OTHER DIRECT COSTS E G SUPPLIES) INDIRECT COSTS IN THESE AREAS OF BENEFIT WERE DETERMINED BY APPLYING AN INDIRECT COST RATIO TO THE DIRECT COST AMOUNTS OBTAINED THIS RATIO IS CALCULATED USING SCHEDULE M OF THE HOSPITAL'S ANNUAL COST REPORT FILING WITH THE HSCRC IN THE STATE OF MARYLAND PART I, LINE 7A, COLUMN (D) AND LINE 7F, COLUMNS (C) AND (D) MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE PART I, LINE 7B, COLUMN (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 DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM

Identifier	ReturnReference	Explanation
		PART I, LINE 7G ANNAPOLIS OUTREACH CLINIC - THE ANNE ARUNDEL MEDICAL CENTER SPONSORS A FREE MEDICAL AND DENTAL CLINIC AT THE STANTON COMMUNITY CENTER, WHICH IS SUPPORTED BY A NETWORK OF DEDICATED PHYSICIAN VOLUNTEERS, NURSES, AND OTHER PROFESSIONALS IN THE COMMUNITY THE ANNAPOLIS OUTREACH CENTER OFFERS A "SAFETY-NET OF CARE" TO THOSE WHO DO NOT HAVE HEALTH INSURANCE, HAVE LIMITED HEALTH COVERAGE, OR DO NOT HAVE ACCESS TO HEALTH SERVICES FOR A VARIETY OF OTHERS REASONS THE CENTER'S HEALTH CARE TEAM CONSISTS OF A NURSE COORDINATOR, CASE MANAGER, NUTRITION COUNSELOR, AND SPANISH SPEAKING PATIENT ADVOCATE THEY SUPPORT THE DOCTORS WHO VOLUNTEER THEIR TIME AND TALENTS TO OFFER WEEKLY HEALTH CLINICS, CHILDREN'S HEALTH CLINICS, AND OTHER SPECIALTY CLINICS THROUGHOUT THE MONTH THE CENTER'S CARE TEAM WORKS WITH CLIENTS TO IMPROVE LIFESTYLES AND PREVENT ILLNESS, THERE ARE SPECIAL PROGRAMS FOR PEOPLE WITH DIABETES AND/OR HYPERTENSION ALL SERVICES PROVIDED BY THE DOCTORS, NURSES AND COUNSELORS AT THE CENTER ARE FREE OF CHARGE COST (INCLUDED IN I LINE 7G - $313,389)KENT ISLAND URGENT CARE FACILITY - JOHNS HOPKINS COMMUNITY PHYSICIANS, IN PARTNERSHIP WITH AAMC, OFFERS BOTH PRIMARY CARE AND EXTENDED-HOURS URGENT CARE IN AAMC HEALTH SERVICES - KENT ISLAND THIS VALUABLE SERVICE CURRENTLY TREATS HUNDREDS OF URGENT CARE CASES EACH MONTH THE FACILITY FEATURES A WALK-IN, AFTER HOURS URGENT CARE CENTER, A FULL-SERVICE DIAGNOSTIC RADIOLOGY CENTER, LAB SERVICES, AND SPECIALTY AND PRIMARY CARE PHYSICIANS COST (INCLUDED IN I LINE 7G - $50,000)PHYSICIAN SHORTAGES IDENTIFIED ACCORDING TO AAMC'S COMMUNITY HEALTH NEEDS ANALYSIS, THERE ARE GAPS IN THE AVAILABILITY PHYSICIANS, INCLUDING OUTPATIENT SPECIALTY CARE, TO SERVE THE UNINSURED IN OUR COMMUNITY UPON REVIEW OF OUR OWN MEDICAL STAFF, GAPS WERE ALSO IDENTIFIED IN PRIMARY AND SPECIALTY CARE WITH PATIENT ACCESS TO CARE LIMITED BY LONG WAIT TIMES FOR APPOINTMENTS TO SEE PHYSICIANS PRIMARY CARE PHYSICIANS THERE IS A SIGNIFICANT SHORTAGE OF PRIMARY CARE PHYSICIANS (PCPS) IN THE REGION ESPECIALLY IN ANNE ARUNDEL COUNTY AND PRINCE GEORGE'S COUNTY PER THE 2009 RAND CORPORATION REPORT THIS SHORTAGE RESULTS IN SERIOUSLY LIMITED ACCESS TO PRIMARY CARE IN PARTS OF OUR COMMUNITY SERVICE AREA BUILDING PRIMARY CARE ACCESS IS ESSENTIAL, PROVIDING ACCESSIBILITY AND MAKING CARE LESS FRAGMENTED WILL HELP TO INCREASE THE FOCUS ON PREVENTION AND IMPROVING QUALITY OF LIFE FOR OUR PATIENTS/CONSTITUENTS SPECIALTY CARE PHYSICIANS BASED ON THE PHYSICIAN WORKFORCE STUDY MOST RECENTLY PERFORMED IN MARYLAND (MHCC/MHA/MEDCHI 2007), MANY OF THE MEDICAL AND SURGICAL SPECIALTIES HAD IDENTIFIED SHORTAGES ACROSS THE REGION THESE SHORTAGES ARE PROJECTED THROUGH THE YEAR 2015 THERE ARE ALSO PROJECTED SHORTAGES FOR ALL PEDIATRIC SPECIALTIES PSYCHIATRIST SHORTAGES ARE OCCURRING IN FOUR OUT OF FIVE REGIONS THERE IS ALSO CONCERN FOR THE AGING OF PHYSICIANS WITH 25% OF SURGEONS AGED 60 YEARS OR OLDER

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) THE PORTION OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25 AND REMOVED FROM LINE 7 COLUMN F IS $15,226,300

Identifier	ReturnReference	Explanation
		PART II SUPPORT SYSTEMS ENHANCEMENT INCLUDES EMERGENCY MANAGEMENT ACTIVITIES, ALTERNATE CARE SITE NAVAL SUPPORT ACTIVITY, OTHER DRILLS AND REAL TIME ACTIVITIES THE HOSPITAL HAS A DISASTER PREPAREDNESS COORDINATOR THAT IS RESPONSIBLE FOR STAFF TRAINING, COORDINATING DISASTER DRILLS AND KEEPING THE HOSPITAL'S DISASTER PREPAREDNESS INVENTORY UP TO DATE IN FYE 2011, 5 ADDITIONAL EMPLOYEES COMPLETED FEMA EMERGENCY PREPARATION COURSES TO BETTER COLLABORATE WITH OTHER COUNTY SERVICE PROVIDERS TO BETTER SERVE THE COMMUNITY THESE STAFF MEMBERS PARTICIPATED IN A NUMBER OF OF COLLABORATIVE PLANNING MEETINGS AND DRILLS WITH DESIGNATED COUNTY SERVICES AND FIRST RESPONDERS COALITION BUILDING INCLUDES HOSPITAL REPRESENTATION TO COMMUNITY COALITIONS, COLLABORATIVE PARTNERSHIPS WITH COMMUNITY GROUPS TO IMPROVE COMMUNITY HEALTH, COMMUNITY MEETING COSTS, VISIONING SESSIONS AND COSTS FOR TASK FORCE SPECIFIC PROJECTS AND INITIATIVES THE HOSPITALS ONGOING WORK WITH COMMUNITY GROUPS AND PARTICIPATION IN ADVISORY COMMITTEES AND COUNCELS CREATE A CONTINUOUS COMMUNICATIONS PROCESS, BRINGING NEW IDEAS FROM ANNE ARUNDEL COUNTY RESIDENTS AND ORGANIZATIONS INTO THE HOSPITAL'S COMMUNITY BENEFIT PLANNING PROCESS MYCHART ELECTRONIC HEALTH RECORD IS A SECURE ON-LINE ACCESS TO PORTIONS OF MEDICAL RECORDS PATIENTS CAN REQUEST MEDICAL APPOINTMENTS, VIEW THEIR HEALTH SUMMARY FROM THE MYCHART ELECTRONIC HEALTH RECORD, VIEW TEST RESULTS, REQUEST PRESCRIPTION RENEWAL, ACCESS TRUSTED HEALTH INFORMATION RESOURCES AND COMMUNICATE ELECTRONICALLY AND SECURELY WITH THEIR MEDICAL TEAM CURRENTLY THERE ARE 3,147 ACTIVE USERS

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE HOSPITAL HAS ADOPTED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT #15 THE HOSPITAL'S POLICY IS TO WRITE OFF ALL PATIENT ACCOUNTS THAT HAVE BEEN IDENTIFIED AS UNCOLLECTIBLE AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS INSURANCE COVERAGE AND CREDIT INFORMATION ARE OBTAINED FROM PATIENTS WHEN AVAILABLE NO COLLATERAL IS OBTAINED FOR ACCOUNTS RECEIVABLE BAD DEBT EXPENSE AT COST WAS DETERMINED BY USING A COST TO CHARGE RATIO THE BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS DETERMINED BY SPECIFIC IDENTIFICATION REVIEWING BAD DEBT RECORDS AND DETERMINING WHO WOULD HAVE BECOME ELIGIBLE FOR CHARITY CARE IF ALL INFORMATION HAD BEEN OBTAINED FROM THE PATIENTS

Identifier	ReturnReference	Explanation
		PART III, LINE 8 COMMUNITY BENEFIT QUESTION IS NOT APPLICABLE IN MARYLAND AS MARYLAND HOSPITALS ARE REIMBURSED UNDER THE HSCRC WAIVER PROGRAM WHEREIN NET REVENUE (REIMBURSEMENT) IS BASED ON A PERCENTAGE OF REGULATED CHARGES COSTING METHODOLOGY BASED ON TRIAL BALANCE EXPENSES ADJUSTED TO ALLOWABLE EXPENSE IN ACCORDANCE WITH MEDICARE COST REPORTING RULES AND REGULATIONS COST NUMBERS REPORTED ARE CONSISTENT WITH AAMC'S MEDICARE COST REPORT FILING

Identifier	ReturnReference	Explanation
		PART III, LINE 9B EACH AAMS PATIENT BILL INCLUDES CONTACT INFORMATION FOR FINANCIAL ASSISTANCE AND STATES WHERE TO CALL TO REQUEST A PAYMENT PLAN SHORT AND LONG TERM INTEREST FREE PAYMENTS PLANS ARE AVAILABLE THE HOSPITAL TAKES INTO ACCOUNT THE BALANCE OF THE BILL AND THE PATIENT'S FINANCIAL CIRCUMSTANCES IN DETERMINING THE APPROPRIATE AGREEMENT SHOULD THE PATIENT CONTACT PATIENT FINANCIAL SERVICES CUSTOMER SERVICE UNIT REGARDING INABILITY TO PAY, FINANCIAL ASSISTANCE IS OFFERED, THE AMOUNT OF WHICH IS BASED ON THE FINANCIAL ASSISTANCE SCREENING PROCESS IF THERE IS NO INDICATION FROM THE PATIENT OR A REPRESENTATIVE THAT THEY CANNOT PAY AND NO ATTEMPT AT PAYMENT OR REASONABLE PAYMENT ARRANGEMENTS ARE MADE, THE ACCOUNT IS REFERRED TO A COLLECTION AGENCY THE COLLECTION AGENCY IS EDUCATED ON HOW TO MAKE REFERRALS TO AAMC'S FINANCIAL COUNSELING DEPARTMENT FOR INDIVIDUALS INDICATING THEY HAVE AN INABILITY TO PAY THE HOSPITAL COLLECTION POLICY ALLOWS THE HOSPITAL TO TAKE INTO ACCOUNT PATIENT CIRCUMSTANCES SUCH AS THE AMOUNT OF THE BILL AND AMOUNTS OWED TO OTHER PROVIDERS IN DETERMINATION OF ULTIMATE AMOUNT TO BE PAID

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 THE PROCESS USED TO IDENTIFY THE HEALTH NEEDS OF OUR COMMUNITY INCLUDES ANALYZING DATA AND CONDUCTING PRIMARY AND SECONDARY MARKET RESEARCH THE DATA ANALYSIS INCLUDES REPORTS ON THE NATIONAL, STATE, AND COUNTY LEVEL HOSPITAL-LEVEL DATA AND NEILSEN CLARITAS DEMOGRAPHIC DATA IS ALSO ANALYZED THE RESEARCH INCLUDES FEEDBACK FROM OUR CONSUMER SURVEYS, PATIENT SATISFACTION SURVEYS, PATIENT ADVISORY GROUPS, CUSTOMER CALL CENTER INQUIRIES AND FEEDBACK FROM OUR COMMUNITY OUTREACH AND EDUCATIONAL SESSIONS THE HOSPITAL'S ONGOING WORK WITH COMMUNITY GROUPS AND PARTICIPATION IN ADVISORY BOARDS, COMMITTEES AND COUNCILS CREATES A CONTINUOUS COMMUNICATION PROCESS, BRINGING NEW IDEAS AND IDENTIFYING SPECIFIC NEEDS FROM ANNE ARUNDEL COUNTY RESIDENTS AND ORGANIZATIONS INTO THE HOSPITAL'S COMMUNITY NEEDS PLANNING PROCESS THE HOSPITAL'S COMMUNITY BENEFIT INITIATIVES REFLECT THE NEEDS OF OUR COMMUNITY THE FOLLOWING ARE RESOURCES UTILIZED IN COLLECTING AND ANALYZING DATA FOR FY11 ANNE ARUNDEL COUNTY HEALTH DEPARTMENT'S LOCAL HEALTH PLAN 2011, ANNE ARUNDEL COUNTY HEALTH DEPARTMENT'S 14TH ANNUAL (2011) REPORT CARD OF COMMUNITY HEALTH INDICATORS, "MEASURING SUCCESS", AND THE COUNTY'S REPORT CALLED "POVERTY AMIDST PLENTY A GUIDE TO ACTION"(2010) WE ALSO CONSULTED WITH THE FOLLOWING ORGANIZATIONS AND INDIVIDUALS ANNE ARUNDEL COUNTY - DEPARTMENT OF HEALTH - PRE-NATAL CARE PROGRAM, COMENZANDO BIEN, AND WIC PROGRAM - DEPARTMENT OF AGING AND DISABILITIES - LIVING WELL WITH CHRONIC CONDITIONS AND THE FUTURE IS NOW WORKSHOP SERIES - FIRE DEPARTMENT - DISASTER PREPAREDNESS DRILL, PYXIS STATION - MEDICATION FOR PATIENTS VIA EMS - A A CO PUBLIC SCBOOLS - COMMUNITY HEALTH CENTER ADVISORY COMMITTEE - A A CO DEPT OF SOCIAL SERVICES - COMMUNITY HEALTH CENTER ADVISORY COMMITTEEANNE ARUNDEL MEDICAL CENTER - A A CO EMERGENCY MEDICAL SERVICES (EMS) - EMERG STEMI PROGRAM, DISASTER PREPAREDNESS DRILL - A A CO FIMR (FETAL INFANT MORTALITY REVIEW) COMMITTEE - TO DECREASE INFANT MORTALITYCITY OF ANNAPOLIS - RECREATION AND PARKS DEPARTMENT - ANNAPOLIS COMMUNITY HEALTH INITIATIVE - CITY EMERGENCY MEDICAL SERVICES (EMS) - DISASTER PREPAREDNESS DRILL - CITY POLICE DEPARTMENT - DISASTER PREPAREDNESS DRILL - CITY HOUSING AUTHORITY - COMMUNITY HEALTH CENTER ADVISORY COMMITTEE - PEDIATRIC PHYSICIAN GROUPS - PEDIATRIC EMERGENCY DEPARTMENT DEVELOPMENT - LIGHTHOUSE SHELTER - VOLUNTEER HEALTH SERVICES FOR THE HOMELESS, RIDE FOR SHELTER, HOMELESS RESOURCE DAY,THANKSGIVING DAY FOOD BASKET DRIVE, CULTURAL DIVERSITY INITIATIVE - PRIVATE INDIVIDUALS FROM THE LOCAL COMMUNITY - PATIENT AND FAMILY ADVISORY GROUP - U S NAVAL ACADEMY - DISASTER PREPAREDNESS DRILL - JOHNS HOPKINS HOME HEALTH GROUP - CONGESTIVE HEART FAILURE (CHF) READMISSION PREVENTION PROG - ANNE ARUNDEL COMMUNITY ACTION PARTNERSHIP - COMMUNITY HEALTH CENTER ADVISORY COMMITTEE - ANNAPOLIS YOUTH SERVICES BUREAU - COMMUNITY HEALTH CENTER ADVISORY COMMITTEE - CENTER OF HELP (ANNAPOLIS) - COMMUNITY HEALTH CENTER ADVISORY COMMITTEE - FAMILY & CHILDREN'S SERVICES OF CENTRAL MARYLAND - COMMUNITY HEALTH CENTER ADVISORY COMMITTEE - MD COMMUNITY HEALTH RESOURCES COMMISSION - COMMUNITY HEALTH CENTER ADVISORY COMMITTEE - ANNE ARUNDEL COMMUNITY ACTION PARTNERSHIP - COMMUNITY HEALTH CENTER ADVISORY COMMITTEE - MD PATIENT SAFETY CENTER NEONATAL COLLABORATIVE - TO DECREASE INFANT MORTALITY, REDUCE INFECTIONS, ETC - MD PERINATAL LEARNING NETWORK - TO IMPROVE PRENATAL CARE - MD DHMHIMED CHI MATERNAL MORTALITY REVIEW COMMITTEE- TO DECREASE MATERNAL MORTALITY

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 PUBLIC NOTICE AND INFORMATION REGARDING THE ANNE ARUNDEL MEDICAL CENTER'S CHARITY CARE POLICY SHALL INCLUDE THE FOLLOWING A) ANNUAL NOTICE THAT CHARITY CARE IS PROVIDED AND THE CRITERIA UNDER WHICH IT WILL BE PROVIDED WILL BE PUBLISHED IN THE LOCAL NEWSPAPER, THE CAPITAL B) THE NOTICE PROVIDED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES REGARDING MEDICAL CARE FOR THOSE WHO CANNOT AFFORD TO PAY IS POSTED AT THE POINT OF ADMISSION, THE BUSINESS OFFICE, CASHIER, AND EMERGENCY ROOM C) INDIVIDUAL NOTICE IS PROVIDED TO EACH PERSON SEEKING SERVICE AT THE TIME OF ADMISSION OR PRE-ADMISSION TESTING

