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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 private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP		D Employer identification number 52-1362793
	% S MICHELLE LEE Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (410) 328-1375
	City or town, state or province, country, and ZIP or foreign postal code Baltimore, MD 21201		G Gross receipts \$ 2,128,277,410
	F Name and address of principal officer Robert Chrencik 250 W Pratt St Baltimore, MD 21201		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
J Website: ▶ www.umms.org			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1984	M State of legal domicile MD

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities UMMS PROVIDES A VARIETY OF INPATIENT/ OUTPATIENT SERVICES TO PEOPLE IN THE MARYLAND AREA REGARDLESS OF THEIR ABILITY TO PAY REVENUES ARE USED TO HELP DEFRAY THE COSTS OF SVCS		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
Revenue	3	Number of voting members of the governing body (Part VI, line 1a)	3	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	14,350
	6	Total number of volunteers (estimate if necessary)	6	1,271
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	337,583
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,439,307
	Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	11,974,136	11,089,122
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,769,658,811	1,814,589,337
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,306,526	11,049,490
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,327,555	32,615,883
13		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,824,267,028	1,869,343,832
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	438,045	1,013,801
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
Net Assets or Fund Balances	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0	812,125,038	863,869,902
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	0
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	993,952,293	963,512,849
	19	Revenue less expenses Subtract line 18 from line 12	1,806,515,376	1,828,396,552
	20	Total assets (Part X, line 16)	17,751,652	40,947,280
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances Subtract line 21 from line 20	3,244,090,766	3,147,272,937
			2,066,674,817	1,958,832,650
		1,177,415,949	1,188,440,287	

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		2016-05-05 Date		
	henry j franey evp/cfo Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Frank Giardini	Preparer's signature Frank Giardini	Date	Check ☐ if self-employed	PTIN P00532355
	Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶	
	Firm's address ▶ 2001 MARKET STREET SUITE 700 PHILADELPHIA, PA 19103			Phone no (215) 561-4200	

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 or note to any line in this Part III

☐ Yes ☒ No

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code 900,099) (Expenses \$ 1,612,460,111 including grants of \$ 1,013,801) (Revenue \$ 1,823,767,870)

UMMS, A PRIVATE, NON-PROFIT HEALTH SYSTEM, CONSISTS OF 13 HOSPITALS - THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC), THE ACADEMIC "HUB" - AND THE 12 COMMUNITY AND SPECIALTY HOSPITALS THROUGHOUT THE STATE OF MARYLAND UMMC IS A NATIONAL AND REGIONAL REFERRAL CENTER FOR TRAUMA, CANCER CARE, NEUROCARE, CARDIAC CARE AND HEART SURGERY, WOMEN'S AND CHILDREN'S HEALTH AND ORGAN TRANSPLANTS IT HAS ONE OF THE MOST TECHNOLOGICALLY ADVANCED OPERATING ROOM FACILITIES AND IS INTERNATIONALLY RECOGNIZED FOR ITS LEADERSHIP IN DEVELOPING AND PERFORMING MINIMALLY INVASIVE SURGICAL PROCEDURES UMMS PROVIDES CHARITY CARE TO PATIENTS UNABLE TO PAY CHARITY CARE FOR THE YEAR ENDED 6/30/2015 IS APPROXIMATELY \$46,150,257 AT COST

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses 1,612,460,111

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 instructions)? 	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 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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, line 10? 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 and XII 	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 and XII 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	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1,068	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	14,350	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		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 <u>CJ</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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 as charitable contributions?		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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring 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?			
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? <i>If "No," provide an explanation in Schedule O</i>		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 or note to any line 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	28	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	28	
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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶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 made these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶S MICHELLE LEE 250 WEST PRATT ST SUITE 1400 Baltimore, MD 21201 (410) 328-1376

Part VII

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

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

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	17,322,553	0	406,185

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 634

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
The Whiting Turner Contracting Comp, 300 East Joppa Road TOWSON, MD 21286	General Contractors	16,087,880
Huntzinger Staffing Solutions LLC, 670 North River Street PLAINS, PA 18705	Staffing	13,518,043
Towson Orthopedics, 8322 Belona Ave BALTIMORE, MD 21204	billing & mgmt	10,553,040
Turner Construction Co, 1500 Spring Garden Street Suite 22 PHILADELPHIA, PA 19130	General Contractors	8,910,152
EMC Corporation, 4246 Collections Center Drive CHICAGO, IL 60693	software	8,024,435

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶329

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	7,869,857			
	e	Government grants (contributions)	1e	3,200,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	19,265			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			11,089,122		
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	900099	1,741,832,187	1,741,306,691	525,496	
	b	PHARMACY	900099	72,757,150	72,407,091	350,059	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			1,814,589,337		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,521,585			3,521,585
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties		0			
	6a	(i) Real					
		(ii) Personal					
		Gross rents					
		Less rental expenses					
	b	Less rental expenses					
	c	Rental income or (loss)		0			
	d	Net rental income or (loss)		2,792,522	3,525,452	-732,930	
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		Less cost or other basis and sales expenses					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		7,527,905			
	d	Net gain or (loss)		7,527,905			7,527,905
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		0			
	a						
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19		0			
	a						
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances		0			
	a						
	b	Less cost of goods sold					
	c	Net income or (loss) from sales of inventory . .					
	Miscellaneous Revenue		Business Code				
	11a	STIPEND ENTRY	900099	8,047,479			8,047,479
	b	INCOME FROM JOINT VENTURE	900099	4,126,200	1,617,240		2,508,960
	c	CAFETERIA	900099	3,177,135	3,177,135		
	d	All other revenue		14,472,547	1,734,261	194,958	12,543,328
	e	Total. Add lines 11a-11d		29,823,361			
	12	Total revenue. See Instructions		1,869,343,832	1,823,767,870	337,583	34,149,257

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,013,801	1,013,801		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	20,579,169	15,784,581	4,794,588	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	691,857,906	590,097,558	101,760,348	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,483,066	16,472,353	5,010,713	
9	Other employee benefits	81,275,231	68,241,804	13,033,427	
10	Payroll taxes	48,674,530	41,489,467	7,185,063	
11	Fees for services (non-employees)				
a	Management	1,207,394	977,989	229,405	
b	Legal	4,285,429	313,541	3,971,888	
c	Accounting	2,481,315		2,481,315	
d	Lobbying	81,924		81,924	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	179,680,003	151,801,307	27,878,696	
12	Advertising and promotion	6,169,482	1,188,782	4,980,700	
13	Office expenses	10,780,981	9,227,348	1,553,633	
14	Information technology	48,279,153	40,931,396	7,347,757	
15	Royalties	0			
16	Occupancy	21,680,577	18,654,979	3,025,598	
17	Travel	1,250,972	1,071,324	179,648	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	546,840	470,282	76,558	
20	Interest	40,931,207	34,508,130	6,423,077	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	98,291,897	83,855,366	14,436,531	
23	Insurance	27,057,632	23,576,776	3,480,856	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	BAD DEBT EXPENSE	51,557,570	51,557,570		
b	MEDICAL SUPPLIES	377,786,137	377,718,706	67,431	
c	UTILITIES	30,745,652	26,224,476	4,521,176	
d	TRANSPLANT COSTS	21,049,134	21,049,134		
e	All other expenses	39,649,550	36,233,441	3,416,109	
25	Total functional expenses. Add lines 1 through 24e	1,828,396,552	1,612,460,111	215,936,441	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		123,262,145	1	252,299,871
	2	Savings and temporary cash investments		576,603	2	648,236
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		196,319,650	4	183,589,273
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		2,734,105	7	1,933,322
	8	Inventories for sale or use		29,585,325	8	32,251,958
	9	Prepaid expenses and deferred charges		8,310,507	9	8,327,116
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a2,150,146,999			
	b	Less: accumulated depreciation	10b1,020,958,593	1,101,382,026	10c	1,129,188,406
	11	Investments—publicly traded securities		234,828,000	11	141,618,000
	12	Investments—other securities. See Part IV, line 11.		126,987,769	12	143,025,000
	13	Investments—program-related. See Part IV, line 11.		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11.		1,420,104,636	15	1,254,391,755
	16	Total assets. Add lines 1 through 15 (must equal line 34).		3,244,090,766	16	3,147,272,937
Liabilities	17	Accounts payable and accrued expenses		295,461,886	17	299,797,345
	18	Grants payable		0	18	0
	19	Deferred revenue		125,419	19	125,419
	20	Tax-exempt bond liabilities		1,109,015,207	20	920,693,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		248,904,469	24	243,823,209
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		413,167,836	25	494,393,677
	26	Total liabilities. Add lines 17 through 25.		2,066,674,817	26	1,958,832,650
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		952,985,876	27	966,240,836
	28	Temporarily restricted net assets		222,741,334	28	220,510,712
	29	Permanently restricted net assets		1,688,739	29	1,688,739
	Organizations that do not follow SFAS 117 (ASC 958), 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		1,177,415,949	33	1,188,440,287
	34	Total liabilities and net assets/fund balances		3,244,090,766	34	3,147,272,937

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,869,343,832
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,828,396,552
3	Revenue less expenses Subtract line 2 from line 1	3	40,947,280
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,177,415,949
5	Net unrealized gains (losses) on investments	5	-17,300,925
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,622,017
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,188,440,287

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

Additional Data

Software ID:

Software Version:

EIN: 52-1362793

Name: UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGES C BENJAMIN MD DIRECTOR	1 0 0 0	X						0	0	0
(1) STEPHEN A BURCH ESQ DIRECTOR	1 0 0 0	X						0	0	0
(2) DELEGATE MICHAEL E BUSCH DIRECTOR	1 0 0 0	X						0	0	0
(3) R ALLEN BUTLER DIRECTOR	1 0 0 0	X						0	0	0
(4) JOHN P COALE ESQ DIRECTOR	1 0 0 0	X						0	0	0
(5) ATWOOD COLLINS III DIRECTOR	1 0 0 0	X						0	0	0
(6) GILBERTO DE JESUS ESQ DIRECTOR	1 0 0 0	X						0	0	0
(7) CONNIE G DEJULIUS DIRECTOR	1 0 0 0	X						0	0	0
(8) JOHN W DILLON DIRECTOR	1 0 0 0	X						0	0	0
(9) ALAN H FLEISCHMANN DIRECTOR	1 0 0 0	X						0	0	0
(10) WAYNE L GARDNER SR DIRECTOR	1 0 0 0	X						0	0	0
(11) LOUISE MICHAUX GONZALES ESQ DIRECTOR	1 0 0 0	X						0	0	0
(12) BARRY P GOSSETT DIRECTOR	1 0 0 0	X						0	0	0
(13) ROOMINA ANWER HASAN MD DIRECTOR	1 0 0 0	X						0	0	0
(14) ORLAN M JOHNSON ESQ DIRECTOR	1 0 0 0	X						0	0	0
(15) SENATOR EDWARD J KASEMEYER DIRECTOR	1 0 0 0	X						0	0	0
(16) SENATOR FRANCIS X KELLY DIRECTOR	1 0 0 0	X						0	0	0
(17) BELKIS LEONG-HONG DIRECTOR	1 0 0 0	X						0	0	0
(18) SARA A MIDDLETON DIRECTOR	1 0 0 0	X						0	0	0
(19) KEVIN B O'CONNOR DIRECTOR	1 0 0 0	X						0	0	0
(20) ROBERT L PEVENSTEIN DIRECTOR	1 0 0 0	X						0	0	0
(21) D BRUCE POOLE ESQ DIRECTOR	1 0 0 0	X						0	0	0
(22) SENATOR CATHERINE E PUGH DIRECTOR	1 0 0 0	X						0	0	0
(23) JAMES T SMITH JR DIRECTOR	1 0 0 0	X						0	0	0
(24) WALTER A TILLEY JR DIRECTOR	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) SENATOR JOSPEH D TYDINGS DIRECTOR	1 0 0 0	X						0	0	0
(1) W MOORHEAD VERMILYE DIRECTOR	1 0 0 0	X						0	0	0
(2) LOUIS L ZAGARINO DIRECTOR	1 0 0 0	X						0	0	0
(3) ROBERT A CHRENCIK PRESIDENT AND CEO	40 0 10 0			X				6,881,071	0	21,095
(4) HENRY J FRANEY CFO- UMMS/TREASURER	40 0 10 0			X				1,214,368	0	21,095
(5) MEGAN M ARTHUR SVP & GEN COUNSEL/ SEC'TY	40 0 10 0			X				666,842	0	24,652
(6) JEFFERY A RIVEST PRESIDENT & CEO - UMMC	40 0 10 0				X			1,173,898	0	20,269
(7) LISA C ROWEN SVP & CNO - UMMC	40 0 10 0				X			525,960	0	25,595
(8) WALTER ETTINGER SVP & CMO - UMMS	40 0 10 0				X			797,839	0	105,561
(9) JON P BURNS SVP & CIO	40 0 10 0				X			591,209	0	20,269
(10) JONATHAN E GOTTLIEB SVP & CMO	40 0 10 0				X			1,057,190	0	21,095
(11) KEITH D PERSINGER SVP & CFO UMMC	40 0 10 0				X			759,851	0	16,812
(12) DAVID P SWIFT SVP - Chief HR Officer	40 0 10 0				X			585,112	0	10,400
(13) JOHN W ASHWORTH III SVP NETWORK DEVELOPMENT	40 0 10 0					X		597,210	0	21,095
(14) GARY H KANE VP - SUPPLY CHAIN MGMT	40 0 10 0					X		595,179	0	21,095
(15) KENNETH LEWIS EXECUTIVE - UNION OF CECIL	40 0 10 0					X		778,526	0	25,942
(16) MARK KELEMEN CHIEF MEDICAL INFO OFFICER	40 0 10 0					X		514,341	0	25,615
(17) ALISON G BROWN SVP PLANNING & MARKETING	40 0 10 0					X		583,957	0	25,595

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

Part I

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

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

1

☐

A church, convention of churches, or association of churches 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI 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 IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities?	Yes		81,924
	j Total Add lines 1c through 1i			81,924
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Other Activities	Schedule C, Part II-B, Line 1: The organization does not engage in any direct lobbying activities. The organization pays membership dues to the Maryland Hospital Association (MHA) and the American Hospital Association (AHA). MHA and AHA engage in many support activities including lobbying and advocating for their member hospitals. The MHA and AHA reported that 48.0% and 22.80% of member dues were used for lobbying purposes and as such, the organization has reported this amount on Schedule C Part IV as lobbying activities.

Part IV

Return Reference

Explanation

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes ☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

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

5

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

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included in Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |
- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i)

unrelated organizations

(ii)

related organizations
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- | | | |
|--------|-----|----|
| | Yes | No |
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		87,305,286		87,305,286
b Buildings		1,158,926,081	478,284,099	680,641,982
c Leasehold improvements		5,846,137	3,153,651	2,692,486
d Equipment		743,699,679	538,661,961	205,037,718
e Other		154,369,816	858,882	153,510,934
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,129,188,406

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X	FIN 48 FOOTNOTE PER AUDIT REPORT The University of Maryland Medical System Corporation (The Corporation) adopted the provisions of ASC 740, Accounting for Uncertainty in the Income Taxes (FIN 48) on July 1, 2007. The footnote related to ASC 740 in the Corporation's audited financial statements is as follows: The Corporation follows a threshold of more-likely-than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. Management does not believe that there are any unrecognized tax benefits that should be recognized.

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 52-1362793

Name: UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

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

(a) Description	(b) Book value
(1) ECONOMIC INTEREST IN ASSETS OF	200,019,688
(2) DEFERRED FINANCING COSTS	10,116,504
(3) ASSETS WHOSE USE IS LIMITED	223,631,000
(4) INVESTMENT IN SUBSIDIARIES	653,631,216
(5) OTHER RECEIVABLES	161,050,942
(6) LIMITED USE ASSET - DEBT SERVI	31,669,401
(7) LIMITED USE ASSET - MALPRACTIC	8,785,789
(8) ECONOMIC INTEREST IN FOUNDATIO	9,502,627
(9) LONG-TERM INVESTMENT - MRI	6,714,301
(10) DUE FROM AFFILIATES - NOTES RE	-57,596,187
(11) OTHER ASSETS	6,866,474

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number
52-1362793

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1) Central America and the Caribbean			Investments		99,702,640
(2)					
(3)					
(4)					
(5)					
3a Sub-total					99,702,640
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					99,702,640

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. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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.
Part III can be duplicated 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes ☒ No

Additional Data

Software ID:

Software Version:

EIN: 52-1362793

Name: UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Part V Supplemental Information

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number
52-1362793

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," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	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 Worksheet 1)			46,150,266		46,150,266	2 600 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			46,150,266		46,150,266	2 600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,460,359	304,988	5,155,371	0 290 %
f Health professions education (from Worksheet 5)			132,465,043		132,465,043	7 460 %
g Subsidized health services (from Worksheet 6)			47,896,400	11,121,467	36,774,933	2 070 %
h Research (from Worksheet 7)			695,821	33,828	661,993	0 040 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			461,256		461,256	0 030 %
j Total Other Benefits			186,978,879	11,460,283	175,518,596	9 890 %
k Total . Add lines 7d and 7j			233,129,145	11,460,283	221,668,862	12 490 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			5,559		5,559	
2Economic development			34,017		34,017	
3Community support						
4Environmental improvements			587,712		587,712	0.030 %
5Leadership development and training for community members						
6Coalition building			102,832		102,832	0.010 %
7Community health improvement advocacy						
8Workforce development			422,336	80,000	342,336	0.020 %
9Other						
10Total			1,152,456	80,000	1,072,456	0.060 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

236,744,105

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5515,751,420

6Enter Medicare allowable costs of care relating to payments on line 5.

6484,736,452

7Subtract line 6 from line 5. This is the surplus (or shortfall).

731,014,968

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9bYes

No

Part IVManagement Companies and Joint Ventures

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

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

2
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

UNIVERSITY OF MARYLAND HOSPITAL

Name of hospital facility or letter of facility reporting group

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

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
	If "Yes," indicate what the CHNA report describes (check all that apply)		
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	☐ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	☒ Hospital facility's website (list url) HTTP //UMM EDU/		
b	☐ Other website (list url)		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☐ Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) http //umm edu/		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

UNIVERSITY OF MARYLAND HOSPITAL

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	☐ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☐ Residency		
h	☒ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	☒ The FAP was widely available on a website (list url) <u>HTTP //UMM EDU/</u>		
b	☐ The FAP application form was widely available on a website (list url) _____		
c	☐ A plain language summary of the FAP was widely available on a website (list url) _____		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☐ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

UNIVERSITY OF MARYLAND HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a ☒ Notified individuals of the financial assistance policy on admission b ☒ Notified individuals of the financial assistance policy prior to discharge c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e ☒ Other (describe in Section C) f ☐ None of these efforts were made	19		No
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d ☒ Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23		No
		24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

UMMS St Joseph Medical Center LLC

Name of hospital facility or letter of facility reporting group

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

2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>HTTP //WWW.STJOSEPHTOWSON.COM/</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>http //www.stjosephtowson.com/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

UMMS St Joseph Medical Center LLC

Name of hospital facility or letter of facility reporting group

		Yes	No
Financial Assistance Policy (FAP)			
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %			
b ☐ Income level other than FPG (describe in Section C)			
c ☒ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☐ Residency			
h ☒ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☒ The FAP was widely available on a website (list url) <u>http //www stjosephtownson com/</u>			
b ☐ The FAP application form was widely available on a website (list url) _____			
c ☐ A plain language summary of the FAP was widely available on a website (list url) _____			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			

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

Part V

Facility Information (continued)

UMMS St Joseph Medical Center LLC

Name of hospital facility or letter of facility reporting group

	Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Actions that require a legal or judicial process		
d ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a ☒ Notified individuals of the financial assistance policy on admission		
b ☒ Notified individuals of the financial assistance policy prior to discharge		
c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e ☒ Other (describe in Section C)		
f ☐ None of these efforts were made		
Policy Relating to Emergency Medical Care		
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a ☐ The hospital facility did not provide care for any emergency medical conditions		
b ☐ The hospital facility's policy was not in writing		
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d ☐ Other (describe in Section C)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)		
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d ☒ Other (describe in Section C)		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

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

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

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **1**

Name and address	Type of Facility (describe)
1 UniversityCare Edmondson Village 4538 Edmondson Ave Baltimore, MD 21229	Healthcare Clinic
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Related Organization Benefit Report	Schedule H, Part I, Line 6a An annual Community Benefit Report is prepared for each fiscal year ending June 30. This report is submitted to the Health Services Cost Review Commission (HSCRC), a state regulatory agency, by December 15 of each year. In addition, the annual Community Benefit Report is available upon request at the entity's corporate offices.