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 THE ANNE ARUNDEL MEDICAL CENTER CBSA PRIMARILY CONSISTS OF ANNE ARUNDEL COUNTY ANNE ARUNDEL COUNTY IS A DIVERSE COMMUNITY WITH A CONTINUOUSLY EVOLVING BLEND OF AGE GROUPS, ETHNIC GROUPS, OCCUPATIONS, AND SOCIAL AND ECONOMIC CONDITIONS RESIDENTS LIVE IN SETTINGS THAT RANGE FROM URBAN TO AGRICULTURAL RACE/ETHNICITY BREAKS DOWN AS FOLLOWS CAUCASION 74 4%, AFRICAN-AMERICAN 15 4%, HISPANIC 4 9%, ASIAN 3 2% AND AMERICAN INDIAN 0 3% THE NON-ENGLISH SPEAKING POPULATION IN THE COUNTY IS EXPECTED TO EXPERIENCE SIGNIFICANT GROWTH OVER THE NEXT DECADE, HOWEVER, THE GREATEST EXPECTED GROWTH OVER THE NEXT DECADE (38%) IS AMONG THOSE AGE 65 AND OVER CLEARLY, COMMUNITY HEALTH INITIATIVES FOR THE NEXT DECADE WILL NEED TO FOCUS ON PREVENTION AND MANAGEMENT OF CHRONIC DISEASES AMONG THE AGED AS WELL AS THOSE THAT DISPROPORTIONATELY AFFECT THE GROWING MINORITY POPULATIONS (ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH/LOCAL HEALTH PLAN/FY11) THE MEDIAN HOUSEHOLD INCOME IS $81,824 WITH 3 3% OF FAMILIES AND 5 2% OF INDIVIDUALS LIVING BELOW THE POVERTY LEVEL THE UNEMPLOYMENT RATE AS OF JUNE 2011 IS 6 9% (MD DEPT OF LABOR, LICENSING, & REGULATION) THE NUMBER OF UNINSURED RESIDENTS IN ANNE ARUNDEL COUNTY IS GROWING AS THE ECONOMY CONTINUES TO STRUGGLE THE GEOGRAPHY OF ANNE ARUNDEL COUNTY CREATES A CHALLENGE IN ACCESSING HEALTHCARE PARTS OF THE COUNTY CONSIST OF A SERIES OF PENINSULAS MAKING A COMPREHENSIVE PUBLIC TRANSPORTATION SYSTEM TOO EXPENSIVE TO MAINTAIN ACCORDING TO THE REPORT, "POVERTY AMIDST PLENTY", ONLY 3 PERCENT OF ANNE ARUNDEL COUNTY RESIDENTS UTILIZED PUBLIC TRANSPORTATION TO GET TO WORK INADEQUATE TRANSPORTATION IS NOT ONLY A BARRIER FOR EMPLOYMENT, IT IS ALSO A BARRIER TO ACCESS OTHER NEEDED SERVICES SUCH HEALTHCARE LASTLY, THE COUNTY IS CONSIDERED A HIGH RISK AREA FOR BIOTERRORISM AS ITS GEOGRAPHY CONTAINS THE NATIONAL SECURITY AGENCY, THE U S NAVAL ACADEMY, THE BALTIMORE-WASHINGTON THURGOOD MARSHALL INTERNATIONAL AIRPORT, AND FORT MEADE BECAUSE OF BRAC (BASE REALIGNMENT AND CLOSURE), FORT MEADE HAS GROWN TO OVER 48,000 MILITARY, GOVERNMENT SERVICE CIVILIAN, AND CONTRACTOR EMPLOYEES THIS HAS INCREASED THE DEMAND FOR HEALTH CARE SERVICES IN WEST COUNTY IN RESPONSE TO THIS INCREASED DEMAND, THE INTEGRATED HEALTH SYSTEM IS DEVELOPING A MEDICAL OFFICE BUILDING IN ODENTON IN PARTNERSHIP WITH JOHNS HOPKINS THE MEDICAL OFFICE BUILDING IS ANTICIPATED TO BE OPENED IN THE FALL OF 2012

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE FOLLOWING ARE SEVERAL EXAMPLES OF HOSPITAL ACTIVITIES AND INITIATIVES THE HOSPITAL HAS RUN A FREE MEDICAL CLINIC FOR OUR UNDERSERVED AND UNINSURED COMMUNITY FOR THE PAST 16 YEARS THE ANNAPOLIS OUTREACH CENTER, LOCATED IN THE HISTORIC STANTON CENTER IN ANNAPOLIS' CLAY STREET COMMUNITY, IS A FREE CLINIC ESTABLISHED TO PROVIDE MEDICAL CARE FOR THOSE THAT ARE UNINSURED AND OTHERWISE MAY NOT BE ABLE TO OBTAIN PROPER MEDICAL CARE THOUSANDS OF INDIVIDUALS ARE SEEN EACH YEAR IN ITS MEDICAL AND SPECIALTY CLINICS 75% OF THE CARE RENDERED AT THE OUTREACH CENTER IS BY VOLUNTEER PROVIDERS THERE ARE OVER 300 VOLUNTEERS (INCLUDING PHYSICIANS, DENTIST, RADIOLOGIST, ANESTHESIOLOGIST, NURSES, TRANSLATORS, AND CLINICAL STAFF) WITH COMBINED VOLUNTEER HOURS OF OVER 5,000 PER YEAR TO ASSIST IN KEEPING THE CLINIC OPEN AND OPERATIONAL IN FISCAL 2011, THERE WERE 7,863 MEDICAL VISITS AND 1,100 DENTAL VISITS AT THE OUTREACH CENTER THE HOSPITAL HAS DOCTOR ON-CALL ROTATIONS IN EVERY SPECIALTY FOR WHICH THERE MAY BE AN EMERGENCY OR INPATIENT NEED ON-CALL COVERAGE IS PROVIDED TO ALL PATIENTS REGARDLESS OF INSURANCE STATUS THERE ARE NO GAPS IN AVAILABILITY OF ANY SPECIALTY FOR UNINSURED OR UNDERSERVED PATIENTS IN ADDITION, THE HOSPITAL HAS HOSPITALIST PROGRAMS IN MEDICINE, PEDIATRICS, GENERAL SURGERY, OBSTETRICS AND AN INTENSIVIST PROGRAM THESE PHYSICIANS PROVIDE 24-HOUR IN-HOUSE COVERAGE FOR EACH OF THESE AREAS FOR ALL PATIENTS REGARDLESS OF INSURANCE STATUS THE HOSPITAL ALSO PROVIDES SPECIALTY PROGRAMS FOR THORACIC SURGERY, NEONATAL OPHTHALMOLOGY, GYN ONCOLOGY, PALLIATIVE CARE, NEUROLOGY/STROKE, WOMENS PELVIC HEALTH, SURGICAL ONCOLOGY, AND THE BREAST CENTER THE HOSPITAL AND MANY OF ITS PHYSICIANS SUPPORT THE ANNE ARUNDEL COUNTY HEALTH DEPARTMENT'S REACH PROGRAM (RESIDENTS ACCESS TO A COALITION OF HEALTH), WHICH OFFERS ACCESS TO AFFORDABLE HEALTH SERVICES FOR LOW-INCOME UNINSURED INDIVIDUALS IN ANNE ARUNDEL COUNTY THE HOSPITAL HAS ALSO IMPLEMENTED A "GREEN INITIATIVE/PROGRAM" IN ORDER TO IMPROVE AND PROTECT THE HEALTH OF STAFF AND THE COMMUNITY BY IMPLEMENTING ENVIRONMENTALLY FRIENDLY INITIATIVES THE NEWLY CONSTRUCTED HOSPITAL PAVILION SOUTH TOWER IS THE FIRST 24/7 HOSPITAL TO BE LEED GOLD CERTIFIED VARIOUS PROGRAMS UNDER THIS INITIATIVE INCLUDE BATTERY RECYCLING, REUSABLE SHARPS CONTAINERS, REPROCESSING TO REDUCE MEDICAL WASTE, AND USE OF GREEN SEAL CERTIFIED CLEANERS THE HOSPITAL EMPLOYS A SUSTAINABILITY MANAGER AS PART OF THIS PROGRAM THE HOSPITAL ALSO HAS A DISASTER PREPAREDNESS COORDINATOR THAT IS RESPONSIBLE TO PROVIDE STAFF TRAINING, COORDINATE DISASTER DRILLS, AND KEEP THE HOSPITAL'S DISASTER PREPAREDNESS SUPPLY INVENTORY UP TO DATE HOSPITAL EMPLOYEES HAVE COMPLETED FEMA EMERGENCY PREPARATION COURSES TO BETTER COLLABORATE WITH OTHER COUNTY SERVICE PROVIDERS TO BETTER SERVE THE COMMUNITY THESE STAFF MEMBERS PARTICIPATED IN A NUMBER OF COLLABORATIVE PLANNING MEETINGS AND DRILLS WITH DESIGNATED COUNTY SERVICES AND FIRST RESPONDERS COMMUNITY ACCESS IS ALWAYS AVAILABLE THROUGH THE HOSPITAL'S ASK-A-NURSE PROGRAM CALLED ASKAAMC THE ASK-A-NURSE PROGRAM PROVIDES THE COMMUNITY AROUND THE CLOCK TELEPHONE ACCESS TO REGISTERED NURSES THE HEALTH SYSTEM'S COMMUNITY HEALTH AND WELLNESS DEPARTMENT PARTNERS WITH THE ANNAPOLIS AND ANNE ARUNDEL COUNTY COALITION TO END HOMELESSNESS TO ORGANIZE THE COUNTY'S HOMELESS RESOURCE DAY THE ANNUAL MARCH EVENT, NOW IN ITS FIFTH YEAR, ASSISTED APPROXIMATELY 600 OF THE AREAS HOMELESS RESIDENTS TO GAIN ACCESS TO NEEDED HEALTH AND HUMAN SERVICES THIS PAST YEAR HEALTHCARE PROVIDERS FROM THE PUBLIC AND PRIVATE SECTORS, INCLUDING OTHER COUNTY HOSPITALS, CLINICS, UNIVERSITIES, AND COLLEGES, ASSIST TO PROVIDE HEALTHCARE SERVICES AT THE ANNUAL EVENT

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 THE HEALTH SYSTEM'S PHYSICIAN ENTERPRISE, LLC ENTITY OPENED THE COMMUNITY HEALTH CENTER (CHC) IN JANUARY 2011 THE CHC IS DESIGNED TO BE A "PATIENT-CENTERED MEDICAL HOME" WHERE A TEAM OF HEALTH PROFESSIONALS PROVIDES CONTINUOUS, COMPREHENSIVE, AND COORDINATED CARE THROUGHOUT THE PATIENT'S LIFETIME OUR TEAM MEETS THE NEEDS OF THE UNINSURED AND UNDERINSURED BY PROVIDING ACCESS TO AFFORDABLE PRIMARY HEALTH CARE SERVICES THE CENTER IS CONVENIENTLY LOCATED ON LOCAL BUS ROUTES, AND REDUCES EMERGENCY ROOM VISITS BY PROVIDING MEDICAL SERVICES WITH AN EMPHASIS ON EARLY INTERVENTION AND DISEASE PREVENTION THE CHC EMPLOYS 8 STAFF, 75% OF WHICH ARE BILINGUAL THROUGH OCTOBER 2011, THE CHC HAD PROVIDED MEDICAL CARE TO 3,597 PATIENTS (46% SPANISH SPEAKING) AT A COST TO THE HEALTH SYSTEM OF $363,528 ADDITIONAL COMMUNITY BENEFIT EXPENSES INCURRED BY AFFILIATED ENTITIES WITHIN THE HEALTH SYSTEM INCLUDE RESEARCH EXPENSE - $1,258,000 INCURRED BY ANNE ARUNDEL HEALTH SYSTEM RESEARCH INSTITUTE, INC SUBSIDIZED HEALTH SERVICES - $491,514 INCURRED BY ANNE ARUNDEL HEALTH CARE SERVICES, INC CHARITY CARE AND EDUCATION - $106,961 INCURRED BY ANNE ARUNDEL GENERAL TREATMENT SERVICES, INC PHYSICIAN SUBSIDIES - $50,000 INCURRED BY ANNE ARUNDEL HEALTHCARE ENTERPRISES, INC WHEN CONSIDERING THE ADDITIONAL EXPENSE OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY AFFILIATED ENTITIES IN COMBINATION WITH THE COST REPORTED AT PART I, LINE 7, TOTAL COMMUNITY BENEFIT EXPENSE AS A PERCENTAGE OF AAMC EXPENSES WOULD INCREASE TO 5 07%

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	MD

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number
52-1169362

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PHYSICIAN ENTERPRISE LLC2001 MEDICAL PARKWAY ANNAPOLIS,MD 21401	27-0263214	501(C)(3)	6,956,891				TO SUPPORT THE OPERATIONS OF PHYSICIAN ENTERPRISE, LLC

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 0

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

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

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

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number
52-1169362

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARTIN L DOORDAN	(i)	774,701	145,818	2,803,993	6,900	13,698	3,745,110	2,340,895
	(ii)	0	0	0	0	0	0	0
(2) VICTORIA BAYLESS	(i)	442,465	140,000	76,479	35,485	6,532	700,961	51,568
	(ii)	0	0	0	0	0	0	0
(3) ROBERT REILLY	(i)	312,556	62,000	4,535	2,752	13,112	394,955	0
	(ii)	0	0	0	0	0	0	0
(4) MITCHELL SCHWARTZ	(i)	177,245	63,500	10,325	20,499	6,998	278,567	0
	(ii)	0	0	0	0	0	0	0
(5) SHERRY PERKINS	(i)	298,419	53,000	19,880	5,039	2,647	378,985	14,437
	(ii)	0	0	0	0	0	0	0
(6) JOSEPH D MOSER MD	(i)	364,578	46,781	77,421	3,549	13,052	505,381	66,885
	(ii)	0	0	0	0	0	0	0
(7) LISA HILLMAN	(i)	248,066	39,412	52,560	3,077	12,574	355,689	46,913
	(ii)	0	0	0	0	0	0	0
(8) CAROLYN CORE	(i)	278,746	52,200	7,912	12,200	6,642	357,700	0
	(ii)	0	0	0	0	0	0	0
(9) DOUGLAS A ABEL	(i)	260,161	48,000	18,303	3,886	13,052	343,402	14,377
	(ii)	0	0	0	0	0	0	0
(10) STEPHEN CLARKE	(i)	210,432	32,487	15,329	9,882	10,074	278,204	8,525
	(ii)	0	0	0	0	0	0	0
(11) WILLIAM L HUGHES	(i)	0	0	252,832	0	0	252,832	0
	(ii)	0	0	0	0	0	0	0
(12)								
(13)								
(14)								
(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
	PART I, LINE 1A	MARTIN DOORDAN AND VICTORIA BAYLESS'S EMPLOYMENT CONTRACTS PROVIDE FOR THE TRAVEL/SOCIAL CLUB BENEFITS NOTED ABOVE THEY ARE INCLUDED AS PART OF THEIR COMPENSATION PACKAGE AS WELL AS REPORTED ON THEIR 2010 FORM W-2 SIX OFFICERS/KEY EMPLOYEES WERE PROVIDED ADDITIONAL COMPENSATION TO OFFSET THE IMPACT OF EXECUTIVE LIFE INSURANCE PREMIUMS MADE ON THEIR BEHALF THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THESE INDIVIDUALS
	PART I, LINES 4A-B	WILLIAM L HUGHES RECEIVED $252,832 OF SEVERANCE PAY PART I, LINE 4B THE FOLLOWING PARTICIPATED IN THE ORGANIZATION'S 457 (F) PLAN VICTORIA BAYLESS $31,754 DOUGLAS A ABEL $340 SHERRY PERKINS $5,039 CAROLYN CORE $8,556 STEVE CLARKE $8,090 MITCHELL SCHWARTZ $17,137
SUPPLEMENTAL INFORMATION	PART III	OF THE REPORTABLE COMPENSATION DISCLOSED FOR MARTIN L DOORDAN, CEO, $2,340,895 REPRESENTS CONTRIBUTIONS TO HIS SUPPLEMENTAL RETIREMENT PLAN OVER THE TERM OF HIS EMPLOYMENT THESE CONTRIBUTIONS WERE REPORTED AS COMPENSATION ON PRIOR FORM 990S AND ARE ACCORDINGLY NOTED AS SUCH IN COLUMN F OF SCHEDULE J, PART II

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number
52-1169362

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY	52-0936091	574217NZ4	02-19-2004	25,729,005	FINANCE ACQUISITION/CONSTRUCTION/EQUIPMENT, REFUND 93 BONDS, FUND DEBT SVC		X		X		X
B	MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY	52-0936091	5742173U7	01-29-2009	115,182,636	FINANCE ACQUISITION/CONSTRUCT /RENOVATION/EQUIP OF NEW & EXISTING FACILITIES		X		X		X
C	MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY	52-0936091	5742173V5	02-19-2009	60,000,000	FINANCE ACQUISITION/CONSTRUCT /RENOVATION/EQUIP OF NEW & EXISTING FACILITIES		X		X		X
D	MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY	52-0936091	5742176G5	02-03-2010	83,903,060	FINANCE ACQUISITION/CONSTRUCT OF NEW TOWER GARAGE EXPANSION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	25,729,005	115,182,636	60,000,000	83,903,060
4	Gross proceeds in reserve funds	15,734,149	15,734,149	3,741,749	1,870,961
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	73,583,333			73,583,333
7	Issuance costs from proceeds	1,061,301	8,709,196	1,430,642	1,448,766
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	24,667,704	90,739,290	45,468,964	5,413,450
11	Other spent proceeds				
12	Other unspent proceeds	9,358,645		9,358,645	1,586,550
13	Year of substantial completion	2005	2010	2011	2011

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number
52-1169362

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

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARYLAND INPATIENT CARE SPECIALISTS INC	BUSINESS	220,000	INPATIENT MEDICAL CARE FOR ORTHOPEDIC SURGERY PATIENTS - DR MITCHEL IS A BOARD MEMBER OF THE ANNE ARUNDEL MEDICAL CENTER (AAMC) HE HAS AN OWNERSHIP INTEREST IN MARYLAND INPATIENT CARE SPECIALISTS, INC		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132015912

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number
52-1169362

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE SOLE STOCKHOLDER OF THE ORGANIZATION IS THE ANNE ARUNDEL HEALTH SYSTEM, INC ("AAHS"), A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED HEALTH SYSTEM

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE SOLE STOCKHOLDER OF THE ORGANIZATION IS THE ANNE ARUNDEL HEALTH SYSTEM, INC ("AAHS"), A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED HEALTH SYSTEM AAHS HAS THE EXPRESS POWER AND RESPONSIBILITY TO ELECT AND REMOVE THE BOARD OF DIRECTORS AND OFFICERS OF THE CORPORATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE SOLE STOCKHOLDER OF THE ORGANIZATION IS THE ANNE ARUNDEL HEALTH SYSTEM, INC ("AAHS"), A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED HEALTH SYSTEM AAHS HAS THE EXPRESS POWER AND RESPONSIBILITY TO APPROVE DECISIONS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE BOARD HAS ASSIGNED RESPONSIBILITY FOR THE DETAILED REVIEW OF THE FORM 990 TO THE FINANCE AND AUDIT COMMITTEE OF ANNE ARUNDEL HEALTH SYSTEM, INC (PARENT) THE FINANCE AND AUDIT COMMITTEE REVIEWS THE FORM 990 AND PROVIDES SUMMARY INFORMATION TO THE FULL BOARD THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD FOR REVIEW PRIOR TO ITS FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES THAT EACH MEMBER OF THE BOARD REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND RETURN AN ACKNOWLEDGEMENT OF RECEIPT AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST THE BOARD, MANAGEMENT AND THE ACCOUNTS PAYABLE FUNCTION MONITOR TRANSACTIONS FOR POTENTIAL EXCESS BENEFIT TRANSACTIONS/PRIVATE INUREMENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	ANNE ARUNDEL MEDICAL CENTER'S EXECUTIVE COMPENSATION COMMITTEE DETERMINES THE PRESIDENT AND CHIEF EXECUTIVE OFFICER'S COMPENSATION FOLLOWING THE IRC SECTION 4958 REBUTTABLE PRESUMPTION TEST ALL OTHER COMPENSATION IS DETERMINED THROUGH CONSULTATION WITH AN INDEPENDENT OUTSIDE COMPENSATION CONSULTING FIRM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE RETAINED IN THE FINANCE OFFICE AND ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST FORM 990 IS AVAILABLE BY REQUEST TO THE FINANCIAL SERVICES OFFICE OR CAN BE OBTAINED ONLINE AT WWW GUIDESTAR ORG

Identifier	Return Reference	Explanation
	FORM 990, PAGE 7, PART VII, SECTION A	THE FOLLOWING INDIVIDUALS LISTED BELOW ARE OFFICERS AND/OR EMPLOYEES OF RELATED ANNE ARUNDEL HEALTH SYSTEM ENTITIES WHO WORK A COMBINED TOTAL OF FORTY PLUS HOURS FOR THE ANNE ARUNDEL HEALTH SYSTEM MARTIN DOORDAN VICTORIA BAYLESS ROBERT REILLY CAROLYN CORE MITCHELL SCHWARTZ, M D LISA HILLMAN SHERRY PERKINS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 27,766,440 CHANGE IN BENEFICIAL INTEREST IN AAMC FOUNDATION, INC 3,482,729 ADDITIONAL PAID IN CAPITAL - COTTAGE INSURANCE COMPANY, LTD 5,000,000 TRANSFER FROM AAMC FOUNDATION, INC TO AAMC, INC 5,082,900 CHANGE IN ACCRUED PENSION LIABILITY 8,532,344 REALIZED AND UNREALIZED LOSS FOR CONTRACTS UNDER SFAS 133 3,656,381 CHANGE IN INVESTMENT IN SUBSIDIARIES ON THE EQUITY METHOD 4,340,073 UNREALIZED LOSS FROM INVESTMENT IN PREMIER PURCHASING LP -197,729 TOTAL TO FORM 990, PART XI, LINE 5 57,663,138

Identifier	Return Reference	Explanation
	FORM 990, PAGE 12, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
	FORM 990, PAGE 2, PART III, LINE 4A - CONTINUED	THE CANCER INSTITUTE OFFERS A WIDE RANGE OF SUPPORT GROUPS TO PATIENTS AS A SOURCE OF COMFORT, ENCOURAGEMENT AND INFORMATION, AND AS A WAY TO CONNECT WITH OTHERS WHO KNOW WHAT THE PATIENTS ARE GOING THROUGH AS A PATIENT, FAMILY MEMBER OR CAREGIVER SOME OF OUR SUPPORT GROUPS INCLUDE GENERAL CANCER SUPPORT GROUP; MONTHLY LUNG CANCER SUPPORT GROUP; MOVING FORWARD, A MONTHLY MEETING FOR WOMEN DIAGNOSED WITH BREAST CANCER WITHIN THE LAST TWO YEARS, SISTER TO SISTER, PROVIDING SPECIALIZED SUPPORT FOR AFRICAN-AMERICAN WOMEN, AND SURVIVORS OFFERING SUPPORT, WHERE BREAST CANCER SURVIVORS ARE TRAINED TO PROVIDE ONE ON ONE MENTORING TO NEWLY DIAGNOSED PATIENTS THROUGH THEIR FIRST YEAR OF TREATMENT EMERGENCY SERVICES THE AAMC EMERGENCY ROOM IS ONE OF THE BUSIEST IN THE AREA, SERVING MORE THAN 76,000 PATIENTS EACH YEAR AAMC'S EMERGENCY DEPARTMENT EMPLOYS TRAINED PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONERS WHO ARE ON DUTY 24 HOURS A DAY, SEVEN DAYS A WEEK, AND SPECIALISTS ARE ON CALL FOR CONSULTATION AAMC'S EMERGENCY DEPARTMENT INCLUDES - EMERGENCY TRAINED NURSES AND MEDICAL TECHNICIANS WHO PROVIDE CARE AND MONITOR PATIENT CONDITIONS THROUGHOUT THE EPISODE OF CARE ALL PATIENTS ARE TRIAGED AND ASSIGNED A PRIORITY BASED ON THE ASSESSED MEDICAL NEED THOSE PATIENTS WITH MORE SERIOUS CONDITIONS ARE GENERALLY TREATED IN THE MAIN ED AREA WHILE PATIENTS WITH LESS SEVERE OR MINOR CONDITIONS ARE TREATED IN THE RAPID CLINICAL EVALUATION AND INTERMEDIATE CARE AREAS THE DEPARTMENT HAS THIRTY-THREE MAIN SIDE BEDS AND TEN INTERMEDIATE CARE BEDS ADDITIONALLY, THERE IS A TEN BED AREA FOR HOLDING PATIENTS WAITING FOR ADMISSION A PRIVATE SIX BED AREA IS AVAILABLE FOR PATIENTS WITH MENTAL HEALTH PROBLEMS - SUTURING AND SPLINTING AND CASTING SERVICES AVAILABLE FOR MINOR TRAUMA HIGH-LEVEL TRAUMA PATIENTS ARE STABILIZED AND TRANSFERRED TO NEARBY TRAUMA CENTERS THE HOSPITAL IS CHEST PAIN CERTIFIED AND HAS A VERY ROBUST CARDIAC PROGRAM INCLUDING RAPID STABILIZATION AND TRANSFER TO THE CATH LAB WHEN INDICATED ALSO STROKE CERTIFIED AND EQUIPPED TO MANAGE PATIENTS ARRIVING WITH ACUTE STROKE SYMPTOMS - X-RAY SERVICES AVAILABLE WITHIN THE ED TO EXPEDITE DIAGNOSIS AND TREATMENT INCLUDE TWO RADIOLOGY ROOMS AND A STATE OF THE ART CT SCANNER NEW TECHNOLOGY ALLOWS X-RAYS BE TRANSMITTED ELECTRONICALLY ENABLING THE ED DOCTORS, SPECIALISTS, AND PRIMARY CARE PHYSICIANS TO VIEW X-RAYS AND OTHER DIAGNOSTIC TESTS ON A COMPUTER WITHIN MINUTES OF BEING TAKEN - HOSPITALISTS AND INTENSIVISTS (DOCTORS SPECIALLY TRAINED IN CRITICAL CARE AND INPATIENT CARE) ADMIT PATIENTS TO THE ACUTE CARE PAVILION ONCE THE DETERMINATION IS MADE THAT FURTHER MEDICAL AND NURSING ARE NEEDED - MENTAL HEALTH ASSESSMENT AND PLACEMENT SERVICES ARE PROVIDED BY LICENSED MENTAL HEALTH CLINICIANS - DOMESTIC VIOLENCE ASSESSMENT AND SUPPORT SERVICES ARE PROVIDED BY TRAINED COUNSELORS PATIENT ADVOCATES AND VOLUNTEERS ARE AVAILABLE TO ASSIST FAMILIES WITH PERSONAL NEEDS AND COMFORT CARE COMMUNITY HEALTH EDUCATION AND SUPPORT COMMUNITY HEALTH EDUCATION SERVICES ENCOURAGE HEALTHY LIFESTYLES AND DISEASE PREVENTION IN MOST CASES, AAMC PROVIDED THESE SERVICES AT MINIMAL OR NO COST THE FOLLOWING SERVICES WERE OFFERED IN FY11 INDIVIDUAL NUTRITION COUNSELING WITH REGISTERED DIETITIANS WAS PROVIDED AT A NOMINAL COST IN FY11, AAMC DIETICIANS SPENT MORE THAN 567 HOURS IN INDIVIDUAL DIETARY CONSULTATIONS APPROXIMATELY 500 ADDITIONAL HOURS BY THE NUTRITIONAL STAFF WERE SPENT PROVIDING EDUCATIONAL SEMINARS AND/OR TALKS TO THE COMMUNITY VIA HEALTH FAIRS AND/OR SPECIAL REQUESTS BY SENIOR/CORPORATE ORGANIZATIONS NUTRITION EDUCATION WAS OFFERED IN SIX GROCERY STORES THROUGHOUT THE COUNTY, FUNDED BY A GRANT FROM THE ANNE ARUNDEL COUNTY HEALTH DEPARTMENT APPROXIMATELY 1,615 CONSUMERS WERE GREETED AND MORE THAN 20,000 PIECES OF EDUCATIONAL MATERIAL WERE DISTRIBUTED DURING THESE SESSIONS APPROXIMATELY 75 MASSAGE, HEALING TOUCH, AND REIKI SESSIONS WERE GIVEN AT A MODERATE COST TO THE COMMUNITY AAMC PHYSICIANS, PHARMACISTS, REGISTERED NURSES, DIETITIANS AND OTHER PROFESSIONALS VOLUNTEER THEIR TIME AND EXPERTISE TO PROVIDE UP-TO-DATE INFORMATION ON DISEASE PREVENTION AND OTHER HEALTH-RELATED ISSUES THROUGH FREE SEMINARS AND PROGRAMS THESE PROGRAMS, DESIGNED TO MEET THE HEALTH NEEDS OF THE COMMUNITY AND COORDINATED BY THE DEPARTMENTS OF PUBLIC RELATIONS AND COMMUNITY HEALTH AND WELLNESS, ARE OFFERED TO LOCAL CLUBS, SCHOOLS, CORPORATIONS, CIVIC ORGANIZATIONS AND THE GENERAL PUBLIC CLASS TOPICS ARE BASED ON COMMUNITY HEALTH ASSESSMENTS, RESULTS OF CUSTOMER INTEREST SURVEYS, FOCUS GROUPS, AND FEEDBACK PROVIDED ON PROGRAM EVALUATIONS TOPICS INCLUDE PROSTATE CANCER, CARDIAC RISK, VASCULAR DISEASE, BACK CARE, BREAST CANCER, ARTHRITIS, PAIN MANAGEMENT, REFLUX DISEASE, DIABETES AND MENOPAUSE MORE THAN 30,000 PEOPLE PARTICIPATED IN AAMC CLASSES AND SPECIAL EDUCATION EVENTS DURING FY09 MOST CLASSES WERE OFFERED AT A BREAK-EVEN COST OR A LOSS TO THE MEDICAL CENTER

Identifier	Return Reference	Explanation
	FORM 990, PAGE 3, PART IV, LINE 10	FUNDS ARE HELD IN AN ENDOWMENT AND ARE REPORTED ON THE FORM 990 FOR THE ANNE ARUNDEL MEDICAL CENTER FOUNDATION THE FOUNDATION PROVIDES THESE FUNDS TO THE AFFILIATED ANNE ARUNDEL ENTITIES, INCLUDING ANNE ARUNDEL MEDICAL CENTER, IN ORDER TO FURTHER THE EXEMPT PURPOSE OF THE HEALTH SYSTEM

Identifier	Return Reference	Explanation
	FORM 990, PAGE 9, PART VIII, LINE 11	PAYROLL AND BENEFITS FOR ALL OFFICERS, DIRECTORS AND EMPLOYEES OF THE CONSOLIDATED GROUP KNOWN AS ANNE ARUNDEL HEALTH SYSTEM, INC IS ADMINISTERED THROUGH ANNE ARUNDEL MEDICAL CENTER, INC (AAMC) AAMC SUBSEQUENTLY BILLS EACH ENTITY FOR THE AMOUNT OF WAGE AND BENEFIT EXPENSE INCURRED BY THEM THIS IS REPORTED ON THE FORM 990 AS "MANAGEMENT SERVICES" ON PAGE 9

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number
52-1169362

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ANNE ARUNDEL GENERAL TREATMENT SERVICES INC 2001 MEDICAL PARKWAY ANNAPOLIS, MD 21401 52-1722088	ALCOHOL & DRUG ABUSE TREATMENT SERVICES	MD	501(C)(3)	3	ANNE ARUNDEL MEDICAL CENTER INC		No
(2) ANNE ARUNDEL HEALTH CARE SERVICES INC 2001 MEDICAL PARKWAY ANNAPOLIS, MD 21401 52-1467734	OUTPATIENT DIAGNOSTICS AND IMAGING SERVICES	MD	501(C)(3)	3	ANNE ARUNDEL MEDICAL CENTER INC		No
(3) ANNE ARUNDEL HEALTH SYSTEMS INC 2001 MEDICAL PARKWAY ANNAPOLIS, MD 21401 52-1622253	SUPPORT HEALTH CARE RELATED ENTITIES	MD	501(C)(3)	9	N/A		No
(4) ANNE ARUNDEL MEDICAL CENTER FOUNDATION INC 2001 MEDICAL PARKWAY ANNAPOLIS, MD 21401 52-1331298	SUPPORTING ORGANIZATION OF AAHS, INC AND SUBSIDIARIES	MD	501(C)(3)	11, TYPE II	ANNE ARUNDEL HEALTH SYSTEM INC		No
(5) ANNE ARUNDEL REAL ESTATE HOLDING COMPANY INC 2001 MEDICAL PARKWAY ANNAPOLIS, MD 21401 52-1622251	REAL ESTATE HOLDING COMPANY	MD	501(C)(2)		ANNE ARUNDEL HEALTH SYSTEM INC		No
(6) ANNE ARUNDEL HEALTH SYSTEM RESEARCH INSTITUTE INC 2001 MEDICAL PARKWAY ANNAPOLIS, MD 21401 26-3038406	MEDICAL RESEARCH	MD	501(C)(3)	4	ANNE ARUNDEL HEALTH SYSTEM INC		No
(7) PHYSICIAN ENTERPRISE LLC 2001 MEDICAL PARKWAY ANNAPOLIS, MD 21401 27-0263214	EMPLOYS PHYSICIANS	MD	501(C)(3)	3	ANNE ARUNDEL HEALTH SYSTEM INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) MEDICAL OFFICE LLC 2001 MEDICAL PARKWAY ANNAPOLIS, MD21401 20-2290229	MEDICAL REAL ESTATE LEASING	MD	N/A									
(2) ANNAPOLIS EXCHANGE LOT IV LLC 2001 MEDICAL PARKWAY ANNAPOLIS, MD21401 52-2020156	COMMERCIAL REAL ESTATE LEASING	MD	N/A									
(3) ANNAPOLIS EXCHANGE LOT V LLC 2001 MEDICAL PARKWAY ANNAPOLIS, MD21401 52-2020157	MEDICAL REAL ESTATE LEASING	MD	N/A									
(4) KENT ISLAND MEDICAL ARTS LLC 2001 MEDICAL PARKWAY ANNAPOLIS, MD21401 26-0623450	MEDICAL REAL ESTATE LEASING	MD	N/A									
(5) BLUE BUILDING LLC 2001 MEDICAL PARKWAY ANNAPOLIS, MD21401 26-3525250	MEDICAL REAL ESTATE LEASING	MD	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ANNE ARUNDEL HEALTH CARE ENTERPRISES INC 2001 MEDICAL PARKWAY ANNAPOLIS, MD21401 52-1646304	MEDICAL SERVICES	MD	N/A	C			
(2) PAVILION PARK INC 2001 MEDICAL PARKWAY ANNAPOLIS, MD21401 52-1890034	REAL ESTATE LEASING	MD	N/A	C			
(3) COTTAGE INSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN CJ KY1-110 CJ 98-0461499	CAPTIVE INSURER - PROFESSIONAL LIABILITY INSURANCE	CJ		C	4,987,902	39,156,377	100 000 %