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

Form and Line Reference	Explanation
Community Building Activities - UMMSC	Schedule H, Part II Through a variety of community building activities, UMMC promotes health and wellness in the communities it serves. These activities include community support, coalition building and community health improvement advocacy. In FY15, UMMC associates served in many capacities. UMMC provides leadership to many Baltimore City coalitions and collaborative partnerships to improve community health. UMMC leadership staff play key roles on the Baltimore City Health Department's Cardiovascular Disease, Tobacco, and Flu coalitions. These Coalitions are a partnership of public sector agencies, health care providers and payers, community-based partners, the business community and academic institutions. Examples of health policy advocacy worked on in these coalitions have included hookah legislation and healthier kids' meals at fast food restaurants. UMMC staff also participated in a variety of career fairs and youth mentoring programs. Additionally, key UMMC executives serve on several Boards of Directors for a variety of non-profit agencies in Baltimore City and provide their leadership expertise to build the capacity of local community resources. Lastly, UMMC has supported the Southwest Partnership which is a coalition of UM Baltimore Professional Schools, UMMC, and other community agencies to revitalize Baltimore's Southwest community. All of these examples demonstrate collaborative efforts to address health issues and advocate for policies and programs that improve health in the communities we serve. Community Building Activities - UMSJMC Schedule H, Part II UM-St. Joseph Medical Center collaborates with over 30 groups, organizations and agencies outside the hospital to design and participate in initiatives that promote coalition building and community health improvement advocacy. These organizations include but are not limited to: Partners/Sites of Services - Baltimore County Department of Aging - Calvert Hall High School - Catholic Charities - Catholic High School - Cristo Rey Jesuit High School - Department of Health and Mental Hygiene- Healthy Heart Beats at Govans Manor - Greetings & Readings Hunt Valley - Halstead Academy Elementary School - Health Park at Hereford - Hopkins Village - Marian House - McCormick & Co - Mercy Ridge Retirement Community - Mt. Calvary AME- Biggest Loser Competition - Oak Crest Retirement Community - St. Joseph Parish Cockeysville - St. Michael the Archangel - Towson University - Towson Y - Wellwood International Elementary School. Cancer specific collaboration - Maryland Cancer Collaborative Steering Committee Representative/ Responsible for implementing the Maryland Cancer Control Plan - Maryland Patient Navigation Collaborative Leadership Committee Member - Baltimore County Cancer Coalition Member - Nueva Vida Cancer Support for Latinas/ Monthly Breast Screening - Mt. Calvary AME Church Educational Activities - University of MD Outreach and Advocacy Coalition - American Cancer Society - GEDCO - Komen Disparities Conference for Community - Advanced Radiology Partnership to support the Monthly Breast Screening Program - Hoffberger Foundation - Baltimore Gas and Electric.

Form and Line Reference	Explanation
Bad Debt Expense	Schedule H, Part III, Line 2 & 4 In Maryland, The Health Services Cost Review Commission (HSCRC) started setting hospital rates in 1974 . At that time, the HSCRC approved rates applied only to commercial insurers . In 1977 , the HSCRC negotiated a waiver from Medicare hospital payment rules for Maryland hospitals to bring the federal Medicare payments under HSCRC control . Medicare reimburses Maryland hospitals according to rates established by the HSCRC as long as the State continues to meet a two-part test . This two-part waiver test allows Medicare to participate in the Maryland system as long as two conditions are met - all other payers participating in the system pay HSCRC set rates and - the rate of growth in Medicare payments to Maryland hospitals from 1981 to the present is not greater than the rate of growth in Medicare payments to hospitals nationally over the same time frame .

Form and Line Reference	Explanation
Medicare Cost Report	Schedule H, Part III, Line 8 In Maryland, The Health Services Cost Review Commission (HSCRC) started setting hospital rates in 1974. At that time, the HSCRC approved rates applied only to commercial insurers. In 1977, the HSCRC negotiated a waiver from Medicare hospital payment rules for Maryland hospitals to bring the federal Medicare payments under HSCRC control. Medicare reimburses Maryland hospitals according to rates established by the HSCRC as long as the State continues to meet a two-part test. This two-part waiver test allows Medicare to participate in the Maryland system as long as two conditions are met - all other payers participating in the system pay HSCRC set rates and - the rate of growth in Medicare payments to Maryland hospitals from 1981 to the present is not greater than the rate of growth in Medicare payments to hospitals nationally over the same time frame.

Form and Line Reference	Explanation
Collection Practices	Schedule H, Part III, Line 9b The organization expects payment at the time the service is provided Our policy is to comply with all state and federal law and third party regulations and to perform all credit and collection functions in a dignified and respectful manner Currently, UMMS is in the process of updating its billing and collections process to ensure it is in compliance with the new IRC Section 501(r) regulations Emergency services will be provided to all patients regardless of ability to pay Financial assistance is available for patients based on financial need as defined in the Financial Assistance Policy The organization does not discriminate on the basis of age, race, creed, sex or ability to pay Patients who are unable to pay may request a Financial Assistance application at any time prior to service or during the billing and collection process The organization may request the patient to apply for Medical Assistance prior to applying for financial assistance The account will not be forwarded for collection during the Medical Assistance application process or the Financial Assistance application process

Form and Line Reference	Explanation
Community Health Care Needs Assessment - UMMSC	Schedule H, Part VI, Line 2 The University of Maryland Medical Center (UMMC) completed a comprehensive community health needs assessment (CHNA) in Fiscal Year 2015. This was the second CHNA completed with the first one done and reported in Fiscal Year 2012. The Association for Community Health Improvements (ACHI) 6-step Community Health Assessment Process was utilized as an organizing methodology. The UMMC/Midtown Community Health Improvement Team (CHI Team) served as the lead team to conduct the CHNA with input from other University of Maryland Medical System Baltimore City-based hospitals, community leaders, the academic community, the public, health experts, and the Baltimore City Health Department. In addition to using the ACHI 6-step process to lead the assessment process, the UMMC/Midtown CHI Team used an additional 5-component assessment and engagement strategy to lead the data collection methodology. The University of Maryland Medical Center (UMMC) is an 800-bed academic medical center which is part of the University of Maryland Medical System. Despite the larger regional patient mix of UMMC from the metropolitan area, state, and region, for purposes of community benefits programming and this report, the Community Benefit Service Area (CBSA) of UMMC is within Baltimore City. The top nine zip codes within Baltimore City represent the top 66% of all Baltimore City admissions in FY14. These nine targeted zip codes are 21201, 21215, 21216, 21217, 21218, 21206, 21223, 21229, 21230. The populations in these zip codes are some of the most vulnerable, underserved residents in Baltimore City. There are significant health disparities in these zip codes when compared to other zip codes in Baltimore City and Maryland. Using the above frameworks, data was collected from multiple sources, groups, and individuals and integrated into a comprehensive document which was utilized at a retreat on March 11, 2014 of the UMMC/Midtown Community Health Improvement (CHI) Team. During that strategic planning retreat, priorities were identified using the collected data and an adapted version of the Catholic Health Associations (CHA) priority setting criteria. The identified priorities were also validated by a panel of UM Clinical Advisors and UMB Campus experts. UMMC used primary and secondary sources of data as well as quantitative and qualitative data and consulted with numerous individuals and organizations during the CHNA, including other University of Maryland Medical System (UMMS) Baltimore City-based hospitals (University of Maryland Medical Center Midtown Campus, University of Maryland Rehabilitation and Orthopedic Institute, and Mt Washington Pediatric Hospitals), community leaders, community partners, the University of Maryland Baltimore (UMB) academic community, the general public, local health experts, and the Baltimore City Health Department. A) Community Perspective The community's perspective was obtained through one survey offered to the public using several methods throughout Baltimore City. A 6-item survey queried Baltimore City residents to identify their top health concerns and their top barriers in accessing health care. (See Appendix for the actual survey.) Methods: 6-item survey distributed in FY2015 using the following methods: - Survey insert in Maryland Health Matters (health newsletter) distributed to over 40,000 residents within the CBSA - Online survey posted to www.umm.edu website for community to complete - Waiting rooms (Ambulatory clinics and EDs) at both campuses - Health fairs and events in neighborhoods within UMMCs CBSA Results: Top 5 Health Concerns: - Diabetes/Sugar - Smoking/Drug/Alcohol Use - High Blood Pressure /Stroke - Cancer - Heart Disease Analysis by CBSA targeted zip codes revealed the same top health concerns and top health barriers with little deviation from the overall Baltimore City data. The sample size was 1,212 Baltimore City residents from the identified CBSA. B) Health Experts Methods: - Reviewed & included National Prevention Strategy Priorities, Maryland State Health Improvement Plan (SHIP) indicators, and Healthy Baltimore 2015 plan from the Baltimore City Health Department - Reviewed Maryland's State Health Improvement Plan (SHIP) and attended state-wide health summit in October 2014 - Progress to date on SHIP measures were presented as well as state-wide health priorities for upcoming multi-year cycle - Conducted campus-wide stakeholder retreat in March 2015, including University of Maryland Schools of Medicine, Nursing, Social Work and UMB Community Affairs office - Interviewed Director of Chronic Disease Prevention at Baltimore City Health Department Results: - National Prevention Strategy 7 Priority Areas - SHIP 39 Objectives in 5 Vision Areas for the State, includes targets for Baltimore City - While progress has been made since 2012 - with 16 out of 41 measures meeting the identified targets at the state level, Measures within Baltimore City have not met identified targets

Form and Line Reference	Explanation
Community Health Care Needs Assessment - UMMSC	ets, Even wider minority disparities within the City - Healthy Baltimore 2015 Ten Priority Areas (See Figure 4) - Baltimore City Health Department and Mayors Top Health Priorities #1 Cardiovascular Disease (CVD) Decrease premature mortality (as defined as death prior to 75 years) #2 Asthma - Particularly pediatric asthma #3 Heroin Use While a priority, no major initiatives to date #4 Diabetes As related to CVD as a comorbidity - Health Expert UMB Campus Panel Focus Group Top Action Items included - Improve communication and synergy across Campus schools and UMMC - Include University of Maryland Medical Center on UMB Community Action Council - Look for ways to partner and support each other C) Community Leaders Methods - Hosted a focus group in collaboration with the other Baltimore-based UMMS hospitals for community-based organization partners to share their perspectives on health needs (October 30, 2014) Results - Consensus reached that social determinants of health (and upstream factors) are key elements that determine health outcomes - Top needs and barriers were identified as well potential suggestions for improvement and collaboration (See Appendix 4 for details) - Top Needs - Health Literacy - Employment/Poverty - Mental/Behavioral Health - Cardiovascular Health (obesity, hypertension, stroke, & diabetes) - Maternal /Child Health focusing on promoting a healthy start for all children Top Barriers - Focusing on the outcome and not the root of the problems (i.e. SDoH) - Lack of inter-agency collaboration/working in silos Suggestions for Improvement - Leverage existing resources - Increase collaboration - Focus on Social Determinants of Health - Enhance behavioral health resources D) Social Determinants of Health (SDoH) Defined by the World Health Organization as 'the conditions in which people are born, grow, live, work and age' Methods - Reviewed data from Baltimore Neighborhood Indicator Alliance (Demographic data and SDoH data) - Reviewed data from identified 2011 Baltimore City Health Departments Baltimore City Neighborhood Profiles, - Reviewed Baltimore City Food Desert Map Results - Baltimore City Summary of CBSA targeted zip codes - Top SDoHs - Low Education Attainment (52.6% w/ less than HS degree) - High Poverty Rate (15.7%)/High Unemployment Rate (11%) - Violence - Poor Food Environment - Housing Instability E) Health Statistics/Indicators Methods Review annually and for this triennial survey the following Local data sources - Baltimore City Health Status Report - Baltimore Health Disparities Report Card - Baltimore Neighborhood Health Profiles - DHMH SHIP Biennial Progress Report 2012-2014 National trends and data - Healthy People 2020 - County Health Rankings - Centers for Disease Control reports/updates - Fast in Fat Executive Summary (RWJF) Results - Baltimore City Health Outcomes Summary for CBSA-targeted zip codes - Top 3 Causes of Death in Baltimore City in rank order 1 Heart Disease 2 Cancer 3 Stroke - Cause of Pediatric Deaths - High rate of Infant Mortality Selecting Priorities Analysis of all quantitative and qualitative data described in the above section identified these top five areas of need within Baltimore City These top priorities represent the intersection of documented unmet community health needs and the organizations key strengths and mission These priorities were identified and approved by the UMMC/Midtown CHI Team and validated with the health experts from the UMB Campus Panel 1 Cardiovascular Disease 2 Workforce Development (as a shared component of literacy and SDoH) 3 Maternal & Child Health 4 Violence Prevention (related to behavioral/mental health) 5 Health Literacy (shared UMMS priority) In addition to the identified strategic priorities from the CHNA, UMMC employs the following prioritization framework which is stated in the UMMC Community Outreach Plan Because the Medical Center, serves the region and state, priorities may need to be adjusted rapidly

Form and Line Reference	Explanation
Community Health Care Needs Assessment - UMSJMC	Schedule H, Part VI, Line 2 The University of Maryland St Joseph Medical Center completed a comprehensive community health needs assessment (CHNA) in Fiscal Year 2013 Community Benefits planning is part of the hospitals strategic plan The stakeholders in the hospital who are involved in the hospital community benefit process/structure to implement and deliver community benefit activities include the CEO, CFO, Vice President of Mission Integration, and Senior Director of Marketing and Community Health Our CEO provides the value orientation of all leadership and management to our community benefit activities Our CFO instructs our local financial team to provide assistance in compiling financial data for the annual CBR Our Vice President for Mission Integration is tasked with educating the entire medical center community about community benefit-eligible activity and educating staff in the use of CBISA, and is also responsible for compiling the annual CBR Our Director of Marketing and Community Health provides leadership to the community health outreach team The members of clinical leadership in the hospital who are involved in the hospital community benefit process/structure to implement and deliver community benefit activities include the Chief Medical Officer, Chief Nursing Officer, and Supervisor of Case Management Our Chief Medical Officer helps educate all the physicians regarding the importance of uncompensated care as part of the services they provide Our Chief Nursing Officer encourages all the nurse managers to become familiar with what constitutes community benefit-eligible activity Our Supervisor of Case Management has social workers working quickly with patients and families who are identified as having financial difficulties The Community Benefit Department/Team includes - Vice President for Mission Integration - Oncology Outreach Program Coordinator - Community Health Specialist - Nurse Manager of our free clinic - Director of Revenue Cycle/Managed Care - Decision Support Analyst - Diabetes educator Our oncology center has a part-time employee who serves as Oncology Outreach Program Coordinator We have two full-time Community Health Specialists who coordinate work in the community to provide preventive care such as flu shots and bone density screenings at no cost to participants We also have a Nurse Manager of our St Clare Medical Outreach Clinic, a free clinic for those who have no health insurance whatsoever There is an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report Our Chief Financial Officer oversees a team of internal and external financial analysts who prepare the hospitals annual audit This same team then provides the financial spreadsheet for the CBR This is ultimately approved by our CFO There is no narrative accompanying our audit of the CBR The hospitals Board reviews and approves the FY Community Benefit report that is submitted to the HSCRC COMMUNITY BENEFIT EXTERNAL COLLABORATION External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health Collaborations of this nature have specific conditions that together lead to meaningful results, including a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners The hospital organization engages in external collaboration with the following partners - Local health improvement coalitions (LHICs) - Faith based community organizations No member of the hospital organization co-chairs the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars? No member of the hospital organization attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars

Form and Line Reference	Explanation
Eligibility Education & FINANCIAL ASSISTANCE - UMMSC	Schedule H, Part VI, Line 3 University of Maryland Medical UMMS is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation In compliance with the new IRC Section 501(r) regulations UMMS is currently in the process of updating their Financial Assistance Policy to ensure its compliance with IRS regulations It is the policy of the UMMS Entities to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance The Financial Clearance Program Policy is a clear, comprehensive policy established to assess the needs of particular patients that have indicated a possible financial hardship in obtaining aid when it is beyond their financial ability to pay for services rendered UMMC makes every effort to make financial assistance information available to our patients including, but not limited to - Signage in main admitting areas and emergency rooms of the hospital - Patient Handbook distributed to all patients - Brochures explaining financial assistance are made available in all patient care areas - Patient Information Sheets (available in English & Spanish) - Appearing in print media through local newspapers

Form and Line Reference	Explanation
Eligibility Education & FINANCIAL ASSISTANCE - UMSJMC	Schedule H, Part VI, Line 3 Our financial assistance policy and the communication about our financial assistance policy is regularly reviewed to make sure it is available to our patients in a variety of formats and that it is available in culturally/linguistically sensitive manner and at a reading comprehensive level appropriate to the population of our CBSA In compliance with the new IRC Section 501(r) regulations UMSJMC is currently in the process of updating their Financial Assistance Policy to ensure its compliance with IRS regulations The availability of financial assistance for patients who would otherwise be billed for services about their eligibility for assistance under federal, state or local government programs is communicated to patients in multiple ways - At all our points of registration in the hospital (general registration, Emergency Department) and in our specialized service areas (Perinatal Center, Cancer Institute, etc) large signs are posted informing the patient that if they face problems in paying for their care, they may apply for financial assistance The phone number is posted for them to contact one of our financial counselors - When patients are registering in the hospital for inpatient treatment or outpatient treatment, they are given the Patient Financial Information Sheet (Appendix III) that is printed on two sides in English and Spanish This Patient Financial Information Sheet is available at every point of entrance to the hospital and every point of service delivery It is also included in the patient information packet given to each patient - When patients are inpatients and do not have any health insurance, one of our financial counselors visits them in their room and discusses with them availability of various government benefits such as Medicaid or state programs offering health care assistance and assists the patients with appropriate qualifications to apply - When patients receive outpatient services and do not have any health insurance, the financial counselor sends them information about their potential eligibility for various government benefits such as Medicaid or state programs offering health care assistance, and invites them to call (Spanish and English-speaking financial counselors are available) to discuss applying for these programs When a patient applies for financial assistance, our bilingual financial assistance counselor works with the patient to gather appropriate documents and submit their application for financial assistance

Form and Line Reference	Explanation
Description of Community Served - UMMSC	Schedule H, Part VI, Line 4 For purposes of community benefits programming to the State, the community benefit service area for the University of Maryland Medical Center is defined as within Baltimore City. There are seven zip codes which specifically defines the target population: 21201, 21206, 21215, 21216, 21217, 21218, 21223, 21229, and 21230. Zip codes in this community are part of the federally designated West Baltimore Medicaid Health Professional Shortage Area (HPSA). This designation indicates that there is less than one primary care provider practicing in the area for every 3,000 Medicaid eligible community members. The populations in these zip codes are some of the most vulnerable, underserved residents in Baltimore City with significant health disparities when compared to other zip codes in Baltimore City and Maryland. Residents within the targeted zip codes face significant health disparities. Life expectancy in the target population is 62.9 years vs 71.8 years for Baltimore City overall and 82 years for Roland Park, an upscale Baltimore City neighborhood. Life expectancy is affected by chronic disease prevalence and uncontrolled risk factors, like hypertension. According to Maryland's Statewide Health Improvement Plan (SHIP), ER visits due to hypertension are 658.9/100,000 population in Baltimore City as compared with 252.2/100,000 for Maryland, placing Baltimore City with the highest prevalence in the State. This 20-year disparity in life expectancy and quality of life is also profoundly affected by multiple social determinants of health (SDoH). While there are numerous social determinants which affect this population, the main SDOHs include the prevalence of food deserts, unemployment and poverty, transportation issues, and violence. Physical environment determinants include the prevalence of inadequate/unsafe housing, vacant homes, and high tobacco and alcohol store density. The following table illustrates demographics and some of the significant social determinants of health affecting the target population. For a more detailed analysis of these and other determinants of health in this population, please review UMMCs FY2015 Community Health Needs Assessment at www.umm.edu/community. Target Population Description: Target Population Total: 344,124 (Male=159,688, Female=184,436). Median Age: 34.6 years. Race: White/Caucasian 81,208; Black/African American 242,172; Amer. Indian/Alaska Native 1,084; Asian 8,161; Native Hawaiian/Other Pacific 205; Other 2,629. Two or More Races 8,665. Ethnicity: Hispanic 8,759; Non-Hispanic 335,365. Median Household Income: \$42,266. Percentage of households w/ incomes below the federal poverty guidelines: 22.7%. Percentage of uninsured people: 14%. Percentage of Medicaid recipients: 30.9%. Percentage of HS graduates: 66%. Unemployment Rate: 21.9% - 28.6%. No Vehicle Available: 15.3%. Severe Housing Problems: 24%. Healthy Food Availability Index: 7.8 - 12.4 (Scale = 0-25). Tobacco Store Density: 27.8 - 51.4 stores/10,000 people.