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1169362
Name: ANNE ARUNDEL MEDICAL CENTER 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 512(b)(13) controlled organization	
						Yes	No
ANNE ARUNDEL GENERAL TREATMENT SERVICES INC 2001 MEDICAL PARKWAY ANNAPOLIS, MD21401 52-1722088	ALCOHOL & DRUG ABUSE TREATMENT SERVICES	MD	501(C)(3)	3	ANNE ARUNDEL MEDICAL CENTER INC		No
ANNE ARUNDEL HEALTH CARE SERVICES INC 2001 MEDICAL PARKWAY ANNAPOLIS, MD21401 52-1467734	OUTPATIENT DIAGNOSTICS AND IMAGING SERVICES	MD	501(C)(3)	3	ANNE ARUNDEL MEDICAL CENTER INC		No
ANNE ARUNDEL HEALTH SYSTEMS INC 2001 MEDICAL PARKWAY ANNAPOLIS, MD21401 52-1622253	SUPPORT HEALTH CARE RELATED ENTITIES	MD	501(C)(3)	9	N/A		No
ANNE ARUNDEL MEDICAL CENTER FOUNDATION INC 2001 MEDICAL PARKWAY ANNAPOLIS, MD21401 52-1331298	SUPPORTING ORGANIZATION OF AAHS, INC AND SUBSIDIARIES	MD	501(C)(3)	11, TYPE II	ANNE ARUNDEL HEALTH SYSTEM INC		No
ANNE ARUNDEL REAL ESTATE HOLDING COMPANY INC 2001 MEDICAL PARKWAY ANNAPOLIS, MD21401 52-1622251	REAL ESTATE HOLDING COMPANY	MD	501(C)(2)		ANNE ARUNDEL HEALTH SYSTEM INC		No
ANNE ARUNDEL HEALTH SYSTEM RESEARCH INSTITUTE INC 2001 MEDICAL PARKWAY ANNAPOLIS, MD21401 26-3038406	MEDICAL RESEARCH	MD	501(C)(3)	4	ANNE ARUNDEL HEALTH SYSTEM INC		No
PHYSICIAN ENTERPRISE LLC 2001 MEDICAL PARKWAY ANNAPOLIS, MD21401 27-0263214	EMPLOYS PHYSICIANS	MD	501(C)(3)	3	ANNE ARUNDEL HEALTH SYSTEM INC		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	ANNE ARUNDEL HEALTH CARE ENTERPRISES INC	I	85,600	FMV
(2)	PAVILION PARK INC	I	160,356	FMV
(3)	BLUE BUILDING LLC	A	859,500	FMV
(4)	KENT ISLAND MEDICAL ARTS LLC	J	137,103	FMV
(5)	PAVILION PARK INC	J	780,509	FMV
(6)	BLUE BUILDING LLC	J	2,796,405	FMV
(7)	ANNE ARUNDEL HEALTH CARE ENTERPRISES INC	O	124,569	FMV
(8)	ANNE ARUNDEL HEALTH CARE ENTERPRISES INC	P	112,000	FMV
(9)	ANNE ARUNDEL HEALTH CARE SERVICES INC	P	6,249,010	FMV
(10)	ANNE ARUNDEL GENERAL TREATMENT SERVICES INC	P	3,689,916	FMV
(11)	PAVILION PARK INC	P	295,076	FMV
(12)	ANNE ARUNDEL REAL ESTATE HOLDING COMPANY INC	R	13,999,325	FMV
(13)	ANNE ARUNDEL HEALTH CARE ENTERPRISES INC	R	249,449	FMV
(14)	COTTAGE INSURANCE COMPANY LTD	Q	4,916,000	FMV
(15)	PHYSICIAN ENTERPRISE LLC	B	6,956,891	FMV
(16)	ANNE ARUNDEL MEDICAL CENTER FOUNDATION INC	C	987,126	FMV
(17)	ANNE ARUNDEL HEALTH SYSTEM RESEARCH INSTITUTE INC	I	87,328	FMV
(18)	PHYSICIAN ENTERPRISE LLC	O	214,500	FMV
(19)	ANNE ARUNDEL MEDICAL CENTER FOUNDATION INC	P	879,131	FMV
(20)	ANNE ARUNDEL HEALTH SYSTEM RESEARCH INSTITUTE INC	P	1,287,783	FMV
(21)	ANNE ARUNDEL HEALTH SYSTEM RESEARCH INSTITUTE INC	L	681,000	FMV

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TY 2010 Earnings and Profits Other Adjustments Statement

Name: ANNE ARUNDEL MEDICAL CENTER INC

EIN: 52-1169362

Description	Amount
RELATED PARTY PREMIUMS	-4,916,000
RELATED PARTY CLAIMS PAID	2,569,691
MOVEMENT IN PREPAID EXPENSES	4

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TY 2010 Itemized Other Current Assets Schedule

Name: ANNE ARUNDEL MEDICAL CENTER INC

EIN: 52-1169362

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
COTTAGE INSURANCE COMPANY LTD	98-0461499	INTEREST RECEIVABLE	34,722	34,884
		OUTSTANDING CLAIMS RESERVES RECOVERABLE	7,485,000	8,576,000
		PREPAID EXPENSES	5,732	5,728
		ESCROW ACCOUNT	172,156	36,714

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TY 2010 Other Deductions Schedule

Name: ANNE ARUNDEL MEDICAL CENTER INC

EIN: 52-1169362

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
UNDERWRITING EXPENSES		3,102,797
PROFESSIONAL FEES		127,690
MANAGEMENT FEES		44,500
TRAVEL AND MEETING EXPENSES		24,629
INVESTMENT MANAGEMENT FEES		13,746
GOVERNMENT FEES		13,443
MISCELLANEOUS EXPENSES		1,333

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TY 2010 Itemized Other Investments Schedule

Name: ANNE ARUNDEL MEDICAL CENTER INC

EIN: 52-1169362

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
COTTAGE INSURANCE COMPANY LTD	98-0461499	EQUITY MUTUAL FUNDS	6,372,355	7,815,379
		FIXED INCOME MUTUAL FUNDS	14,855,923	15,580,357
		EXCHANGE TRADED FUNDS	0	4,436,864

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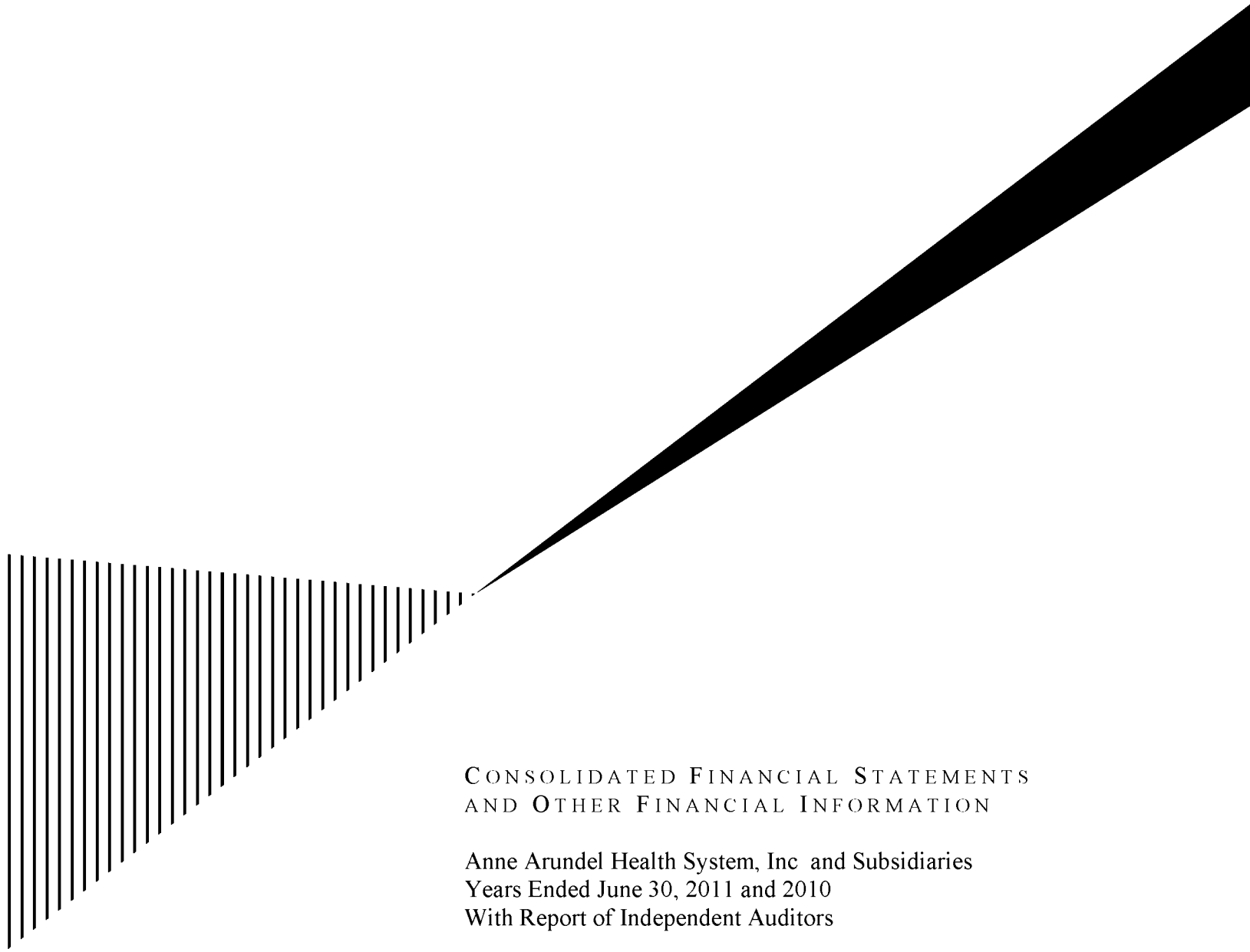
TY 2010 Itemized Other Liabilities Schedule

Name: ANNE ARUNDEL MEDICAL CENTER INC

EIN: 52-1169362

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
COTTAGE INSURANCE COMPANY LTD	98-0461499	PROVISION FOR ADVERSE CLAIMS DEVELOPMENT	15,653,078	18,621,742
		PROVISION FOR REPORTED CLAIMS	3,040,942	2,749,969
		DIVIDENDS PAYABLE	0	5,000,000



CONSOLIDATED FINANCIAL STATEMENTS AND OTHER FINANCIAL INFORMATION

Anne Arundel Health System, Inc and Subsidiaries
Years Ended June 30, 2011 and 2010
With Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

Anne Arundel Health System, Inc. and Subsidiaries

Consolidated Financial Statements and Other Financial Information

Years Ended June 30, 2011 and 2010

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Report of Independent Auditors

Board of Trustees of
Anne Arundel Health System, Inc

We have audited the accompanying consolidated balance sheets of Anne Arundel Health System, Inc (a Maryland not-for-profit corporation) and subsidiaries as of June 30, 2011 and 2010, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended These financial statements are the responsibility of Anne Arundel Health System, Inc and subsidiaries' (the Group's) management Our responsibility is to express an opinion on these financial statements based on our audits We did not audit the financial statements of Cottage Insurance Company, Ltd , a wholly-owned subsidiary, which statements reflect total assets of $39,156,000 and $31,308,000 as of June 30, 2011 and 2010, respectively, and net income after elimination of intercompany revenues of $10,000 and $215,000, respectively, for the years then ended Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Cottage Insurance Company, Ltd , is based solely on the report of the other auditors

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement We were not engaged to perform an audit of the Group's internal control over financial reporting Our audits included 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 Group'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 financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audits and the report of other auditors provide a reasonable basis for our opinion

In our opinion, based on our audits and the report of other auditors, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Anne Arundel Health System, Inc and subsidiaries as of June 30, 2011 and 2010, and the consolidated results of their operations, changes in net assets, and cash flows for the years then ended, in conformity with U S generally accepted accounting principles

Ernst + Young LLP

October 4, 2011

Anne Arundel Health System, Inc. and Subsidiaries

Consolidated Balance Sheets

	June 30 2011	2010
Assets		
Current assets		
Cash and cash equivalents	**$ 33,378,000**	$ 37,366,000
Short-term investments	**5,834,000**	3,425,000
Current portion of assets whose use is limited	**9,329,000**	6,623,000
Patient receivables, less allowance for uncollectible accounts of $13,482,000 and $11,183,000, respectively	**61,449,000**	55,887,000
Current portion of pledges receivable, net	**5,145,000**	4,736,000
Inventories, at lower of cost or market	**8,038,000**	7,894,000
Prepaid expenses and other current assets	**12,077,000**	5,842,000
Total current assets	**135,250,000**	121,773,000
Property and equipment	**748,146,000**	663,217,000
Less accumulated depreciation and amortization	**(225,831,000)**	(197,431,000)
Net property and equipment	**522,315,000**	465,786,000
Other assets		
Investments	**204,236,000**	174,616,000
Investments in joint ventures	**3,286,000**	1,664,000
Pledges receivable, net of current portion and net of allowance for uncollectible pledges of $852,000 and $806,000, respectively	**11,279,000**	10,573,000
Assets whose use is limited	**84,030,000**	116,311,000
Deferred debt issue costs, net of accumulated amortization of $1,967,000 and $1,632,000, respectively	**7,857,000**	8,104,000
Restricted collateral for interest rate swap contracts	**32,090,000**	41,819,000
Other assets	**12,574,000**	11,725,000
Total assets	**$ 1,012,917,000**	$ 952,371,000

	June 30	
	2011	2010
Liabilities and net assets		
Current liabilities		
Accounts payable	**$ 26,047,000**	$ 24,378,000
Accrued salaries, wages and benefits	**26,025,000**	22,499,000
Other accrued expenses	**19,362,000**	22,732,000
Line of credit	**1,528,000**	–
Current portion of long-term debt and capital lease obligations	**9,073,000**	4,190,000
Advances from third-party payors	**22,053,000**	14,813,000
Total current liabilities	**104,088,000**	88,612,000
Long-term debt and capital lease obligations, less current portion and unamortized original issue discount	**427,818,000**	437,471,000
Interest rate swap contracts	**38,196,000**	47,510,000
Accrued pension liability	**19,616,000**	32,148,000
Other long-term liabilities	**22,065,000**	19,808,000
Total liabilities	**611,783,000**	625,549,000
Net assets		
Unrestricted	**369,342,000**	298,384,000
Temporarily restricted	**20,083,000**	16,690,000
Permanently restricted	**11,709,000**	11,748,000
Total net assets	**401,134,000**	326,822,000
Total liabilities and net assets	**$ 1,012,917,000**	$ 952,371,000

See accompanying notes.

Anne Arundel Health System, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended June 30	
	2011	**2010**
Operating revenue		
Net patient service revenue	**$ 497,685,000**	$ 455,275,000
Other operating revenue	**21,381,000**	20,502,000
Total operating revenue	**519,066,000**	475,777,000
Operating expenses		
Salaries and wages	**205,484,000**	191,331,000
Employee benefits	**36,702,000**	34,623,000
Medical supplies and drugs	**107,010,000**	92,583,000
Purchased services	**81,704,000**	77,645,000
Professional fees	**13,047,000**	9,075,000
Depreciation and amortization	**30,135,000**	27,294,000
Interest	**10,899,000**	7,614,000
Provision for bad debts	**19,703,000**	19,252,000
Total operating expenses	**504,684,000**	459,417,000
Operating income	**14,382,000**	16,360,000
Other income (loss)		
Investment income, net	**6,457,000**	7,831,000
Income from joint ventures and other, net	**1,083,000**	1,232,000
Loss on extinguishment of debt	**–**	(1,967,000)
Change in unrealized gains on trading securities, net	**29,333,000**	19,835,000
Realized and unrealized gains (losses) on interest rate swap contracts, net	**3,656,000**	(15,886,000)
Total other income, net	**40,529,000**	11,045,000
Revenues and gains in excess of expenses	**$ 54,911,000**	$ 27,405,000

Anne Arundel Health System, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended June 30	
	2011	**2010**
Unrestricted net assets		
Revenues and gains in excess of expenses	**$ 54,911,000**	$ 27,405,000
Pension liability adjustment	**8,532,000**	(10,185,000)
Net assets released from restrictions used for purchase of property and equipment	**5,081,000**	11,927,000
Transfers and other, net	**2,434,000**	425,000
Increase in unrestricted net assets	**70,958,000**	29,572,000
Temporarily restricted net assets		
Contributions and pledges	**8,629,000**	8,966,000
Change in net unrealized gains and losses on investments	**1,405,000**	1,163,000
Temporarily restricted investment income	**345,000**	325,000
Net assets released from restrictions	**(8,029,000)**	(14,556,000)
Transfers and other, net	**1,043,000**	234,000
Increase (decrease) in temporarily restricted net assets	**3,393,000**	(3,868,000)
Permanently restricted net assets		
Contributions for endowment funds	**142,000**	233,000
Transfers of interest income and other, net	**(181,000)**	(97,000)
(Decrease) increase in permanently restricted net assets	**(39,000)**	136,000
Increase in net assets	**74,312,000**	25,840,000
Net assets at beginning of year	**326,822,000**	300,982,000
Net assets at end of year	**$ 401,134,000**	$ 326,822,000

See accompanying notes.

Anne Arundel Health System, Inc. and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended June 30	
	2011	**2010**
Operating activities		
Increase in net assets	**$ 74,312,000**	$ 25,840,000
Adjustments to reconcile increase in net assets to net cash from operating activities		
Change in net unrealized gains and losses on investments	**(30,738,000)**	(20,998,000)
Realized and unrealized (gains) losses on interest rate swap contracts, net	**(3,656,000)**	15,886,000
Pension liability adjustment	**(8,532,000)**	10,185,000
Equity in earnings of joint ventures and other	**95,000**	(536,000)
Distributions received from joint ventures	**499,000**	298,000
Restricted contributions and pledges, net	**(8,771,000)**	(9,201,000)
Loss on extinguishment of debt	**–**	1,967,000
Depreciation and amortization	**30,135,000**	27,294,000
Restricted investment income	**(345,000)**	(325,000)
(Increase) decrease in investments – trading	**(1,291,000)**	354,000
Increase in assets whose use is limited, net – trading	**(11,927,000)**	(7,504,000)
Net change in operating assets and liabilities	**4,143,000**	(9,461,000)
Net cash from operating activities	**43,924,000**	33,799,000
Investing activities		
Purchases of property and equipment	**(86,214,000)**	(94,264,000)
Decrease in assets whose use is limited-other-than-trading	**41,502,000**	48,097,000
Acquisition of OSMC	**–**	(2,316,000)
Investment in West County, LLC	**(2,216,000)**	–
Change in collateralization and payments on interest rate swaps	**(5,290,000)**	(7,532,000)
Net cash from investing activities	**(52,218,000)**	(56,015,000)
Financing and fundraising activities		
Net proceeds from issuance of Series 2010 Revenue Bonds	**–**	83,903,000
Draws on construction loans	**390,000**	11,627,000
Draws on line of credit	**6,265,000**	3,010,000
Repayments of long-term debt	**(5,410,000)**	(4,206,000)
Repayment of line of credit	**(4,737,000)**	(3,010,000)
Repayment of dedicated funding program	**–**	(15,000,000)
Extinguishment of Series 2004B Revenue Bonds	**–**	(59,350,000)
Payments for deferred financing costs	**(204,000)**	(1,525,000)
Restricted contributions received and other	**7,657,000**	9,669,000
Restricted income received	**345,000**	325,000
Net cash from financing and fundraising activities	**4,306,000**	25,443,000
Net (decrease) increase in cash and cash equivalents	**(3,988,000)**	3,227,000
Cash and cash equivalents at beginning of year	**37,366,000**	34,139,000
Cash and cash equivalents at end of year	**$ 33,378,000**	$ 37,366,000

Anne Arundel Health System, Inc. and Subsidiaries

Consolidated Statements of Cash Flows (continued)

	Year Ended June 30	
	2011	**2010**
Changes in operating assets and liabilities		
(Increase) decrease in operating assets		
Patient receivables, net	**$ (5,562,000)**	$ (13,728,000)
Inventories	**(144,000)**	(1,348,000)
Prepaid expenses and other	**(1,097,000)**	982,000
Other assets	**(987,000)**	(954,000)
	(7,790,000)	(15,048,000)
Increase (decrease) in operating liabilities		
Accounts payable	**1,669,000**	(487,000)
Accrued salaries, wages and benefits	**3,526,000**	713,000
Other accrued expenses	**1,242,000**	2,963,000
Advances from third-party payors	**7,240,000**	3,285,000
Other long-term liabilities	**(1,744,000)**	(887,000)
	11,933,000	5,587,000
Net change in operating assets and liabilities	**$ 4,143,000**	$ (9,461,000)
Supplemental disclosures		
Cash paid for interest	**$ 18,256,000**	$ 17,211,000

See accompanying notes

Anne Arundel Health System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2011

1. Organization and Basis of Presentation

Anne Arundel Health System, Inc (the Parent or the System) is a Maryland not-for-profit corporation The Parent has the following wholly owned subsidiaries Anne Arundel Medical Center, Inc (the Hospital) and its subsidiaries, Anne Arundel Health Care Services, Inc (HCS), and Anne Arundel General Treatment Services, Inc (GTS), Anne Arundel Medical Center Foundation, Inc (the Foundation), Anne Arundel Health Care Enterprises, Inc (HCE), Physician Enterprise, LLC (PE) and its subsidiaries, Anne Arundel Physician Group, LLC (AAPG) and Orthopedic Physicians of Annapolis (OPA), Anne Arundel Real Estate Holding Company, Inc (the Real Estate Company) and its subsidiaries, Pavilion Park, Inc (PPI), Annapolis Exchange, LLC, & Blue Building, LLC, Anne Arundel Health System Research Institute, Inc (RI), and Cottage Insurance Company, Ltd (Cottage) PE was organized in April 2009, and operates as a not-for-profit provider of physician, diagnostic, therapeutic, and other health care services, while also providing support to AAPG and OPA, which also provide such services OPA was acquired in July 2009 (see Note 15) The accompanying consolidated financial statements include the accounts of the Parent and its wholly owned subsidiaries (collectively, the Group) All significant intercompany accounts and transactions have been eliminated in consolidation

The Real Estate Company and PPI own a 42 84% interest in Kent Island Medical Arts, LLC (KIMA), a limited liability company that owns and operates a medical office building PPI is the managing member of KIMA and has substantive participation rights in KIMA The financial statements of KIMA are consolidated in the accompanying consolidated financial statements The non-controlling interest in KIMA was 57 16% as of June 30, 2011 and 2010 This interest was $1,164,000 and $1,229,000 at June 30, 2011 and 2010, respectively, and is included within unrestricted net assets in the accompanying consolidated balance sheets

2. Summary of Significant Accounting Policies

Cash and Cash Equivalents

Cash and cash equivalents include cash held in checking and savings accounts, money market accounts, and short-term certificates of deposit with original maturities of 90 days or less Cash balances, and collateral held by a counterparty, are principally uninsured and are subject to normal credit risks At June 30, 2011 and 2010 and at various times during the year, the System maintained cash-in-bank balances in excess of the $250,000 federally insured limits

2. Summary of Significant Accounting Policies (continued)

Derivative Instruments

On April 25, 2003, the Hospital entered into two interest rate swap derivative contracts to reduce the risk of changing interest rates On May 10, 2006, the Hospital entered into a forward variable to fixed interest rate swap agreement with an effective date of November 1, 2008 This contract was also entered into in an effort to reduce the risk of variable interest rate debt and has a term through July 1, 2048 Under Accounting Standards Codification (ASC) 815, *Derivatives and Hedging*, the Hospital has recognized its derivative instruments as either assets or liabilities in the consolidated balance sheets at fair value As these derivative instruments are not designated as hedges, the unrealized gain or loss on these contracts has been recognized in the accompanying consolidated statements of operations and changes in net assets as realized and unrealized gains (losses) on interest rate swap contracts, net The fair values of the derivative instruments are determined under the provisions of ASC 820, *Fair Value Measurements and Disclosures* (ASC 820), which was adopted on July 1, 2008 The impact of applying the provisions of ASC 820 was to decrease the net derivative liability by $385,000 and $1,198,000 as of June 30, 2011 and 2010, respectively

A summary of the Hospital's derivative instruments and related activity at June 30, 2011 and 2010 and for the years then ended is as follows

	2011	
Description of Derivative Instrument	**Fair Value Asset (Liability)**	**Change in Unrealized Gain/(Loss)**
Variable-to-variable interest rate swap contract	**$ (82,000)**	**$ 273,000**
Fixed-to-variable interest rate swap contract	**1,843,000**	**(389,000)**
Variable-to-fixed interest rate swap contract	**(38,114,000)**	**9,041,000**
	$ (36,353,000)	**$ 8,925,000**

2. Summary of Significant Accounting Policies (continued)

Description of Derivative Instrument	2010 Fair Value Asset (Liability)	2010 Change in Unrealized Gain/(Loss)
Variable-to-variable interest rate swap contract	$ (355,000)	$ 250,000
Fixed-to-variable interest rate swap contract	2,232,000	826,000
Variable-to-fixed interest rate swap contract	(47,155,000)	(11,461,000)
	$ (45,278,000)	$ (10,385,000)

At June 30, 2011 and 2010, the net termination value (i e , mark to market value) of the derivative instruments totaled $36,738,000 and $46,476,000, respectively The interest rate swap asset amount is included in the other assets line item in the accompanying consolidated balance sheets

The Hospital may be exposed to credit loss in the event of nonperformance by the other party to the interest rate swap agreements, the risk of which is reflected in the fair value of the instruments under ASC 820 However, the Hospital does not anticipate nonperformance by the counterparty

During fiscal 2011, the Hospital paid net payments under its interest rate swap program of $5,269,000 In fiscal 2010, the Hospital paid net payments under its interest rate swap program of $5,501,000 These amounts are included within realized and unrealized gains (losses) on interest rate swap contracts, net in the accompanying consolidated statements of operations and changes in net assets and investing activities in the statement of cash flows

Under the derivative contracts, the Hospital must transfer collateral for the benefit of the counterparty to the extent that the termination values exceed certain limits The Hospital's collateral requirement for the benefit of the counterparty was approximately $32,090,000 and $41,819,000 at June 30, 2011 and 2010, respectively, for the derivatives The ongoing mark to market values and resulting collateral requirements of the Hospital's interest rate swap contracts are subject to variability based on market factors (primarily changes in interest rates) Collateral requirements under these interest rate swap contracts are excluded from unrestricted cash and investments for purposes of determining the System's compliance with its liquidity covenants under its Maryland Health and Higher Educational Facilities Authority (MHHEFA) revenue bond agreements and its derivative agreements Collateral amounts are included in noncurrent

2. Summary of Significant Accounting Policies (continued)

assets in the accompanying consolidated balance sheets Due to the timing of settlement with the financial institution, $5,138,000 of collateral was owed back to the Group at June 30, 2011 This amount is included in prepaid expenses and other current assets in the accompanying consolidated balance sheets and is reflected within investing activities in the accompanying consolidated statements of cash flows The collateral requirement as of September 30, 2011 was $71,605,000

Assets Whose Use is Limited and Investments

Assets whose use is limited are principally comprised of certain funds established to be held and invested by a trustee These funds are related to the issuance of the Hospital's Revenue Bonds, investments held at Cottage, and certain permanently restricted endowment assets

The fair values of individual investments are based on quoted market prices of individual securities or investments or estimated amounts using quoted market prices of similar investments Investment income from all unrestricted investments is included in the consolidated statements of operations and changes in net assets as part of other income

Investment income (loss) on investments of temporarily and permanently restricted assets is added to or deducted from the appropriate restricted fund balance if the income is restricted The cost of securities sold is based on the specific-identification method

All investment balances are principally uninsured and subject to normal credit risk Investments are classified as either current or noncurrent based on maturity dates and availability for current operations Investments included in noncurrent other assets consist of board-designated investment funds of $202,516,000 and $173,194,000 as of June 30, 2011 and 2010, respectively Based on the System's investment policy, such amounts could be liquidated, at the discretion of the Board, to satisfy short-term requirements

Substantially all investments, other than borrowed funds required to be expended on capital projects, are classified as trading securities, with unrealized gains and losses included in revenues and gains in excess of expenses

Borrowed funds required to be expended on capital projects are classified as other-than-trading and are included in assets whose use is limited

2. Summary of Significant Accounting Policies (continued)

Patient Receivables and Allowances

The Group's policy is to write off all patient accounts that have been identified as uncollectible An allowance for doubtful accounts is recorded for accounts not yet written off that are anticipated to become uncollectible in future periods

Insurance coverage and credit information are obtained from patients when available No collateral is obtained for accounts receivable

Accounts receivable from third-party payors have been adjusted to reflect the difference between charges and the estimated reimbursable amounts

Inventories

Inventories, which primarily consist of medical supplies and drugs, are carried at the lower of cost or market Cost is determined using the first-in, first-out method

Property and Equipment

Property and equipment are stated at cost Depreciation and amortization, including amortization of assets recorded under capital leases, are recorded on the straight-line method over the estimated useful lives of the assets

The following is a summary of property and equipment, stated at cost

	Estimated Useful Lives	June 30 2011	2010
Land	–	**$ 13,151,000**	$ 13,151,000
Land improvements	20 years	**22,002,000**	10,436,000
Buildings and improvements	20-40 years	**447,323,000**	298,674,000
Fixed equipment	5-20 years	**7,752,000**	6,687,000
Leasehold improvements	5-10 years	**43,473,000**	37,362,000
Movable equipment	7-10 years	**163,296,000**	132,727,000
Computers and software	3-5 years	**46,205,000**	44,410,000
Construction-in-progress	–	**4,944,000**	119,770,000
		$ 748,146,000	$ 663,217,000

2. Summary of Significant Accounting Policies (continued)

Construction-in-progress consists of direct costs associated with hospital department renovations, certain leasehold improvements, and smaller capital projects As these projects are completed, the related assets are transferred out of construction-in-progress and into the appropriate asset category and are depreciated over the applicable useful lives Interest on debt is capitalized in accordance with ASC 835, *Interest*, throughout the year as part of the costs for the constructed assets The amount of net capitalized interest recorded by the Group during fiscal 2011 and 2010 was $7,861,000 and $8,520,000, respectively

Investments in Joint Ventures

HCE maintains 25% equity interests in Shipley's Imaging, LLC, an imaging center, and Fresenius Anne Arundel Dialysis Services, LLC, an outpatient dialysis center During 2011, the Real Estate Company and another party formed West County, LLC, a joint venture that is constructing a medical office building The Real Estate Company has a 50% interest in this joint venture, with each owner contributing $2,216,000 as of June 30, 2011 These investments are accounted for using the equity method of accounting

Deferred Debt Issuance Costs

Administrative, legal, financing, underwriting discount and other miscellaneous expenses that were incurred in connection with debt financings were deferred and are being amortized over the lives of the bond issues using the effective interest method The amortization expense of deferred debt issue costs was $451,000 and $515,000 for the years ended June 30, 2011 and 2010, respectively

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Group has been limited by donors to a specific time period or purpose Substantially all temporarily restricted net assets in the accompanying consolidated financial statements are restricted to fund certain Hospital capital additions and operating programs Permanently restricted net assets have been restricted by donors to be maintained in perpetuity The income from these funds is expendable to support health care services

2. Summary of Significant Accounting Policies (continued)

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered This includes regulatory discounts allowed to Blue Cross, Medicare, Medicaid, and other third-party payors and charity care

The Group provides charity care to patients who meet certain criteria established under its charity care guidelines Because members of the Group do not pursue the collection of amounts determined to qualify as charity care, they are not reported as revenue The amount of charity care provided by the Group during 2011 and 2010 was $6,616,000 and $5,610,000, respectively, measured at established rates

A substantial amount of the Group's revenues are received from health maintenance organizations and other managed care payors Managed care payors generally use case management activities to control hospital utilization These payors also have the ability to select health care providers offering the most cost-effective care Management does not believe that the Group has undue exposure to any one managed care payor

The Hospital's revenues may be subject to adjustment as a result of examination by government agencies or contractors, and as a result of differing interpretation of government regulations, medical diagnosis, charge coding, medical necessity, or other contract terms The resolution of these matters, if any, often is not finalized until subsequent to the period during which the services were rendered

The Group employs physicians in several hospital-based specialties (including, but not limited to, obstetrics, intensive care, and hospitalists) Net physician revenue is recognized when the services are provided and recorded at the estimated net realizable amount based on the contractual arrangements with third-party payors and the expected payments from the third-party payors and the patients The difference between the billed charges and the estimated net realizable amounts are recorded as a reduction in physician revenue when the services are provided At June 30, 2011 and 2010, approximately $4,114,000 and $3,570,000, respectively, of net physician accounts receivable are included in patient receivables in the accompanying consolidated balance sheets

2. Summary of Significant Accounting Policies (continued)

Donations and Bequests

Unconditional promises to give cash and other assets 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 gift is received The gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets in the consolidated statements of operations and changes in net assets Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the consolidated financial statements Contributions that are unrestricted are reflected as other income in the consolidated statements of operations and changes in net assets

Scheduled payments on pledges receivable for the years ending June 30 are as follows

2012	$ 5,390,000
2013 – 2016	9,182,000
2017 and thereafter	3,330,000
	17,902,000
Less	
Impact of discounting pledges receivable to net present value	(626,000)
Allowance for uncollectible pledges	(852,000)
Net pledges receivable	$ 16,424,000

Pledges receivable are discounted using rates between 0 2% and 4 0%

Revenues and Gains in Excess of Expenses

The consolidated statements of operations and changes in net assets include revenues and gains in excess of expenses Changes in unrestricted net assets that are excluded from revenues and gains in excess of expenses, consistent with industry practice, include contributions received and used for additions of long-lived assets and certain changes in pension liabilities

2. Summary of Significant Accounting Policies (continued)

Income Tax Status

The Parent, the Hospital, the Foundation, HCS, GTS, and RI have received determination letters from the Internal Revenue Service (IRS) stating that they are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code The Real Estate Company has received a determination letter from the IRS stating that it is exempt from federal income taxes under Section 501(c)(2) of the Internal Revenue Code PE's application for exemption is currently in process with the IRS

HCE and PPI are subject to federal and state income taxes No provision for income taxes has been recorded for fiscal 2011 and 2010, as these companies and PE do not have taxable income or current tax liabilities Deferred tax assets (consisting principally of net operating loss carryforwards) are not significant and are not considered to be realizable, given the operations of these entities

Certain limited liability companies within the consolidated group are not subject to income taxes Taxable income or loss is passed through to and reportable by the members individually

Under the Cayman Islands Tax Concessions Law (Revised), the Governor-in-Cabinet issued an undertaking to Cottage on November 29, 2005 exempting it from all local income, profit or capital gains taxes The undertaking has been issued for a period of 20 years and, at the present time, no such taxes are levied in the Cayman Islands Accordingly, no provision for taxes is made in these consolidated financial statements

Under the requirements of ASC 740, *Income Taxes*, tax-exempt organizations could be required to record an obligation as the result of a tax position they have historically taken on various tax exposure items The Group has determined that it does not have any uncertain tax positions through June 30, 2011

Use of Estimates

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

2. Summary of Significant Accounting Policies (continued)

Reclassifications

Certain amounts from the prior year financial statements relating to the interest rate swap contracts as discussed in Note 2 have been reclassified in order to conform to current year presentation These reclassifications had no impact on revenues and gains in excess of expenses, or net assets for the years ended June 30, 2011 and June 30, 2010

Recent Accounting Pronouncements

In January 2010, the FASB issued ASC Accounting Standards Update (ASU) No 2010-06 (ASU 2010-06), *Improving Disclosures about Fair Value Measurements*, which clarifies certain existing fair value measurement disclosure requirements of ASC Topic 820 – *Fair Value Measurements and Disclosures* and also requires additional fair value measurement disclosures Specifically, ASU 2010-06 clarifies that assets and liabilities must be leveled by major class of asset or liability, and provides guidance regarding the identification of such major classes Additionally, disclosures are required about valuation techniques and the inputs to those techniques, for those assets or liabilities designated as Level 2 or Level 3 instruments Disclosures regarding transfers between Level 1 and Level 2 assets and liabilities are required, as well as a deeper level of disaggregation of activity within existing rollforwards of the fair value of Level 3 assets and liabilities The adoption of this guidance did not have a significant impact on the Health System's consolidated financial statements for the year ended June 30, 2011