Form and Line Reference	Explanation
Description of Community Served - UMSJMC	Schedule H, Part VI, Line 4 The UM St Joseph Medical Center is located in a northern suburb of Baltimore County, draws patients from Franklinville, Westminster in the West, Aberdeen and Eastern Shore to the East, to the Pennsylvania line up the I-83 corridor including and Hanover, PA and as far south as Landsdowne This is an area distinctive in the very broad range of populations it contains in terms of economic, ethnic/racial, and urban/rural considerations The Community Benefit Service Area of UM St Joseph Medical Center is constituted by the zip codes in which patients reside who have received charity care These zip codes are 17361, 20011, 20724, 21001, 21014, 21030, 21050, 21057, 21078, 21082, 21093, 21094, 21111, 21117, 21120, 21136, 21161, 21202, 21204, 21206, 21207, 21209, 21211, 21212, 21214, 21215, 21216, 21217, 21218, 21221, 21222, 21227, 21228, 21229, 21234, 21236, 21237, 21239, 21244, 21286, 30062 The CBSA for UM St Joseph Medical Center (UM SJMC) has been identified by plotting the zip codes of recipients of financial assistance/charity care in FY 15 UM St Joseph Medical Centers CBSA falls primarily within Baltimore County with a few outlying areas in, Harford County When illustrated in this way, it becomes clear that a significant portion of the charity care cases for FY 15 are concentrated in two areas, i e , the northern segment of Baltimore County around Hunt Valley and Cockeysville, and the Eastern segment in the Carney/Parkville area We feel this confirms several things we know already The immediate geographic area in which UM SJMC is located is predominantly a middle-class/upper middle-class population While there are, indeed, people from the area proximate to UM SJMC who receive charity care, this is not where the greatest need for charity care exists for us The hidden population receiving a significant amount of charity care is a growing Hispanic immigrant population in the Hunt Valley/Cockeysville area This has created a pocket of financially challenged people in an area that is usually viewed as fairly affluent Median Household Income \$65,411 Percentage of households with incomes below the federal poverty guidelines 5 4% The following links provide information on the percentage of uninsured people by County within the CBSA http://www.census.gov/hhes/www/hlthins/data/acs/aff.html, http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml NH black 17 5% Hispanic 44 7% NH white 10 4% Percentage of Medicaid recipients by County 107,294 recipients or 13 13% Life Expectancy by County (including by race and ethnicity where data are available) See SHIP website http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx General 78 1 years Black 75 4 years White 78 6 years Mortality Rates by County (including by race and ethnicity where data are available) - Heart Disease - Deaths per 100,000 people Average 68 3 Black 238 6 White 197 4 - Cancer - Deaths per 100,000 people Average 98 5 Black 218 8 Hispanic 65 3 White 191 7 Race, ethnicity, and language See SHIP County profiles for demographic information of Maryland jurisdictions http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx White 64 8% Black/African American 27 0% Hispanic/Latino 4 6% Asian alone 5 4% Two or more races 2 2% Language other than English spoken at home 12 6%

Form and Line Reference	Explanation
Promoting the Health of the Community - UMMSC	Schedule H, Part VI, Line 5 The strategic priorities identified in the FY15 Community Health Needs Assessment are again as follows 1 Cardiovascular Disease 2 Workforce Development (as a shared component of literacy and SDoH) 3 Maternal & Child Health 4 Violence Prevention (related to behavioral/mental health) 5 Health Literacy (shared UMMS priority) Programming and initiatives are developed within each of these strategic priorities Initiative 1 Cardiovascular Disease/Obesity Identified Need 68% of Baltimore City adults are either overweight or obese Heart Disease is the number one leading cause of death, and stroke is the third leading cause of death in Baltimore City Baltimore Citys Hypertension ED visit rate is 658/100,000 as compared to 252/100,000 for Maryland Significant health disparities exist among African Americans in Baltimore City Food deserts exist in half of the targeted zip's This problem was identified through the CHNA process (FY12 & FY15) Hospital Initiatives - Fall Back into Health/Spring into Healthy Summer Health Fairs - Farmers Market, Kids to Farmers Market - Hypertension (HTN) Program for AA Men - Smoking Cessation Program for AA Men Total Number of People Reached by the Initiative Within the Target Population - Health Fairs = 850+ (for 2 larger health fairs & 2,761 for all other smaller health fairs/events) - Farmers Market = approx 2,800 - Kids to Farmers Market = 150 - Hypertension (HTN) Program = 1,400 BP screens, all races/both genders, 842 African American men - Smoking Cessation = 393 people educated/counseled, 18 in cessation class Primary Objective of the Initiative Provide evidence-based, innovative, and engaging programs that 1) Reduce prevalence of obesity (children & adults) 2) Reduce prevalence of uncontrolled hypertension 3) Increase self-reported knowledge/behaviors of heart healthy lifestyle Single or Multi-Year Initiative Time Period Multi-year initiative since 2008, Expected to continue Key Collaborators in Delivery of Initiative UMMC Staff, UM Midtown Staff, University of Maryland Baltimore, Baltimore City Health Department, American Heart Association, Union Baptist Church, Shoppers Food Warehouse, Bi-Rite, American Diabetes Association, Baltimore City Dept of Parks & Rec, Baltimore City Public Schools Impact/Outcome of Hospital Initiatives Health Fairs 86% of people surveyed following the health fair reported learning new health information, When asked before & after health fair, there was a statistically significant improvement in people knowing what their BP means Z score = -2.3897, p = 0.01684, p < 0.05 Farmers Market Maryland Market Money (Bonus dollars program) redeemed = \$1,065, SNAP Benefits redeemed - \$1,440, FVC?FMNP/SFMP redeemed - \$982 Kids to Farmers Market Over 90% of children who attended tried a new healthy recipe with fresh produce and liked it HTN Program 577 out of 842 AA men were identified as hypertensive in the community & educated/counseled about hypertension and prevention & referred for treatment Smoking Cessation NRTs distributed to 9/18 class participants at Helping Up Mission, 393 others were educated about cessation and/or tobacco prevention Evaluation Outcomes According to the Maryland SHIP website, the following data trends are (Source http://dhmh.maryland.gov/ship/SitePages/Home.aspx) % of Adults at Healthy Weight Baltimore City 2011 = 34.5%, 2012 = 39.7%, 2013 = 35% % of Children/Adolescents Who are Obese Baltimore City 2010 = 16.4, 2013 = 14.9 ED Visit Rate due to HTN Baltimore City 2012 = 591.1, 2013 = 599.6, 2014 = 658.9 Trends for adults at a healthy weight and ED visits due to HTN are performing negatively at this time for Baltimore City and especially African Americans Prevalence trend of obese children/adolescents in Baltimore City is showing improvement Continuation of Initiative Trends for adults at a healthy weight and ED visits due to HTN are performing negatively at this time for Baltimore City and especially African Americans Total Cost of Initiative for Current Fiscal Year Health Fairs = \$46,153 Farmers Market = \$5,569 Kids to Farmers Market = \$3,000 HTN Program = \$46,037 Smoking Cessation = \$6,000 Direct Offsetting Revenue from Restricted Grants Health Fairs = \$0 Farmers Market = \$0 Kids to Farmers Market = \$0 HTN Program = \$46,037 Smoking Cessation = \$6,000 Initiative 2 Maternal/Child Health Identified Need Infant mortality is 10.3 per 1,000 births in Baltimore making it the highest rate of infant mortality in Maryland The Maryland 2017 goal is 6.3 The percentage of low birth weight infants born in Baltimore City is 11.9% - once again the highest in Maryland The Maryland 2017 goal is 8% Maryland 2013 prevalence of ever breastfeeding was 69.4% with the Healthy People 2020 goal at 81.9% This was identified through the CHNA process (FY12 & FY15) Hospital Initiatives - Storks Nest - Breathmobile - Safe Kids Total Number of People Reached by the Initiative Within the Target P

Form and Line Reference	Explanation
Promoting the Health of the Community - UMMSC	opulation - Storks Nest 163 - Breathmobile 536 - Safe Kids 5,393 Primary Objectives of the Initiative Provide evidence-based, innovative, and engaging programs that 1) Reduce low birthweight births in West Baltimore communities 2) Reduce pediatric asthma incidence and ED visits 3) Reduce unintentional injuries in children 4) Increase awareness and benefits of breastfeeding Single or Multi-Year Initiative Time Period Multi-year initiative since 2005, Expected to continue Key Collaborators in Delivery of Initiative Zeta Phi Beta Sorority, March of Dimes, BMore Healthy Babies, Baltimore City Public Schools, Baltimore City Fire and Police Departments Impact/Outcome of Hospital Initiative - Storks Nest 84.2% Babies born >37 weeks, 80.8% babies born >2500 grams, 64.4% of SN Moms initiated breastfeeding - Breathmobile 51.5% of BM patients had any ED visit, Only 33.7% of those had > 2 ED visits, Only 12.3% were hospitalized, Only 34.2% missed > 5 days of school - Safe Kids 1) Child Passenger Safety - Car Safety Misuse Rate = 83% - All seats corrected to 100% 2) Fire Safety Pre-program safety assessment score = 69.6% with Post-program safety assessment score = 88.5% (N = 100 third graders from 2 elementary schools) 3) Pedestrian Safety Pre-program assessment score = 51.6% with Post-program assessment score = 96.8% (N = 50 third grade students) - Breastfeeding Just initiating initiative in FY16 Evaluation Outcomes According to the Maryland SHIP website, the following data trends are (Source http://dhmh.maryland.gov/ship/SitePages/Home.aspx) % of Babies at Low Birth Rate Baltimore City 2011 11.6%, 2012 = 11.8, 2013 11.9 % of ED Visits r/t Asthma Baltimore City 2012 = 235.2/10,000 population, 2013 = 223.5, 2014 = 224.8 % of Breastfeeding - Maryland 2013 = 69.4% ever breastfed (Source http://www.cdc.gov/breastfeeding/pdf/2013breastfeedingreportcard.pdf) Trends in above measures are stagnant or worsening for Baltimore City Continuation of Initiative Yes Indicators are not improving and warrant continued focus Total Cost of Initiative for Current Fiscal Year - Storks Nest - \$18,044 - Breathmobile - \$177,747 - Safe Kids - \$61,952 D Direct Offsetting Revenue from Restricted Grants SN = \$0 Breathmobile = \$171,944 Safe Kids = \$0 Initiative 3 Violence Prevention Identified Need Homicide is the 6th leading cause of death in Balto City Homicide rate is much higher in 5/9 of the targeted zip's and at same rate in 1 zip Homicide is the number 1 killer of African American men ages 19-24 yrs Alcohol/ substance use & distractions impairs driving & lead to preventable accidents This was identified through the CHNA process (FY12 & FY15) Hospital Initiatives - Violence Intervention Program (VIP) - My Future My Career - Promoting Healthy Alternatives for Teens (PHAT) - Trauma Prevention Programs (including Distracted Driving) Total Number of People Reached by the Initiative Within the Target Population - VIP - 1,662 encounters with 42 registered participants - Domestic Violence Project 126 - PHAT program 25 - Trauma Prevention 11,795 Primary Objectives of the Initiative Provide evidence-based, innovative, and engaging programs that 1) Reduces recidivism due to violent injury and domestic violence 2) Promote violence prevention and education in youth 3) Promote trauma prevention (distracted driving, driving while intoxicated) Single or Multi-Year Initiative Time Period Multi-year initiative since 1998, Expected to continue Key Collaborators in Delivery of Initiative UMMC partners with Baltimore City Police Commissioner, Baltimore City Police Dept, Baltimore City Public Schools, Baltimore City Health Dept, HSCRC, and DPSC Secretary Impact/Outcome of Hospital Initiative As a result of the VPP program (of 42 clients), there were - Recidivism 2 clients - Only 4.76% had a repeat admission secondary to violence - Job/Employment 9 clients - 21% of clients became gainfully employed - School 1 client Returned to school Evaluation

Form and Line Reference	Explanation
Promoting the Health of the Community - UMSJMC	Schedule H, Part VI, Line 5 Initiative 1 Early Cancer Detection Screening Identified Need Cancer prevention and early detection through cancer screenings This was not identified through the CHNA process Hospital Initiative One Voice Total Number of People Within the Target Population Unavailable Total Number of People Reached by the Initiative Within the Target Population 210 Primary Objective of the Initiative To provide early mammogram s screening for patients who had not had screenings before due to financial issues Single or Multi-Year Initiative Time Period Multi Year Key Collaborators in Delivery of the Initiative Baltimore County Cancer Program, Advanced Radiology Impact/Outcome of Hospital Initiative 210 routine screening mammograms and clinical breast exams, 1 diagnosis of cancer with follow-up treatment Evaluation of Outcomes Modestly successful Continuation of Initiative? Unknown (dependent on funding and collaboration) Total Cost of Initiative for Current Fiscal Year \$10,386 Direct Offsetting Revenue from Restricted Grants \$0 Initiative 2 Cancer Prevention and Early Detection Identified Need Cancer prevention and early detection through cancer screenings This is need was identified through the CHNA process In addition, needs were identified through Nueva Vida, a community cancer support program for Latin as and Baltimore County Cancer Program Hospital Initiative One Voice Total Number of People Within the Target Population Unavailable Total Number of People Reached by the Initiative Within the Target Population 63 uninsured women were educated and provided CBE and Mammograms through the Cancer Institute One Voice Program, a monthly Breast Cancer Education and Screening Program 40 Diagnostic follow-up procedures were provided to women in the One Voice Program Primary Objective of the Initiative To educate uninsured/underserved women about cancer prevention and provide early detection of breast cancer through screening program and patient navigation Single or Multi-Year Initiative Time Period Multi Year Key Collaborators in Delivery of the Initiative Nueva Vida, a Community Cancer Support and Advocacy Group for Hispanic women, Cancer Institute Breast Center who provides the CBE and follow-up for women with positive findings and Advanced Radiology who provided 100 free screening mammograms for the program UMSJMC works with Baltimore County Cancer Program (BCCP) to enroll women in need of a biopsy and/or treatment into the Breast and Cervical Cancer Diagnosis and Treatment Program Impact/Outcome of Hospital Initiative Through our collaborative partners, the One Voice Breast Screening Program has been able to be sustained since 2012 and has expanded to include diagnostics and a seamless referral process for cervical and colorectal screenings for uninsured women Evaluation of Outcomes Feedback was provided by women served by the program, Nueva Vida, Breast Center and Advanced Radiology Two quality measures were added to the monthly breast screening program based on evaluation Diagnostics were included in the Screening Program to provide continuity of care for the women and a Referral Process was developed with BCCP for women in need of Cervical and/or Colon cancer screening Continuation of Initiative? Yes Total Cost of Initiative for Current Fiscal Year \$1,129 Direct Offsetting Revenue from Restricted Grants \$0 Initiative 3 Cancer Coalition Building Identified Need Coalition building and advocacy are vital to a strong outreach program focused on cancer education, prevention, early detection and survivorship, with particular attention to culturally sensitive approaches This need was identified through the CHNA process, with the addition of collaborative partnerships Hospital Initiative Cancer Coalition Building and Advocacy Total Number of People Within the Target Population Unavailable Total Number of People Reached by the Initiative Within the Target Population 1,768 Primary Objective of the Initiative To enhance the effectiveness of each participating organization/agency in cancer education/prevention by collaborating in initiatives to educate and screen persons, especially those in minority and traditionally underserved/marginal communities Single or Multi-Year Initiative Time Period Multi Year Key Collaborators in Delivery of the Initiative Nueva Vida, UMSJMC Community Health, UMS Community Outreach Downtown, MD State Cancer Collaborative, MD State Cancer Control Steering Committee, Baltimore County Cancer Coalition Impact/Outcome of Hospital Initiative Total # of collaborative education/prevention activities = 36 Evaluation of Outcomes Metrics include the following # people reached (unavailable) # people screened (unavailable) # evaluations at individual events (unavailable) # of collaborative activities (unavailable) Continuation of Initiative? Yes Total Cost of Initiative for Current Fiscal Year \$705 Direct Offsetting Revenue from Restricted Grants \$0

Form and Line Reference	Explanation
Promoting the Health of the Community - UMSJMC	Initiative 4 St Clare Medical Outreach Identified Need Primary care services for person s with no insurance whatsoever (no Medicare, no Medicaid, not eligible for any health insurance under the ACA) or an easily accessible bus route This need was identified through the CHNA process Access to health care was identified as one of the primary unmet health care needs Hospital Initiative St Clare Medical Outreach Total Number of People Within the Target Population Number of Hispanics in Baltimore City 2010 Census 29,960 Number of Hispanics in Baltimore County 2010 Census 33,735 Total 63,695 Total Number of People Reached by the Initiative Within the Target Population St Clare has 900 individual patients Primary Objective of the Initiative Primary health care service for those with no health insurance, particularly the Hispanic community (also immigrant) Single or Multi-Year Initiative Time Period Multi Year Key Collaborators in Delivery of the Initiative UMSJMC provides no cost lab and out-patient services Charity in-patient services for patients referred from St Clare Medical Outreach, including surgery and cancer treatment - Service of employed physicians - Service of non-employed specialists who accept St Clare patients as pro bono patients - Baltimore County Cancer Prevention Program - Baltimore City Cancer Prevention Program Med Star - Esperanza Center - House of Ruth/Adelente Familia - Nueva Vida - Provision JHH Wilmer Eye Institute Diabetic Retinopathy - University of MD Dental School - Baltimore County Health Department for Womens Health - Baltimore City FQHC for Womens Health Care - Baltimore City Health Dept STD clinics - Medicine and International Health JHU SOM Center for TB Research Impact/Outcome of Hospital Initiative St Clare sees approximately 2200 patients/year Evaluation of Outcomes Number of patients able to be seen with limited health care providers in the practice Decrease in A1C markers indicating better control of diabetes (diabetes is one of the most prevalent and chronic conditions of St Clare patients) Decrease number of patients seen in the Emergency Room at SJMC Continuation of Initiative UMSJMC is committed to underwriting the expenses of St Clare Medical Outreach including rent, salaries, pharmaceuticals, etc Total Cost of Initiative for Current Fiscal Year \$735,527 Direct Offsetting Revenue from Restricted Grants \$0

Form and Line Reference	Explanation
Affiliated Health Care System Roles - UMMSC	Schedule H, Part VI, Line 6 As part of the University of Maryland Medical System (UMMS), the University of Maryland Medical Center understands that health care goes beyond the walls of the hospital and into the community it serves UMMS hospitals are committed to strengthening their neighboring communities In doing so, the UMMC assesses the community's health needs, develops budgets, and responds with services, programs and initiatives which make a positive, sustained impact on the health of the community With representation from all UMMS hospitals, the Medical System's Community Health Needs Assessment and Reporting Coalition coordinates the effective and efficient utilization and deployment of resources for community-based activities and evaluates how services and activities meet targeted community needs within defined geographic areas The University of Maryland Medical Center is committed to health education, advocacy, community partnerships, and programs to eliminate health care disparities in our community Affiliated Health Care System Roles - UMSJMC Schedule H, Part VI, Line 6 As a member of the University of Maryland Medical System, UM-SJMC participates annually in multiple community-based events, i e , health fairs, screenings and educational opportunities across the UMMS system, particularly in collaboration with the downtown University of Maryland Medical Center

Form and Line Reference	Explanation
State Filing of Community Benefit Report - UMMSC & UMSJMC	Schedule H, Part VI, Line 7 MD

Additional Data

Software ID:
Software Version:
EIN: 52-1362793
Name: UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

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

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

Form and Line Reference	Explanation
University of Maryland Hospital - 1	
UMMS St Joseph Medical Center, LLC - 2	Schedule H, Part V, Section B Line 13h - The financial assistance policy explains several eligibility criteria, including participation in Medicaid/Medicare programs as well as eligibility under various state regulations In compliance with the new IRC Section 501(r) regulations UMMS is currently in the process of updating their Financial Assistance Policy to ensure its compliance with IRS regulations Line 22D - All patients are charged state regulated rates, regardless of their ability to pay Line 24 - The State of Maryland is a unique state in regard to the provision of health care services and their related charges by hospitals All hospital charges processed to all payors, including governmental payors, are set through Maryland's Health Services Cost Commission Accordingly, all hospital charges are not gross charges as defined by the IRS under Internal Revenue Code Section 501(r)(5)(b)

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

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.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
52-1362793

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

15

3

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

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

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

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

Additional Data

Software ID:
Software Version:
EIN: 52-1362793
Name: UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

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

(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
UMBF Inc100 N Greene St Baltimore,MD 21201			30,000				General Assistance General Assistance General Assistance General Assistance General Assistance General Assistance General Assistance General Assistance General Assistance General Assistance General Assistance General Assistance
Youthworks Baltimore City Foundation Inc101 West 24th Street Baltimore,MD 21218			55,000				General Assistance
BWMC Foundation300 Hospital Drive Glen Burnie md Glen Burnie,MD 21061			10,000				General Assistance

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

(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
Cal Ripken Sr Foundation 1427 Clarkview Road Baltimore,MD 21209			10,000				General Assistance
UMMS Foundation22 S Greene St Baltimore,MD 21201			10,000				General Assistance
Greater Baltimore Committee 111 South Calvert St Baltimore,MD 21202			9,000				General Assistance

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

(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
Healthy Holly LLC3603 Denny Road Baltimore,MD 21215			100,000				General Assistance
HoganRutherford Enaugural Committee2702 LH Point East baltimore md 2 Baltimore,MD 21224			25,000				General Assistance
American Heart Association 217 E Redwood Street Baltimore,MD 21201			82,261				General Assistance

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

(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
Ronald McDonald House - Baltimore635 W Lexington Street Baltimore, MD 21201			20,000				General Assistance
The Living Legacy Foundation1730 Twin Springs Road Baltimore, MD 21227			10,000				General Assistance
Univ of Maryland St Joseph Foundation Inc250 West Pratt Street 1436 Baltimore, MD 21201			500,000				General Assistance

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

(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
Cristo Rey Corporate Internship Program420 S Chester STreet Baltimore, MD 21231			25,500				General Assistance
Y of Central Maryland303 W Chesapeake Ave Baltimore, MD 21204			46,145				General Assistance
American Heart Association Mid Atlantic107 Waterhouse Road Bourne, MA 02532			7,500				General Assistance

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, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number
52-1362793

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ 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 or provision of all of the expenses described above? If "No," complete Part III to explain.	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		No
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?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		No
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.	Yes	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a UMMS executives receive a benefit package which may be used towards health club dues or other health maintenance programs. Such benefits are capped at \$7,000, \$5,000 or \$3,000 depending on job title as described in the program documents.
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b During the Fiscal Year- ended June 30, 2015, certain officers and key employees participated in the University of Maryland Medical System (UMMS) Supplemental Nonqualified Retirement Plan. The individuals listed below have not vested in the plan therefore the accrued contribution to the plan for the fiscal year is reported on Schedule J, Part II, Column C, Retirement and Other Deferred Compensation: Kenneth Lewis, Walter Ettinger. During the Fiscal Year-ended June 30, 2015, certain officers and key employees participated in the University of Maryland Medical System (UMMS) Supplemental Nonqualified Retirement Plan. The individuals listed below have vested in the plan in a prior year, therefore the contributions to the plan for the fiscal year are reported as taxable compensation and reported on Schedule J, Part II, Line B(III), Other Reportable Compensation: Jeffrey A. Rivest, Henry J. Franey, Keith D. Persinger, Lisa C. Rowan, Megan M. Arthur, Jon P. Burns, David P. Swift, John W. Ashworth, Allison G. Brown, Mark Kelemen. During the Fiscal Year-ended June 30, 2015, certain officers and key employees participated in the University of Maryland Medical System (UMMS) Supplemental Nonqualified Retirement Plan. The individuals listed below have vested in the plan in the reporting tax year, therefore the full value of the plan, including any contributions to the plan for the current fiscal year is reported as taxable compensation and reported on schedule J, Part II, Line B(III), Other Reportable Compensation. Prior year contributions to the plan were previously reported on Form 990 and are indicated on Schedule J, Part II, Column (F): Robert A. Chrencik, Jonathan E. Gottlieb, Gary H. Kane.
Non-fixed Payments	Schedule J, Part I, Line 7 Bonuses paid are based on a number of variables including but not limited to individual goal achievements as well as organization operation achievements. The final determination of the bonus amount is determined and approved by the Board as part of the overall compensation review of the officers and key employees.