In August 2010, the FASB issued ASU 2010-23, *Health Care Entities: Measuring Charity Care for Disclosure – a consensus of the FASB Emerging Issues Task Force*, which provides guidance on measuring charity care for disclosure purposes This guidance requires that cost be used as the measurement basis for charity care disclosure purposes and that cost identified includes both the direct and indirect costs of providing charity care Disclosure requirements include the method used to identify or determine such costs This guidance is effective for the Group for the fiscal year ending June 30, 2012 The Group is currently evaluating the impact of this guidance on its consolidated financial statements

In July 2011, the FASB issued ASU 2011-07, *Health Care Entities: Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities (a consensus of the FASB Emerging Issues Task Force)*, which provides guidance on the presentation and disclosure of patient service revenue, provisions for bad debts, and the allowance for doubtful accounts for certain health care entities This guidance

2. Summary of Significant Accounting Policies (continued)

changes the presentation of the statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts) Additionally, the guidance requires enhanced disclosures about the policies for recognizing revenue and assessing bad debts, as well as qualitative and quantitative information about changes in the allowance for doubtful accounts This guidance is effective for the Group for the fiscal year ending June 30, 2013 The Group is currently evaluating the impact of this guidance on its consolidated financial statements

3. Regulatory Environment

Medicare and Medicaid

The Medicare and Medicaid reimbursement programs represent a substantial portion of the Group's revenues The Group's operations are subject to numerous laws and regulations of federal, state and local governments These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services and Medicare and Medicaid fraud and abuse Over the past several years, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers Violations of these laws and regulations could result in expulsion from government health care programs, together with the imposition of fines and penalties, as well as repayments for patient services previously billed Compliance with fraud and abuse standards and other government regulations can be subject to future government review and interpretation Also, future changes in federal and state reimbursement funding mechanisms and related government budgeting constraints could have an adverse effect on the Group

In 1983, Congress approved a Medicare prospective payment plan for most inpatient services as part of the Social Security Amendment Act of 1983 Hospitals in Maryland are currently exempt from these federal reimbursement regulations under a special waiver The waiver currently in effect is subject to renewal based upon criteria defined in the federal law Under these payment arrangements with Medicare, a retroactive adjustment could occur if certain performance standards are not attained by all hospitals on a statewide basis The impact, if any, of any retroactive adjustment of the Medicare prospective payment system, should hospitals in Maryland become subject to such system, on future operations of the Group, has not been determined

3. Regulatory Environment (continued)

HSCRC

The Hospital's rate structure for all hospital-based services is subject to review and approval by the Maryland Health Services Cost Review Commission (HSCRC) Under the HSCRC rate-setting system, the Hospital's inpatient charges are subject to an inpatient charge per case target (the Charge Per Case Target) Under the charge per case target methodology, the Hospital monitors its average charge per case compared to HSCRC case mix adjusted targets on a monthly basis The Charge Per Case (CPC) Target is adjusted annually for inflation, case mix changes and other factors

Beginning in fiscal year 2011, the HSCRC adjusted its Charge Per Case policy and removed one-day stay (ODS) cases from the Hospital's case mix and charge per case revenue ODS cases are now reimbursed on approved HSCRC charges rather than under the case mix adjusted CPC target

Also beginning in fiscal year 2011, the Commission implemented the Charge Per Visit (CPV) methodology for certain outpatient services Using fiscal year 2010 as the base period, the actual average 2011 CPV is compared with the base period target Similar to the CPC target, the CPV target is adjusted annually for inflation, case mix changes and other factors The outpatient services that are excluded from the CPV methodology are reimbursed on approved HSCRC charges

The Hospital's policy is to recognize revenue based on actual charges for services to patients in the year in which the services are performed The Hospital's revenues may be subject to adjustment as a result of examination by government agencies or contractors, and as a result of differing interpretation of government regulations, medical diagnosis, charge coding, medical necessity, or other contract terms The resolution of these matters, if any, often is not finalized until subsequent to the period during which the services were rendered

4. Investments

Investments, consisting of assets whose use is limited and other, are stated at fair value Borrowed funds which are required to be expended on specified capital projects under MHHEFA revenue bond agreements are classified as "other-than-trading " All other investments and assets whose use is limited are classified as trading securities

	June 30	
	2011	**2010**
Assets whose use is limited		
Endowment assets		
Cash and cash equivalents	**$ 1,086,000**	$ 1,056,000
Equity mutual funds	**10,003,000**	7,126,000
Fixed income mutual funds	**3,972,000**	4,220,000
	15,061,000	12,402,000
Amounts held by trustee		
Cash and cash equivalents	**19,971,000**	10,180,000
U S Government obligations	**27,787,000**	76,394,000
	47,758,000	86,574,000
Amounts held by Cottage Insurance Company, Ltd , a captive insurance subsidiary		
Cash and cash equivalents	**2,707,000**	2,730,000
Equity mutual funds	**9,344,000**	6,372,000
Fixed income mutual funds	**18,489,000**	14,856,000
	30,540,000	23,958,000
Total assets whose use is limited	**93,359,000**	122,934,000
Less current portion	**9,329,000**	6,623,000
	$ 84,030,000	$ 116,311,000

4. Investments (continued)

	June 30 2011	2010
Amounts held by counterparty as collateral for interest rate swap		
Cash and cash equivalents	**$ 32,090,000**	$ 41,819,000
	$ 32,090,000	$ 41,819,000
Amounts held by trustee are broken down as follows		
Bond indenture	**$ 47,758,000**	$ 86,574,000
Other investments		
Cash and cash equivalents	**$ 5,869,000**	$ 3,456,000
Equity mutual funds	**104,360,000**	82,220,000
Fixed income mutual funds	**99,841,000**	92,365,000
	210,070,000	178,041,000
Less short-term investments	**5,834,000**	3,425,000
Investments	**$ 204,236,000**	$ 174,616,000

Investment income, net of investment fees, and gains (losses) for assets whose use is limited and other investments are comprised of the following

	June 30 2011	2010
Income		
Interest income, net	**$ 6,500,000**	$ 5,907,000
Realized (losses) gains, net	**(43,000)**	1,924,000
	$ 6,457,000	$ 7,831,000
Change in unrealized gains on trading securities, net	**$ 29,333,000**	$ 19,835,000

5. Fair Value Measurements

ASC 820, *Fair Value Measurements and Disclosures*, defines fair value, establishes a framework for measuring fair value in accordance with U S generally accepted accounting principles, and expands disclosures about fair value measurements The System adopted the provisions of ASC 820 for its financial assets and liabilities on July 1, 2008 and for its nonfinancial assets and liabilities on July 1, 2009 (see Note 13)

ASC 820 requires that the fair value of derivative contracts include adjustments related to the credit risks of both parties associated with the derivative transactions The fair value of the Group's derivative contracts reflected in the accompanying consolidated financial statements include adjustments related to the credit risks of the parties to the transactions

ASC 820 establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value These tiers include *Level 1* – defined as observable inputs such as quoted prices in active markets, *Level 2* – defined as inputs other than quoted prices in active markets that are either directly or indirectly observable, and *Level 3* – defined as unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own assumptions

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values Furthermore, while the Group believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date

5. Fair Value Measurements (continued)

The following tables present the fair value hierarchy for the Group's financial assets and liabilities measured at fair value on a recurring basis at June 30, 2011 and 2010

June 30, 2011	Total	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
Assets				
Cash and cash equivalents	$ 33,378,000	$ 27,358,000	$ 6,020,000	$ –
Trading securities and other assets whose use is limited				
Cash and cash equivalents	29,633,000	19,971,000	9,662,000	–
Equity funds	123,708,000	114,364,000	9,344,000	–
Fixed income funds	122,302,000	103,813,000	18,489,000	–
U S obligation funds	27,786,000	–	27,786,000	–
Total	303,429,000	238,148,000	65,281,000	–
Collateral for interest rate swap				
Cash and cash equivalents	32,090,000	32,090,000	–	–
Derivative instruments	1,843,000	–	1,843,000	–
Pledges receivable	16,424,000	–	–	16,424,000
Total assets	$ 387,164,000	$ 297,596,000	$ 73,144,000	$ 16,424,000
Liabilities				
Derivative instruments	$ (38,196,000)	$ –	$ (38,196,000)	$ –
Total liabilities	$ (38,196,000)	$ –	$ (38,196,000)	$ –

5. Fair Value Measurements (continued)

June 30, 2010	Total	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
Assets				
Cash and cash equivalents	$ 37,366,000	$ 31,354,000	$ 6,012,000	$ –
Trading securities and other assets whose use is limited				–
Cash and cash equivalents	17,422,000	10,180,000	7,242,000	–
Equity funds	95,719,000	89,347,000	6,372,000	–
Fixed income funds	111,439,000	96,583,000	14,856,000	–
U S obligation funds	76,394,000	–	76,394,000	–
Total	300,974,000	196,110,000	104,864,000	–
Collateral for interest rate swap				
Cash and cash equivalents	41,819,000	41,819,000	–	–
Derivative instruments	2,232,000	–	2,232,000	–
Pledges receivable	15,309,000	–	–	15,309,000
Total assets	$ 397,700,000	$ 269,283,000	$ 113,108,000	$ 15,309,000
Liabilities				
Derivative instruments	$ (47,510,000)	$ –	$ (47,510,000)	$ –
Total liabilities	$ (47,510,000)	$ –	$ (47,510,000)	$ –

The Group's Level 1 securities primarily consist of U S Treasury securities, exchange-traded mutual funds and cash The Group determines the estimated fair value for its Level 1 securities using quoted (unadjusted) prices for identical assets or liabilities in active markets

The Group's Level 2 securities primarily consist of U S government sponsored entities bonds and money market funds The Group determines the estimated fair value for these Level 2 securities using the following methods quoted prices for similar assets/liabilities in active markets, quoted prices for identical or similar assets in non-active markets (few transactions, limited information, non-current prices, high variability over time), inputs other than quoted prices that are observable for the asset/liability (e g , interest rates, yield curves volatilities, default rates, etc), and inputs that are derived principally from or corroborated by other observable market data

5. Fair Value Measurements (continued)

The Group's Level 2 securities also consist of derivative instruments, which are reported using valuation models commonly used for derivatives Valuation models require a variety of inputs, including contractual terms, market fixed prices, inputs from forward price yield curves, notional quantities, measures of volatility and correlations of such inputs

The Group's Level 3 securities consist of pledges receivable which are measured at fair value on a non-recurring basis and are discounted to net present value upon receipt using an appropriate risk-free discount rate based on the term of the receivable Pledges receivable are recorded net of an allowance for uncollectible pledges The following table provides a reconciliation of the beginning and ending balances of pledges receivable at fair value on a non-recurring basis that used significant unobservable inputs

	Year Ended June 30	
	2011	**2010**
Pledges receivable		
Balance at July 1	**$ 15,309,000**	$ 15,782,000
New pledges	**7,495,000**	7,582,000
Collections on pledges	**(6,082,000)**	(7,956,000)
Write-off of pledges	**(252,000)**	(159,000)
Changes in reserves	**(46,000)**	60,000
Balance at June 30	**$ 16,424,000**	$ 15,309,000

6. Long-Term Debt and Lines of Credit

Long-term debt consists of the following

	Interest Rate	Maturity Dates	June 30 2011	2010
Maryland Health and Higher Educational Facilities Authority Revenue Bonds – Series 2010	3.0 – 5.0%	2011 – 2040	**$ 85,410,000**	$ 85,410,000
Maryland Health and Higher Educational Facilities Authority Revenue Bonds – Series 2009A	4.0 – 6.75%	2013 – 2040	**120,000,000**	120,000,000
Maryland Health and Higher Educational Facilities Authority Revenue Bonds – Series 2009B	Variable	2041 – 2044	**60,000,000**	60,000,000
Maryland Health and Higher Educational Facilities Authority Revenue Bonds – Series 2004A	2.0 – 5.0%	2006 – 2035	**22,445,000**	22,995,000
Maryland Health and Higher Educational Facilities Authority Revenue Bonds – Series 1998	4.2 – 5.25%	2003 – 2033	**60,415,000**	61,785,000
2008 term loan from a bank	Variable	2018	**54,280,000**	55,000,000
Kent Island term loan from a bank	Variable	2015	**8,508,000**	8,836,000
Bank line of credit	Variable	2012	**1,528,000**	–
2008 construction loan from a bank	Variable	2018	**28,679,000**	29,441,000
			441,265,000	443,467,000
Less current portion of long-term debt			**7,770,000**	2,900,000
Less line of credit balance (current)			**1,528,000**	–
Less unamortized original issue discount			**6,303,000**	6,553,000
Long-term debt			**$ 425,664,000**	$ 434,014,000

These debt instruments are secured by the receipts of the Hospital and substantially all of the property and equipment of the consolidated group

6. Long-Term Debt and Lines of Credit (continued)

Principal payments due under all debt instruments as of June 30, 2011 are as follows

2012	$ 9,298,000
2013	8,122,000
2014	8,079,000
2015	8,462,000
2016	8,730,000
Thereafter	398,574,000
	$ 441,265,000

Series 2010 Revenue Bonds

In February 2010, the Hospital entered into a loan agreement with MHHEFA for the issuance of $85,410,000 of Series 2010 Revenue Bonds (referred to as the 2010 Bonds) The proceeds of the 2010 Bonds were used to repay the Series 2004B Bonds and Dedicated Financing previously provided by the Authority and are being used to finance the expansion of the parking garage for the Hospital's acute care pavilion The 2010 Bonds provide for annual principal payments each July 1, from 2011 through 2040 Interest is payable semi-annually on each July 1 and January 1, beginning July 1, 2010 The 2010 Bonds bear stated interest at rates of 3 00% to 5 00%, and were issued at an original issue discount of $1,507,000 The effective annual interest rates for the 2010 Bonds for the years ended June 30, 2011 and 2010 were 4 80% and 4 36%, respectively

The provisions of the 2010 Bonds, together with the 2009 Bonds, 2004 Bonds and the 1998 Bonds, require the Parent and subsidiaries to comply with certain covenants on an annual basis, including a debt service coverage requirement, a debt to capitalization requirement and a liquidity requirement

Series 2009 Revenue Bonds

In January 2009, the Hospital entered into a loan agreement with MHHEFA for the issuance of $120,000,000 Series 2009A Revenue Bonds (the 2009A Bonds) and in February 2009, $60,000,000 Series 2009B Revenue Bonds (the 2009B Bonds) (collectively referred to as the 2009 Bonds) The proceeds of the 2009 Bonds are being used to finance a portion of the costs of construction of an eight-story patient care building, two new parking garages and certain costs relating to the issuance The 2009A Bonds provide for annual principal payments each July 1,

6. Long-Term Debt and Lines of Credit (continued)

from 2012 through 2039 Interest is payable semi-annually on each July 1 and January 1, beginning July 1, 2009 The 2009B Bonds provide for annual principal payments each July 1, from 2040 through 2043 Interest is payable semi-annually on each July 1 and January 1, beginning July 1, 2009 The 2009A Bonds bear stated interest at rates of 4 00% to 6 75% The 2009A Bonds were issued at an original issue discount of $4,817,000 The effective annual interest rates for the 2009A Bonds for the years ended June 30, 2011 and 2010 were 6 71% and 6 57%, respectively The 2009B Bonds bear interest at variable rates, as set forth in the loan agreement The maximum interest rate is 12% for the 2009B Bonds The effective annual interest rates for the 2009B Bonds for the years ended June 30, 2011 and 2010 were 0 16% and 0 28%, respectively The principal and interest payments on the Series 2009B Bonds are secured by a letter of credit equal to the original principal of the bonds plus an amount equal to 40 days' interest thereon, calculated at the maximum rate The current letter of credit expires in May 2016 Under certain circumstances, the Hospital would need to fully redeem the 2009B Bonds upon expiration of the letter of credit, unless a conforming replacement letter of credit was secured prior to such expiration The Hospital, the Parent and HCS are members of the obligated group for the 2009 Bonds

Series 2004 Revenue Bonds

In February 2004, the Hospital entered into a loan agreement with MHHEFA for the issuance of $25,570,000 Series 2004A Revenue Bonds (the 2004A Bonds), and $64,250,000 Series 2004B Revenue Bonds (the 2004B Bonds) (collectively referred to as the 2004 Bonds) The proceeds of the 2004A and 2004B Bonds were used to finance and refinance the costs of acquisition, construction, renovation and equipping of the 2004 Project, to repay certain debt, to fund debt service reserve requirements, and to pay certain other costs relating to the issuance The 2004 Project included renovations to the Hospital's Cancer Center together with new furnishings and equipment, acquisition of 21 acres of land and acquisition and installation of capital equipment and furnishings Concurrent with the issuance of the 2004 Bonds, the Parent and HCS became members of the obligated group for the 2004 Bonds and the 1998 Bonds

In February 2010, the 2004B Bonds were extinguished through an advance refunding financed by proceeds from the 2010 Bonds The remaining unamortized deferred financing costs and premium totaling $1,967,000 were written off upon extinguishment of the 2004B Bonds and recorded as a loss on extinguishment of debt in the accompanying consolidated statements of operations and changes in net assets for the year ended June 30, 2010

6. Long-Term Debt and Lines of Credit (continued)

The 2004A Bonds provide for annual principal payments each July 1, from 2005 through 2034 Interest is payable semiannually on each July 1 and January 1 The effective annual interest rates for the 2004A Bonds for the years ended June 30, 2011 and 2010 were 4 38% and 4 39%, respectively