Additional Data

Software ID:
Software Version:
EIN: 52-1362793
Name: UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT A CHRENCIK, PRESIDENT AND CEO	(i)	1,183,796	1,004,469	4,692,806	10,400	10,695	6,902,166	4,526,360
	(ii)	0	0	0	0	0	0	0
HENRY J FRANEY, CFO-UMMS/TREASURER	(i)	716,371	364,157	133,840	10,400	10,695	1,235,463	0
	(ii)	0	0	0	0	0	0	0
MEGAN M ARTHUR, SVP & GEN COUNSEL/ SEC'TY	(i)	428,562	172,033	66,247	10,400	14,252	691,494	0
	(ii)	0	0	0	0	0	0	0
JEFFERY A RIVEST, PRESIDENT & CEO - UMMC	(i)	743,558	278,394	151,946	10,400	9,869	1,194,167	0
	(ii)	0	0	0	0	0	0	0
LISA C ROWEN, SVP & CNO - UMMC	(i)	349,373	126,744	49,843	10,400	15,195	551,555	0
	(ii)	0	0	0	0	0	0	0
WALTER ETTINGER, SVP & CMO - UMMS	(i)	581,016	207,943	8,880	95,692	9,869	903,400	0
	(ii)	0	0	0	0	0	0	0
JON P BURNS, SVP & CIO	(i)	381,339	154,634	55,236	10,400	9,869	611,478	0
	(ii)	0	0	0	0	0	0	0
JONATHAN E GOTTLIEB, SVP & CMO	(i)	446,296	147,094	463,800	10,400	10,695	1,078,285	314,430
	(ii)	0	0	0	0	0	0	0
KEITH D PERSINGER, SVP & CFO UMMC	(i)	505,707	181,300	72,844	10,400	6,412	776,663	0
	(ii)	0	0	0	0	0	0	0
DAVID P SWIFT, SVP - Chief HR Officer	(i)	337,762	196,500	50,850	10,400	0	595,512	0
	(ii)	0	0	0	0	0	0	0
JOHN W ASHWORTH III, SVP NETWORK DEVELOPMENT	(i)	373,547	155,458	68,205	10,400	10,695	618,305	0
	(ii)	0	0	0	0	0	0	0
GARY H KANE, VP - SUPPLY CHAIN MGMT	(i)	292,984	91,357	210,838	10,400	10,695	616,274	134,854
	(ii)	0	0	0	0	0	0	0
KENNETH LEWIS, EXECUTIVE - UNION OF CECIL	(i)	559,246	212,203	7,077	18,351	7,591	804,468	0
	(ii)	0	0	0	0	0	0	0
MARK KELEMEN, CHIEF MEDICAL INFO OFFICER	(i)	335,377	130,804	48,160	10,400	15,215	539,956	0
	(ii)	0	0	0	0	0	0	0
ALISON G BROWN, SVP PLANNING & MARKETING	(i)	379,957	141,814	62,186	10,400	15,195	609,552	0
	(ii)	0	0	0	0	0	0	0

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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number
52-1362793

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MHHEFA (SERIES 2004B)	52-0936091	574217LP8	12-17-2003	37,590,847	ADVANCE REFUNDING	X			X		X
B	MHHEFA (SERIES 2005)	52-0936091	574217W92	06-25-2008	144,317,619	CURRENT REFUNDING		X		X		X
C	MHHEFA (SERIES 2006A)	52-0936091	574217YG4	10-24-2006	46,070,791	NEW MONEY		X		X		X
D	MHHEFA (SERIES 2007A)	52-0936091	574217G74	09-12-2007	96,445,000	ADVANCE REFUNDING		X		X		X

Part II		Proceeds								
		A		B		C		D		
1	Amount of bonds retired	9,485,000		7,025,000		0		400,000		
2	Amount of bonds legally defeased	25,160,000		0		0		0		
3	Total proceeds of issue	37,590,847		144,317,619		46,907,010		96,445,000		
4	Gross proceeds in reserve funds	0		0		2,214,122		0		
5	Capitalized interest from proceeds	0		0		3,498,365		0		
6	Proceeds in refunding escrows	0		0		0		0		
7	Issuance costs from proceeds	444,968		1,167,619		350,032		784,512		
8	Credit enhancement from proceeds	1,056,738		0		0		13,877		
9	Working capital expenditures from proceeds	0		0		0		0		
10	Capital expenditures from proceeds	0		0		40,844,491		0		
11	Other spent proceeds	36,089,142		143,150,000		0		95,646,611		
12	Other unspent proceeds	0		0		0		0		
13	Year of substantial completion						2008			
		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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?									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 of bond-financed property?						X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X			
c	Are there any research agreements that may result in private business use of bond-financed property?						X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?					X			
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 %			
6	Total of lines 4 and 5					0 %			
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?		X		X		X		X
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X	X	
b	Name of provider	0		0		0			
c	Term of hedge							27	
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?								

Part V

Procedures To Undertake Corrective Action

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

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part III, Line 9, Part IV, Line 9, Part V	The organization is in the process of establishing written procedures, to be effective by the end of the fiscal year June 30, 2015, to ensure the following 1) All nonqualified bonds of the issue are remediated in accordance with the requirements under regulations sections 1.141-12 and 1.145-2, 2) Violations of Federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulation, and 3) Ensure compliance by monitoring the requirement of section 148

Name of the organization
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number
52-1362793

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2007B)	52-0936091	574217G82	09-12-2007	41,350,000	ADVANCE REFUNDING	X			X		X
B MHHEFA (SERIES 2008A)	52-0936091	574217U78	05-21-2008	50,000,000	CURRENT REFUNDING	X			X		X
C MHHEFA (SERIES 2008B)	52-0936061	574217U86	05-21-2008	75,000,000	CURRENT REFUNDING	X			X		X
D MHHEFA (SERIES 2008C)	52-0936091	574217U94	05-21-2008	50,000,000	CURRENT REFUNDING	X			X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	175,000		0		0		0	
2	Amount of bonds legally defeased	41,175,000		50,000,000		75,000,000		50,000,000	
3	Total proceeds of issue	46,837,192		50,000,000		75,000,000		50,000,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	45,792,457		0		0		0	
7	Issuance costs from proceeds	336,219		283,967		425,158		283,967	
8	Credit enhancement from proceeds	5,947		33,758		50,542		33,758	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		0	
11	Other spent proceeds	702,569		49,682,275		74,524,300		49,682,275	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion								
		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
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?		X		X		X		X
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
b	Name of provider	JP MORGAN BANK AMER		JP MORGAN BANK AMER		JP MORGAN BANK AMER			
c	Term of hedge	27		34 6		34 6		34 6	
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?								

Part V

Procedures To Undertake Corrective Action

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

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.
Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number
52-1362793

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2008D)	52-0936091	574217V28	05-21-2008	50,000,000	CURRENT REFUNDING		X		X		X
B MHHEFA (SERIES 2008E)	52-0936091	574217V36	05-21-2008	55,000,000	CURRENT REFUNDING		X		X		X
C MHHEFA (SERIES 2008F)	52-0936091	574217Y66	07-10-2008	89,764,001	CURRENT REFUNDING		X		X		X
D MHHEFA (SERIES 2010)	52-0936091	5742175E1	01-07-2010	241,441,656	NEW MONEY/CURRENT REFUNDING		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		17,365,000		10,460,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	50,000,000		55,000,000		89,764,001		241,441,656	
4	Gross proceeds in reserve funds	0		0		0		19,092,171	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	283,967		309,350		792,457		2,656,305	
8	Credit enhancement from proceeds	33,758		36,775		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		130,000,000	
11	Other spent proceeds	49,682,275		54,653,875		88,971,544		89,693,180	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2012							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	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 of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		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	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?		X		X		X		X
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b	Name of provider	JP MORGAN BANK AMER		JP MORGAN BANK AMER		0			
c	Term of hedge	34 6		34 6					
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?								

Part V

Procedures To Undertake Corrective Action

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

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number
52-1362793

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2012A)	52-0936091		08-16-2012	40,785,000	CURRENT REFUNDING		X		X		X
B MHHEFA (SERIES 2012B)	52-0936091		08-16-2012	50,175,000	CURRENT REFUNDING		X		X		X
C MHHEFA (SERIES 2012C)	52-0936091		08-16-2012	75,205,000	CURRENT REFUNDING		X		X		X
D MHHEFA (SERIES 2012D)	52-0936091		08-16-2012	50,170,000	CURRENT REFUNDING		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	40,785,000		50,175,000		75,205,000		50,170,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	580,000		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		0	
11	Other spent proceeds	40,205,000		50,175,000		75,205,000		50,170,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion								
		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 of bond-financed property?							
		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?							
	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?							
		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?							
	X		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	Does the bond issue meet the private security or payment test?							
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of							
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?							
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?							
	X		X		X		X	

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?							
		X		X		X		X
2	If "No" to line 1, did the following apply?							
a	Rebate not due yet?							
b	Exception to rebate?							
		X		X		X		X
c	No rebate due?							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed							
3	Is the bond issue a variable rate issue?							
		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?							
		X		X		X		X
b	Name of provider		0		0			
c	Term of hedge							
d	Was the hedge superintegrated?							
		X		X		X		X
e	Was the hedge terminated?							

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?								