Series 1998 Revenue Bonds

In August 1998, the Hospital and its subsidiaries entered into a loan agreement with MHHEFA for the issuance of $69,840,000 of Series 1998 Revenue Bonds (the 1998 Bonds) The proceeds were used to finance the acquisition, construction and equipping of a new replacement hospital, the renovation and equipping of certain existing facilities, the purchase of capital equipment and the payment of certain other costs relating to the issuance

The 1998 Bonds provide for annual principal payments each July 1, from 2002 through 2032 Interest is payable semiannually on each July 1 and January 1 The effective annual interest rates were 5 15% and 5 16% for fiscal 2011 and 2010, respectively

In connection with the issuance of the 2010 Bonds, 2009 Bonds, the 2004 Bonds and the 1998 Bonds (collectively, the Bonds), certain funds were established to be held and invested by a trustee

- Amounts deposited in the Debt Service Funds are to be used to satisfy the Bonds' semiannual interest and annual principal payment requirements Interest earnings on these funds are accumulated therein to reduce future payments by the Group

- Prescribed amounts deposited in the Debt Service Reserve Funds are to be used to fund debt payments in the later years of the Bonds

- Amounts deposited in the Construction Fund are to be used to pay approved costs of the capital projects financed by the 2009 and 2010 Bonds

- Amounts deposited in the Capitalized Interest Fund represent borrowings able to be used to fund certain interest costs during the construction period relating to the capital projects financed by the 2009 and 2010 Bonds

6. Long-Term Debt and Lines of Credit (continued)

The related balances are included in assets whose use is limited and consist of the following

	June 30 2011	2010
Debt service funds	**$ 15,988,000**	$ 18,141,000
Debt service reserve funds	**20,827,000**	20,785,000
Construction fund and capitalized interest fund	**10,943,000**	47,648,000
	$ 47,758,000	$ 86,574,000

Bank Line of Credit and Term Loan

The Hospital maintains a line of credit with a bank, and increased the amount of available credit to $30,000,000 during 2011, from $15,000,000 as of June 30, 2010 The agreement with the bank is reviewed for renewal on February 28 of each year Interest on any borrowings accrues at the One Month London Interbank Offered Rate (LIBOR) plus 1 5% At June 30, 2011, the Group has borrowed $1,528,000 on the line of credit The effective interest rate for the year ended June 30, 2011 was 2 46%

On October 23, 2008, the Real Estate Company secured a term loan in the amount of $55,000,000 with a bank The proceeds from the term loan were used to refinance line of credit proceeds and fund certain construction costs related to a medical office building The loan bears interest at a variable rate, based on the LIBOR Market Index Rate plus 1 25% The term loan has a final maturity of November 5, 2018 The effective annual interest rates for the years ended June 30, 2011 and 2010 were 1 66% and 1 53%, respectively

6. Long-Term Debt and Lines of Credit (continued)

2008 Construction Loan

On October 23, 2008, the Real Estate Company entered into a construction loan in the amount of $30,000,000 with a bank to fund the construction of a medical office building The loan was issued under the same loan agreement as the term loan discussed in the immediately preceding paragraph The debt is secured by the medical office building Interest only is due during the construction period at a rate equal to the LIBOR Market Index Rate plus 1 25% The loan converted to a term loan after the completion of the construction in July 2009 The term loan provides for monthly principal and interest payments, and has a final maturity of November 5, 2018 The effective annual interest rates for the years ended June 30, 2011 and 2010 were 1 34% and 1 40%, respectively

Dedicated Funding Program

In January 2006, the Hospital entered into a master lease agreement with MHHEFA whereby the Hospital could draw up to $15,000,000 for the purpose of completing various hospital renovations The interest on this debt was variable, based upon the USD – BMA Municipal Swap Index During the year ended June 30, 2010, $129,000 in interest expense was recognized related to this debt The effective average interest rate was 0 9% for fiscal 2010 All amounts advanced under this agreement were paid with proceeds from the 2010 Bonds

Kent Island Term Loan

In August 2007, KIMA entered into a construction loan agreement with a bank in the amount of $9,000,000 that would convert to a term loan after the completion of the construction The proceeds were used to construct a medical office building The debt is secured by the medical office building Interest only was due during the construction period at a rate of the 30-day LIBOR rate plus 1 0% The construction was completed in June 2008 The term loan provides for monthly principal and interest payments, and has a final maturity of June 2015 The effective annual interest rates for the years ended June 30, 2011 and 2010 were 1 12% and 1 07%, respectively

7. Capital Lease Obligations

The Group has entered into capital lease agreements for certain medical equipment and software at a cost of $8,257,000 as of June 30, 2011 and 2010 Accumulated amortization on these assets was $3,225,000 and $2,324,000 as of June 30, 2011 and 2010, respectively Future payments under these capital lease obligations are as follows

2012	$ 1,443,000
2013	1,164,000
2014	991,000
2015	82,000
Total payments	3,680,000
Less amount deemed to represent interest	223,000
	3,457,000
Less current portion	1,303,000
	$ 2,154,000

8. Pension Plan and Thrift Plan

The Hospital has a qualified noncontributory, defined benefit pension plan that covers substantially all employees The Group's policy is to fund pension costs as determined by its actuary Adopted by the Board of Trustees on June 11, 2009 and effective September 1, 2009, the Hospital amended the plan to freeze future benefit accruals, and participants have not earned any additional benefits under the Plan since that date However, subsequent to September 1, 2009, participants have continued to vest in benefits they have earned through September 1, 2009 The frozen benefit balance for the participants will only accrue interest credits until the participants' benefit commencement dates Balances below reflect the impact of the plan freeze effective September 1, 2009

FASB ASC 715, *Compensation – Retirement Benefits*, requires the Group to recognize the funded status (i e , the difference between the fair value of plan assets and the projected benefit obligations) of its pension plan on its consolidated balance sheet, with a corresponding adjustment to unrestricted net assets The pension liability adjustment to unrestricted net assets represents the change in net unrecognized actuarial losses, and unrecognized prior service costs which have not yet been recognized as part of revenues and gains in excess of expenses These amounts are subsequently recognized as net periodic pension cost pursuant to the Group's historical accounting policy for amortizing such amounts

8. Pension Plan and Thrift Plan (continued)

The reconciliation of the beginning and ending balances of the projected benefit obligation and the fair value of plan assets for the years ended June 30, 2011 and 2010 and the accumulated benefit obligation at June 30, 2011 and 2010 is as follows

	June 30	
	2011	**2010**
Accumulated benefit obligation	**$ 96,341,000**	$ 97,422,000
Change in projected benefit obligation		
Projected benefit obligation at beginning of year	**$ 97,422,000**	$ 83,215,000
Service cost	**–**	815,000
Interest cost	**5,373,000**	5,309,000
Actuarial (gain) loss	**(1,892,000)**	11,528,000
Benefits paid	**(4,562,000)**	(3,445,000)
Projected benefit obligation at end of year	**96,341,000**	97,422,000
Change in plan assets		
Fair value of plan assets at beginning of year	**65,274,000**	56,798,000
Actual return on plan assets	**12,013,000**	6,559,000
Employer contribution	**4,000,000**	5,362,000
Benefits paid	**(4,562,000)**	(3,445,000)
Fair value of plan assets at end of year	**76,725,000**	65,274,000
Net liability recognized	**$ (19,616,000)**	$ (32,148,000)

8. Pension Plan and Thrift Plan (continued)

	June 30	
	2011	**2010**
Net amounts recognized in the consolidated balance sheets consist of		
Accrued pension costs	**$ (19,616,000)**	$ (32,148,000)
Amounts recognized in accumulated unrestricted net assets consist of		
Net actuarial loss	**$ 32,508,000**	$ 41,040,000

The following table sets forth the weighted-average assumptions used to determine benefit obligations

	June 30	
	2011	**2010**
Discount rate	**5.80%**	5 60%
Rate of compensation increase	**N/A**	N/A

The following table sets forth the weighted-average assumptions used to determine net periodic benefit cost

	Year Ended June 30	
	2011	**2010**
Discount rate	**5.60%**	6 25%
Expected return on plan assets	**8.00**	8 00
Rate of compensation increase	**N/A**	N/A

8. Pension Plan and Thrift Plan (continued)

Net periodic pension (credit) cost included the following components

	June 30	
	2011	**2010**
Service cost	**$ –**	$ 815,000
Interest cost	**5,373,000**	5,309,000
Expected return on plan assets	**(6,019,000)**	(5,771,000)
Amortization of prior service cost	**–**	37,000
Recognized net actuarial loss	**581,000**	518,000
Net periodic benefit (credit) cost	**$ (65,000)**	$ 908,000

The estimated net loss that is expected to be amortized from other changes in unrestricted net assets into net periodic benefit cost for the year ending June 30, 2012 is $583,000

The Hospital's defined benefit plan invests in a diversified mix of traditional asset classes Investments in certain types of U S equity securities and fixed income securities are made to maximize long-term results while recognizing the need for adequate liquidity to meet on-going benefit and administrative obligations Risk tolerance of unexpected investment and actuarial outcomes is continually evaluated by understanding the pension plan's liability characteristics Equity investments are used primarily to increase overall plan returns Debt securities provide diversification benefits and liability hedging attributes that are desirable, especially in falling interest rate environments

The Hospital's target asset allocation percentages as of June 30, 2011 were as follows 21% large cap domestic stocks, 9% small cap domestic stocks, 22 5% international stocks, 7 5% emerging market stocks, 35% U S investment grade bonds, and 5% high-yield bonds

8. Pension Plan and Thrift Plan (continued)

The following tables present the fair value hierarchy of assets of the defined benefit pension plan at June 30, 2011 and 2010, respectively

	Total	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
June 30, 2011				
Assets				
Cash and cash equivalents	**$ 1,910,000**	**$ 85,000**	**$ 1,825,000**	$ –
Mutual funds				
Equity	**29,100,000**	**29,100,000**	–	–
Corporate bonds	**3,782,000**	**3,782,000**	–	–
Government bonds	**24,338,000**	**24,338,000**	–	–
International equity	**17,595,000**	**17,595,000**	–	–
Total	**$ 76,725,000**	**$ 74,900,000**	**$ 1,825,000**	$ –

	Total	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
June 30, 2010				
Assets				
Cash and cash equivalents	$ 8,540,000	$ 83,000	$ 8,457,000	$ –
Mutual funds				
Equity	24,907,000	24,907,000	–	–
Corporate bonds	3,059,000	3,059,000	–	–
Government bonds	22,901,000	22,901,000	–	–
International equity	5,867,000	5,867,000	–	–
Total	$ 65,274,000	$ 56,817,000	$ 8,457,000	$ –

8. Pension Plan and Thrift Plan (continued)

Level 1 securities primarily consist of exchange-traded mutual funds Level 2 securities primarily consist of money market funds Methods consistent with those discussed in Note 5 are used to estimate the fair values of these securities

The overall rate of expected return on assets assumption was based on historical returns, with adjustments made to reflect expectations of future returns The extent to which the future expectations were recognized considered the target rates of return for the future, which have historically not changed

The Hospital does not have any regulatory contribution requirements, however, the Hospital currently intends to make voluntary contributions to the defined benefit pension plan of $4,000,000 in fiscal 2012

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

2012	$ 6,735,000
2013	6,029,000
2014	6,406,000
2015	6,262,000
2016	5,586,000
2017–2021	29,862,000

In addition to the noncontributory, defined benefit pension plan, the Hospital also offers an employee thrift plan Participation in the plan is voluntary Substantially all full-time employees of the Hospital are eligible to participate Employees may elect to contribute a minimum of 1% of compensation, and a maximum amount as determined by Sections 403(b) and 415 of the Internal Revenue Code Any employee making contributions to the plan is entitled to a Hospital contribution that will match the employee contribution at the rate of 50% to 75%, depending on the number of years of service, up to a maximum of 4% of qualified compensation The Hospital temporarily suspended matching contributions during fiscal 2010 Matching contributions under this thrift plan were $2,491,000 in fiscal 2011

9. Concentrations of Credit Risk

Certain members of the Group grant credit without collateral to their patients, most of whom are local residents and are insured under third-party payor agreements The mix of receivables from patients and third-party payors was as follows

	June 30	
	2011	**2010**
Medicare	**28%**	28%
Medicaid	**4**	3
Blue Cross	**25**	26
Health maintenance organizations	**18**	18
Commercial and other	**11**	11
Patients	**14**	14
	100%	100%

10. Malpractice Insurance Costs and Self-Insured Professional Liability

Until August 1, 1998, the Group maintained insurance coverage for general and professional liability claims on a claims-made basis The professional liability coverage included a per-case deductible of $250,000, up to a maximum out-of-pocket amount of $750,000 annually Effective August 1, 1998, the Group changed its professional liability coverage to a full coverage claims-made policy with no annual deductibles This policy included tail coverage for claims incurred prior to August 1, 1998, but reported subsequently Effective August 1, 2002, the Group changed its professional liability coverage back to a claims-made policy with a per-case deductible of $250,000, up to a maximum out-of-pocket amount of $750,000 annually Also, the Group did not purchase tail coverage for claims incurred prior to August 1, 2002 not yet reported

Effective March 1, 2004, the Group changed its professional liability coverage to a self-insurance trust with annual exposure limits of $2,000,000 per claim and $11,000,000 in aggregate The Group carried an excess liability insurance policy for claims above these limits

10. Malpractice Insurance Costs and Self-Insured Professional Liability (continued)

Effective July 1, 2005, Cottage was formed as a captive insurer to provide professional liability insurance for the Group Cottage is a wholly owned subsidiary of the System which was formed in the Cayman Islands The primary layer of professional and general liability insurance coverage is self-insured through Cottage and the secondary layer is fully reinsured through a commercial carrier

For the period July 1, 2005 to June 30, 2009, Cottage issued claims-made policies covering hospital professional liability (including employed physicians) and on an occurrence basis, comprehensive general liability risks of the Parent and certain affiliates Policy limits were $2,000,000 per claim with a $9,000,000 policy aggregate Effective July 1, 2005, Cottage assumed existing liabilities from the System's self-insured trust discussed above on a claims made basis Effective July 1, 2009, Cottage issued a claims-made policy providing $2,000,000 per claim hospital professional liability coverage and $1,000,000 per claim comprehensive general liability coverage, subject to a consolidated annual aggregate limit of $10,000,000

For the period July 1, 2005 to June 30, 2008, Cottage also issued an excess umbrella coverage policy (covering hospital professional liability) with limits of $20,000,000 per claim and in the policy aggregate For claims reported on and subsequent to July 1, 2008, the coverage limit provided is $30,000,000 per claim and in the policy aggregate These excess limits are excess of the primary policy, and the umbrella policies are 100% reinsured with third-party commercial reinsurers

The provision for estimated professional liability claims, general liability claims and workers' compensation claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported As of June 30, 2011 and 2010, the balance for outstanding claims reserves recorded at Cottage is $21,372,000 and $18,694,000, respectively The remaining tail liability for claims incurred but not reported is $6,561,000 and $6,520,000 as of June 30, 2011 and 2010 with $5,270,000 of the 2011 liability, and $5,169,000 of the 2010 liability recorded at the Hospital The remainder of the liability is recorded at PE The Group has employed an independent actuary to estimate the ultimate settlement of such claims In management's opinion, the amounts recorded provide an adequate reserve for loss contingencies However, changes in circumstances affecting professional liability claims could cause these estimates to change by material amounts in the short term

11. Commitments and Contingencies

Operating Leases

Various members of the Group have operating leases for storage space, equipment and offices During 2011 and 2010, rent expense on these leases was approximately $7,880,000 and $6,760,000, respectively Future minimum annual rental payments under noncancelable operating leases, which expire through 2019, are as follows

2012	$ 8,115,000
2013	7,427,000
2014	6,097,000
2015	4,192,000
2016	3,370,000
Thereafter	3,773,000
	$ 32,974,000

Contracted Construction Commitments

Members of the Group have future construction commitments with outside contractors for various projects totaling $9,406,000 and $33,177,000 as of June 30, 2011 and 2010, respectively

Contingencies

Members of the Group have been named as defendants in various legal proceedings arising from the performance of their normal activities In the opinion of management, after consultation with legal counsel and after consideration of applicable insurance, the amount of the Group's ultimate liability under all current legal proceedings will not have a material adverse effect on its consolidated financial position or results of operations

12. Functional Expenses

Members of the Group provide general health care services to residents within their service area Expenses related to providing these services are as follows

	2011	2010
Health care services	**$ 429,288,000**	$ 384,872,000
General and administrative	**75,396,000**	74,545,000
	$ 504,684,000	$ 459,417,000

13. Fair Value of Financial Instruments

The carrying amounts of cash and cash equivalents, patient receivables, prepaid expenses and other current assets, accounts payable, accrued salaries, wages and benefits, other accrued expenses and advances from third-party payors approximate fair value, given the short-term nature of these financial instruments and/or their methods of valuation The following methods and assumptions were used by the Group in estimating the fair value of other financial instruments

Investments and Assets Whose Use Is Limited

Fair values are based on quoted market prices, if available, or estimated using quoted market prices for similar securities

Pledges Receivable

The Group estimates that the carrying value of pledges receivable approximates fair value, given the discount rates applied

Long-Term Debt

Fair values of the Group's fixed rate long-term debt are established using discounted cash flow analyses, based on the Group's current incremental borrowing rates for similar types of borrowing arrangements The carrying amount of the Group's variable rate long-term debt approximates fair value The estimated fair value of all long-term debt at June 30, 2011 and 2010 was approximately $453,564,000 and $458,648,000, respectively

14. Temporarily Restricted Net Assets

At June 30, 2011 and 2010, temporarily restricted net assets are restricted for use, as follows

	2011	2010
Hospital capital additions	**$ 16,939,000**	$ 16,002,000
Hospital operating programs	**3,144,000**	688,000
	$ 20,083,000	$ 16,690,000

15. Acquisition

In July 2009, HCE purchased assets and assumed certain liabilities from Orthopaedic and Sports Medicine Center, L L C (OSMC) for $2,316,000, resulting in the formation of the OPA entity, which is recorded under PE on the Group's consolidated financial statements (see Note 1) OSMC was comprised of 15 physicians whom are now employed by the System The assets purchased were medical and office equipment and tenant improvements The assumed liabilities were associated with tail coverage for the physicians' professional liability insurance, the build out of the office locations, and the purchase of a billing system and certain other liabilities In addition to the professional services, the System acquired the ancillary services of OSMC which include physical therapy, radiology imaging, and orthotics In connection with this acquisition, approximately $1 5 million of goodwill was recognized and included in other assets on the consolidated balance sheet

16. Subsequent Events

The Group has evaluated the impact of subsequent events through October 4, 2011, representing the date at which the consolidated financial statements were issued

Other Financial Information

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Report of Independent Auditors on Other Financial Information

Board of Trustees of
Anne Arundel Health System, Inc

Our audit was conducted for the purpose of forming an opinion on the June 30, 2011 consolidated financial statements taken as a whole The June 30, 2011 supplementary consolidating information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements Such information has been subjected to the auditing procedures applied in our audit of the June 30, 2011 consolidated financial statements and, in our opinion, based on our audit and the report of other auditors, is fairly stated in all material respects in relation to the June 30, 2011 consolidated financial statements taken as a whole

Ernst & Young LLP

October 4, 2011

Anne Arundel Health System, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet

June 30, 2011

	Anne Arundel Health System, Inc	Anne Arundel Medical Center, Inc and Subsidiaries	Anne Arundel Health Care Enterprises, Inc	Anne Arundel Real Estate Holding Company, Inc and Subsidiaries	Cottage Insurance Company, Ltd	AAHS Research Institute, Inc	Physician Enterprise, LLC	Anne Arundel Medical Center Foundation, Inc	Consolidating and Eliminating Entries: Cottage Insurance Company, Ltd	Consolidating and Eliminating Entries: Other Subsidiaries	Consolidated
Assets											
Current assets											
Cash and cash equivalents	$ 289 000	$ 29 696 000	$ 3 000	$ 1 868 000	$ –	$ 34 000	$ 322 000	$ 1 166 000	$ –	$ –	$ 33 378 000
Short-term investments	–	4 744 000	–	–	–	–	–	1 090 000	–	–	5 834 000
Current portion of assets whose use is limited	–	6 622 000	–	–	2 707 000	–	–	–	–	–	9 329 000
Patient receivables net	–	57 708 000	–	–	–	–	3 741 000	–	–	–	61 449 000
Current portion of pledges receivable net	–	–	–	–	–	–	–	5 145 000	–	–	5 145 000
Inventories	–	7 944 000	94 000	–	–	–	–	–	–	–	8 038 000
Prepaid expenses and other current assets	–	44 074 000	1 264 000	1 687 000	40 000	35 000	2 000	13 000	(5 000 000)	(30 038 000) [1][4]	12 077 000
Total current assets	289 000	150 788 000	1 361 000	3 555 000	2 747 000	69 000	4 065 000	7 414 000	(5 000 000)	(30 038 000)	135 250 000
Property and equipment	–	607 610 000	8 619 000	131 603 000	–	67 000	–	247 000	–	–	748 146 000
Less accumulated depreciation and amortization	–	(191 961 000)	(4 383 000)	(29 256 000)	–	(24 000)	–	(207 000)	–	–	(225 831 000)
Net property and equipment	–	415 649 000	4 236 000	102 347 000	–	43 000	–	40 000	–	–	522 315 000
Other assets											
Investments	–	202 516 000	–	–	–	–	–	1 720 000	–	–	204 236 000
Investments in joint ventures	–	–	1 070 000	2 216 000	–	–	–	–	–	–	3 286 000
Pledges receivable net	–	–	–	–	–	–	–	11 279 000	–	–	11 279 000
Assets whose use is limited	–	41 794 000	–	–	27 833 000	–	–	14 403 000	–	–	84 030 000
Deferred debt issue costs net	–	7 430 000	–	427 000	–	–	–	–	–	–	7 857 000
Beneficial interest in net assets of AAMC Foundation Inc	–	32 332 000	–	–	–	–	–	–	–	(32 332 000) [3]	–
Restricted collateral for interest rate swap contracts	–	32 090 000	–	–	–	–	–	–	–	–	32 090 000
Investment in subsidiaries and other assets	400 847 000	21 000 000	–	–	8 576 000	–	1 224 000	321 000	–	(419 394 000) [1][2][4]	12 574 000
Total assets	$ 401 136 000	$ 903 599 000	$ 6 667 000	$ 108 545 000	$ 39 156 000	$ 112 000	$ 5 289 000	$ 35 177 000	$ (5 000 000)	$ (481 764 000)	$ 1 012 917 000

Anne Arundel Health System, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet (continued)

June 30, 2011

	Anne Arundel Health System, Inc	Anne Arundel Medical Center, Inc and Subsidiaries	Anne Arundel Health Care Enterprises, Inc	Anne Arundel Real Estate Holding Company, Inc and Subsidiaries	Cottage Insurance Company, Ltd	AAHS Research Institute, Inc	Physician Enterprise, LLC	Anne Arundel Medical Center Foundation, Inc	Consolidating and Eliminating Entries		Consolidated
									Cottage Insurance Company, Ltd	Other Subsidiaries	
Liabilities and net assets											
Current liabilities											
Accounts payable	$ –	$ 24 968 000	$ 7 420 000	$ 327 000	$ 5 071 000	$ 3 162 000	$ 17 430 000	$ 2 186 000	$ (5 000 000)	$ (29 517 000) [1]	26 047 000
Accrued salaries wages and benefits	–	22 071 000	801 000	–	–	–	3 153 000	–	–	–	26 025 000
Other accrued expenses	–	14 387 000	6 000	775 000	3 535 000	–	–	659 000	–	–	19 362 000
Line of credit	–	1 528 000	–	–	–	–	–	–	–	–	1 528 000
Current portion of long-term debt and capital lease	–	5 883 000	–	3 710 000	–	–	–	–	–	(520 000) [4]	9 073 000
Advances from third-party payors	–	22 053 000	–	–	–	–	–	–	–	–	22 053 000
Total current liabilities	–	90 890 000	8 227 000	4 812 000	8 606 000	3 162 000	20 583 000	2 845 000	(5 000 000)	(30 037 000)	104 088 000
Long-term debt and capital lease obligations less current portion and unamortized original issue discount	–	339 542 000	–	94 514 000	–	–	–	–	–	(6 238 000) [4]	427 818 000
Interest rate swap contracts	–	38 196 000	–	–	–	–	–	–	–	–	38 196 000
Accrued pension liability	–	19 616 000	–	–	–	–	–	–	–	–	19 616 000
Other long-term liabilities	–	2 016 000	–	12 310 000	17 837 000	–	2 212 000	–	–	(12 310 000) [1]	22 065 000
Total liabilities	–	490 260 000	8 227 000	111 636 000	26 443 000	3 162 000	22 795 000	2 845 000	(5 000 000)	(48 585 000)	611 783 000
Net assets											
Unrestricted	369 343 000	381 546 000	(1 560 000)	(3 091 000)	12 713 000	(3 050 000)	(17 506 000)	1 181 000	–	(370 234 000) [2][7]	369 342 000
Temporarily restricted	20 084 000	20 084 000	–	–	–	–	–	20 084 000	–	(40 169 000) [2][7]	20 083 000
Permanently restricted	11 709 000	11 709 000	–	–	–	–	–	11 067 000	–	(22 776 000) [2][7]	11 709 000
Total net assets	401 136 000	413 339 000	(1 560 000)	(3 091 000)	12 713 000	(3 050 000)	(17 506 000)	32 332 000	–	(433 179 000)	401 134 000
Total liabilities and net assets	$ 401 136 000	$ 903 599 000	$ 6 667 000	$ 108 545 000	$ 39 156 000	$ 112 000	$ 5 289 000	$ 35 177 000	$ (5 000 000)	$ (481 764 000)	$ 1 012 917 000

Anne Arundel Health System, Inc. and Subsidiaries

Supplementary Consolidating Schedule of Revenues, Expenses, Gains and Losses

June 30, 2011

	Anne Arundel Health System, Inc	Anne Arundel Medical Center, Inc and Subsidiaries	Anne Arundel Health Care Enterprises, Inc	Anne Arundel Real Estate Holding Company, Inc and Subsidiaries	Cottage Insurance Company, Ltd	AAHS Research Institute, Inc	Physician Enterprise, LLC	Anne Arundel Medical Center Foundation, Inc	Consolidating and Eliminating Entries		Consolidated
									Cottage Insurance Company, Ltd	Other Subsidiaries	
Operating revenue											
Net patient service revenue	$ –	$ 452 477 000	$ –	$ –	$ –	$ –	$ 45 208 000	$ –	$ –	$ –	$ 497 685 000
Other operating revenue	1 268 000	9 937 000	17 288 000	17 696 000	4 916 000	1 317 000	9 567 000	–	(4 916 000)	(35 692 000) (3)(6)	21 381 000
Total operating revenue	1 268 000	462 414 000	17 288 000	17 696 000	4 916 000	1 317 000	54 775 000	–	(4 916 000)	(35 692 000)	519 066 000
Operating expenses											
Salaries and wages	$ –	$ 163 867 000	$ 11 869 000	$ –	$ –	$ 1 056 000	$ 30 969 000	$ 721 000	$ –	$ (2 998 000) (3)	$ 205 484 000
Employee benefits	–	31 580 000	2 301 000	–	–	232 000	3 089 000	159 000	–	(659 000) (3)	36 702 000
Medical supplies and drugs	–	104 834 000	63 000	2 000	–	20 000	2 080 000	11 000	–	–	107 010 000
Purchased services	1 141 000	75 765 000	3 278 000	10 006 000	3 377 000	568 000	23 212 000	1 201 000	(4 916 000)	(31 928 000) (3)	81 704 000
Professional fees	–	13 039 000	–	–	–	10 000	–	–	–	(2 000) (3)	13 047 000
Depreciation and amortization	–	23 946 000	1 197 000	4 983 000	–	8 000	–	1 000	–	–	30 135 000
Interest	–	9 503 000	–	1 501 000	–	–	–	–	–	(105 000) (6)	10 899 000
Provision for bad debts	–	17 076 000	–	–	–	–	2 627 000	–	–	–	19 703 000
Total operating expenses	1 141 000	439 610 000	18 708 000	16 492 000	3 377 000	1 894 000	61 977 000	2 093 000	(4 916 000)	(35 692 000)	504 684 000
Operating income (loss)	127 000	22 804 000	(1 420 000)	1 204 000	1 539 000	(577 000)	(7 202 000)	(2 093 000)	–	–	14 382 000
Other income (loss)											
Investment income net	–	4 373 000	–	30 000	1 933 000	–	–	121 000	–	–	6 457 000
Income from joint ventures and other net	54 786 000	951 000	132 000	–	–	–	–	–	–	(54 786 000) (5)	1 083 000
Loss on extinguishment of debt	–	–	–	–	–	–	–	–	–	–	–
Change in unrealized gains on trading securities net	–	27 766 000	–	–	1 454 000	–	–	113 000	–	–	29 333 000
Realized and unrealized gains (losses) on interest rate swap contracts net	–	3 656 000	–	–	–	–	–	–	–	–	3 656 000
Total other income net	54 786 000	36 746 000	132 000	30 000	3 387 000	–	–	234 000	–	(54 786 000)	40 529 000
Revenues and gains in excess of (less than) expenses	$ 54 913 000	$ 59 550 000	$ (1 288 000)	$ 1 234 000	$ 4 926 000	$ (577 000)	$ (7 202 000)	$ (1 859 000)	$ –	$ (54 786 000)	$ 54 911 000

Anne Arundel Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet

June 30, 2011

	Anne Arundel Medical Center, Inc.	Anne Arundel Health Care Services, Inc.	Anne Arundel General Treatment Services, Inc.	Consolidating and Eliminating Entries	Consolidated
Assets					
Current assets					
Cash and cash equivalents	$ –	$ 29,695,000	$ 1,000	$ –	$ 29,696,000
Short-term investments	4,744,000	–	–	–	4,744,000
Current portion of assets whose use is limited	6,622,000	–	–	–	6,622,000
Patient receivables, net	54,676,000	2,488,000	544,000	–	57,708,000
Inventories	7,944,000	–	–	–	7,944,000
Due from affiliates, net	35,236,000	349,000	–	(547,000) (1)	35,038,000
Prepaid expenses and other current assets	8,926,000	107,000	3,000	–	9,036,000
Total current assets	118,148,000	32,639,000	548,000	(547,000)	150,788,000
Property and equipment	575,391,000	26,743,000	5,476,000	–	607,610,000
Less accumulated depreciation and amortization	(169,571,000)	(19,546,000)	(2,844,000)	–	(191,961,000)
Net property and equipment	405,820,000	7,197,000	2,632,000	–	415,649,000
Other assets					
Investments	202,516,000	–	–	–	202,516,000
Assets whose use is limited	41,794,000	–	–	–	41,794,000
Deferred debt issue costs, net	7,430,000	–	–	–	7,430,000
Beneficial interest in net assets of Anne Arundel Medical Center Foundation, Inc	32,332,000	–	–	–	32,332,000
Notes receivable from affiliate	6,238,000	–	–	–	6,238,000
Restricted collateral for interest rate swap contracts	32,090,000	–	–	–	32,090,000
Investments in subsidiaries and other assets, net	55,980,000	11,000	–	(41,229,000) (2)	14,762,000
Total assets	$ 902,348,000	$ 39,847,000	$ 3,180,000	$ (41,776,000)	$ 903,599,000

Anne Arundel Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Balance Sheet (continued)

June 30, 2011

	Anne Arundel Medical Center, Inc.	Anne Arundel Health Care Services, Inc.	Anne Arundel General Treatment Services, Inc.	Consolidating and Eliminating Entries	Consolidated
Liabilities and net assets					
Current liabilities					
Accounts payable	$ 23,368,000	$ 1,572,000	$ 28,000	$ –	$ 24,968,000
Accrued salaries, wages and benefits	22,071,000	–	–	–	22,071,000
Other accrued expenses	14,387,000	–	–	–	14,387,000
Line of credit	1,528,000	–	–	–	1,528,000
Current portion of long-term debt and capital lease obligations	5,883,000	–	–	–	5,883,000
Intercompany payables	349,000	–	198,000	$ (547,000) [1]	–
Advances from third-party payors	22,053,000	–	–	–	22,053,000
Total current liabilities	89,639,000	1,572,000	226,000	(547,000)	90,890,000
Long-term debt and capital lease obligations, less current portion and unamortized original issue discount	339,542,000	–	–	–	339,542,000
Interest rate swap contracts	38,196,000	–	–	–	38,196,000
Accrued pension liability	19,616,000	–	–	–	19,616,000
Other long-term liabilities	2,016,000	–	–	–	2,016,000
Total liabilities	489,009,000	1,572,000	226,000	(547,000)	490,260,000
Net assets					
Unrestricted	381,546,000	38,275,000	2,954,000	(41,229,000) [2]	381,546,000
Temporarily restricted	20,084,000	–	–	–	20,084,000
Permanently restricted	11,709,000	–	–	–	11,709,000
Total net assets	413,339,000	38,275,000	2,954,000	(41,229,000)	413,339,000
Total liabilities and net assets	$ 902,348,000	$ 39,847,000	$ 3,180,000	$ (41,776,000)	$ 903,599,000

Anne Arundel Medical Center, Inc. and Subsidiaries

Supplementary Consolidating Schedule of Revenues, Expenses, Gains, and Losses

June 30, 2011

	Anne Arundel Medical Center, Inc.	Anne Arundel Health Care Services, Inc.	Anne Arundel General Treatment Services, Inc.	Consolidating and Eliminating Entries	Consolidated
Operating revenue					
Net patient service revenue	$ 419,856,000	$ 27,714,000	$ 4,907,000	$ –	$ 452,477,000
Other operating revenue	19,858,000	–	29,000	(9,950,000) [3]	9,937,000
Total operating revenue	439,714,000	27,714,000	4,936,000	(9,950,000)	462,414,000
Operating expenses					
Salaries and wages	163,867,000	4,830,000	2,984,000	(7,814,000) [3]	163,867,000
Employee benefits	31,580,000	1,063,000	656,000	(1,719,000) [3]	31,580,000
Medical supplies and drugs	103,477,000	1,147,000	246,000	(36,000) [3]	104,834,000
Purchased services	68,832,000	6,690,000	624,000	(381,000) [3]	75,765,000
Professional fees	7,010,000	5,983,000	46,000	–	13,039,000
Depreciation and amortization	21,744,000	2,050,000	152,000	–	23,946,000
Interest	9,503,000	–	–	–	9,503,000
Provision for bad debts	15,226,000	1,702,000	148,000	–	17,076,000
Total operating expenses	421,239,000	23,465,000	4,856,000	(9,950,000)	439,610,000
Operating income	18,475,000	4,249,000	80,000	–	22,804,000
Other income (loss)					
Investment income, net	4,365,000	8,000	–	–	4,373,000
Income from joint venture and other, net	5,290,000	–	–	(4,339,000) [5]	951,000
Change in unrealized gains on trading securities, net	27,766,000	–	–	–	27,766,000
Realized and unrealized gains (losses) on interest rate swap contracts, net	3,656,000	–	–	–	3,656,000
Total other income (loss), net	41,077,000	8,000	–	(4,339,000)	36,746,000
Revenues and gains in excess of (less than) expenses	$ 59,552,000	$ 4,257,000	$ 80,000	$ (4,339,000)	$ 59,550,000

Anne Arundel Health System, Inc. and Subsidiaries

Supplementary Description of Consolidating and Eliminating Entries

1 To eliminate intercompany payables/receivables

2 To eliminate investment in subsidiaries and related net asset accounts

3 To eliminate intercompany income/expense generated from management fees, staffing contracts, captive insurance premiums, and operating leases

4 To eliminate intercompany notes

5 To eliminate income of wholly owned subsidiaries

6 To eliminate intercompany revenue/expense for interest and other miscellaneous transactions

7 To eliminate the Hospital's beneficial interest in Anne Arundel Medical Center Foundation, Inc

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