Part V

Procedures To Undertake Corrective Action

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

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number
52-1362793

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MHHEFA (SERIES 2013A)	52-0936091	574218MH3	03-08-2013	265,377,428	NEW MONEY/CURRENT & ADVANCED REFUN		X		X		X
B	MHHEFA (SERIES 2015)	52-0936091	574218WD1	05-21-2015	86,603,677	ADVANCE REFUNDING		X		X		X
C	MHHEFA (SERIES 2008C)	52-0936091	5742172P9	08-08-2008	55,325,000	CURRENT REFUNDING		X		X		X
D	MHHEFA (SERIES 2011A)	52-0936091		10-01-2011	42,000,000	NEW MONEY		X		X		X

Part II

Proceeds

		A		B		C		D		
1	Amount of bonds retired	0		0		54,124,840		0		
2	Amount of bonds legally defeased	0		0		0		0		
3	Total proceeds of issue	265,377,428		86,603,677		58,596,000		50,000,000		
4	Gross proceeds in reserve funds	0		0		2,511,863		0		
5	Capitalized interest from proceeds	0		0		0		0		
6	Proceeds in refunding escrows	54,010,562		86,594,202		0		0		
7	Issuance costs from proceeds	2,662,975		9,475		0		0		
8	Credit enhancement from proceeds	0		0		0		0		
9	Working capital expenditures from proceeds	0		0		0		0		
10	Capital expenditures from proceeds	129,930,000		0		0		0		
11	Other spent proceeds	35,603,891		0		0		0		
12	Other unspent proceeds	43,170,000		0		0		0		
13	Year of substantial completion						2008		2013	
		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 of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		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	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?		X		X		X		X
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?								

Part V

Procedures To Undertake Corrective Action

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

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number
52-1362793

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2011B)	52-0936091		12-01-2011	59,225,000	CURRENT REFUNDING		X		X		X
B MHHEFA (SERIES 2011C)	52-0936091		12-01-2011	59,225,000	CURRENT REFUNDING		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	61,800,000		58,080,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	59,225,000		59,225,000					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	0		0					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		0					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2000		2000					
		Yes	No	Yes	No				
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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 of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		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 %					
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 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?		X		X				
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?		X		X				
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?								

Part V

Procedures To Undertake Corrective Action

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

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	\$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	\$	

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total	\$			
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Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Atwood Collins	Board Member	2,500,000	see below		
(2) Francis Kelly	Board Member	1,481,793	see below		
(3) John Dillon	Board Member	156,000	see below		

Part V Supplemental Information

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

Return Reference	Explanation
Atwood Collins	The Organization used M&T Bank for many of it's banking services, including treasury management, deposit serviecs, lines of credit and corporate trust and custody services. Atwood Collins is Executive Vice President of M&T Bank as well as a Board Member of the University of Maryland Medical System. Services provided by M&T Bank are charged at or below fair market value.
Francis Kelly	Francis Kelly is a board member of the University of Maryland Medical System as well as the chairman and chief executive officer of Kelly & Associates Insurance Group, Inc. The Medical System uses Kelly & Associates to purchase health, vision, dental and life insurance policies for the employees of the system. Services provided by Kelly & Associates are charged at or below fair market value. The above amount includes \$941,294 attributable to UMMC and \$137,394 attributable to SJMC.
John Dillon	Mr. Dillon provides healthcare consulting services to UMMS. All services are provided at or below FMV.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014**Open to Public
Inspection**Name of the organization
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP**Employer identification number**

52-1362793

**Return
Reference****Explanation**

Form 990,
Part III, Line
2

On December 1, 2012, the University of Maryland Medical System acquired substantially all of the assets of St Joseph Medical Center, a 247-bed community hospital located in Towson, Maryland, as well as ownership interests in related affiliates, pursuant to an Asset Purchase Agreement with Catholic Health Initiatives, St Joseph Medical Center, Inc and certain other entities controlled by Catholic Health Initiatives. The hospital assets were purchased by University of Maryland St Joseph Medical Center, LLC, a wholly-owned subsidiary of UMSJ Health System, LLC. UMSJ Health System, LLC is a wholly-owned subsidiary of the University of Maryland Medical System. Under the Purchase Agreement, purchased assets include the St Joseph Medical Center hospital facility land and improvements, furniture, fixtures and equipment, supplies, inventory, intangible assets, prepaid expenses and certain records necessary to continue operations at the facility, but exclude certain assets such as cash, investments and accounts receivable as of the purchase date. Under the terms of the Purchase Agreement, the University of Maryland Medical System did not assume any liabilities or financial obligations associated with any acquired assets or the business operations at St Joseph Medical Center that existed at the time of, or occurred prior to, the purchase date, including but not limited to accounts payable, liabilities for benefits or pension plans, financial obligations to any governmental authority and claims or litigation relating to acts or omissions that occurred prior to the purchase date. On December 6, 2013, The University of Maryland Medical System completed a full acquisition and became a sole corporate member of Upper Chesapeake. Prior to 2013, UMMS owned a 49 percent interest in a joint venture that included the majority of the operating assets and revenues of Upper Chesapeake. For this period, UMMS' investment in Upper Chesapeake was accounted for as a noncontrolling joint venture interest and a component of UMMS' nonoperating income.

Return Reference	Explanation
Form 990, Part VII	University of Maryland St Joseph's Medical Center Board of Directors Robert A Chrencik, member John W Ashworth III, member Honorable Francis X Kelly, chairman Rev Joseph Barr, member John P Coale Esq , member Monsignor Richard Cramblitt, member R Michael Gill, member Edward J Gillis, Esq , Vice Chairman Patrick J Goles, member Caroline A Griffin, Esq , member E Albert Reece, MD, member Honorable James T Smith, Jr , member Adele A Wilzack, RN, member David Brinker, MD, member Honorable Andrew P Harris, MD, member Monsignor J Bruce Jarboe, member Officers- non voting members Mohanakumar Suntharalingam, President & CEO Craig J Carmichael, VP Operations Paul S Nicholson, CFO The following represents compensation paid by University of Maryland Medical System Corp to the Officers of St Joseph's Medical Center during the tax year Individual Reportable Compensation Other Compensation M Suntharalingam 1,138,649 119,195 Paul S Nicholson 416,369 25,595 Honorable F Kelly - - Edward J Gillis, Esq - - Edward J Gillis also serves as a director but does not receive any compensation for his services as a director or as an officer of St Joseph's Medical Center -Honorable F Kelly serves as an officer, without compensation for his services to St Joseph's Medical Center The following directors of St Joseph's Medical Center are not compensated for their roles as directors of St Joseph's Medical Center but rather receive compensation from the The University of Maryland Corp (UMMS Corp) as the President & CEO and SVP Network Development of UMMS Corp , respectively Individual Reportable Compensation Other Compensation Robert Chencik 6,881,071 21,095 John Ashworth III 597,210 21,095 The following represents compensation paid by University of Maryland Medical System Corp to the Key Employees of St Joseph's Medical Center during the tax year Individual Reportable Compensation Other Compensation Craig Carmichael 327,823 23,328 Gail Cunningham 496,179 21,095 Walter Furlong 273,229 45,243 Pamela Jameson 350,107 19,804 The following represents compensation paid by University of Maryland Medical System Corp to the Top 5 Highest Compensated Employees of St Joseph's Medical Center during the tax year Individual Reportable Compensation Other Compensation Michael Schultz 769,493 23,651 R C S Finney Jr 727,483 24,329 Farhan Majeed 1,010,785 23,842 Henry Sun 721,436 23,985 Raw n Salender 663,702 23,842

Return Reference	Explanation
Form 990, Part VIII, IX, and X	Consolidation Total Revenue Per 990 Entity Contributions Program Invest/Rental Other and g/l UMMS 52-1362793 10,758,011 1,424,000,866 12,642,480 12,133,967 UMMRSS LLC 45-5565991 - 800,924 - - UMRPS LLC 45-5559036 - - - 3,593,026 UMSJP LLC 30-0755741 - - - 1,533,792 UMSJMG LLC 37-1704041 - 32,601,519 - 8,049,275 UMSJO LLC 32-0391006 - 22,276,882 - 92,978 UMSJMC 35-2445106 331,111 334,909,146 1,199,532 4,420,323 Total 11,089,122 1,814,589,337 13,842,012 29,823,361 Total Expense Per 990 Entity Program Management Fundraising UMMS 52-1362793 1,250,831,730 158,450,322 - UMMRSS LLC 45-5565991 791,176 59,906 - UMRPS LLC 45-5559036 2,585,945 251,701 - UMSJP LLC 30-0755741 2,023,821 51,120 - UMSJMG LLC 37-1704041 44,814,888 7,450,285 - UMSJO LLC 32-0391006 26,208,186 1,540,491 - UMSJMC 35-2445106 285,204,365 48,132,616 - Total 1,612,460,111 215,936,441 - Balance Sheet- Assets Entity Total Assets UMMS 52-1362793 2,905,496,433 UMMRSS LLC 45-5565991 (689,590) UMRPS LLC 45-5559036 1,875,327 UMSJP LLC 30-0755741 (1,163,439) UMSJMG LLC 37-1704041 (31,122,541) UMSJO LLC 32-0391006 (14,268,761) UMSJMC 35-2445106 287,145,508 Total 3,147,272,937 Balance Sheet- Liabilities and Fund Balance Entity Total Total Total Liabilities Fund Balance UMMS 52-1362793 1,611,670,711 1,293,825,722 2,905,496,433 UMMRSS LLC 45-5565991 241,743 (931,333) (689,590) UMRPS LLC 45-5559036 887,740 987,587 1,875,327 UMSJP LLC 30-0755741 456,441 (1,619,880) (1,163,439) UMSJMG LLC 37-1704041 3,459,273 (34,581,814) (31,122,541) UMSJO LLC 32-0391006 2,713,768 (16,982,529) (14,268,761) UMSJMC 35-2445106 339,402,974 (52,257,466) 287,145,508 Total 1,958,832,650 1,188,440,287 3,147,272,937

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

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

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

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

Return Reference	Explanation
Reconciliation of Net Assets	Form 990, Part XI, Line 9 Capital transfer- MGH \$ (5,081,000) Change Fair Value- Interest rate sw ap (19,423,000) Net assets Released from Restrictions for purchases 14,669,000 Change in Economic/Beneficial Interest in Net Assets of Related Organizations (2,170,000) Change in Unrestricted Net Assets (UMMC, IHL, Elim, Ecare) 938,808 Change in Ownership of Nonconsolidated Subsidiaries (234,000) Other Changes in Net Assets (1,321,825) ----- Total \$ (12,622,017)

Return Reference	Explanation
HOURS ON RELATED ENTITY	PART VII, SECTION A, COL (B) THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) IS A MULTI-ENTITY HEALTH CARE SYSTEM THAT INCLUDES 11 ACUTE CARE HOSPITALS, 1 ACUTE CARE HOSPITAL OWNED IN A JOINT VENTURE ARRANGEMENT AND VARIOUS SUPPORTING ENTITIES. A NUMBER OF INDIVIDUALS PROVIDE SERVICES TO VARIOUS ENTITIES WITHIN THE SYSTEM. IN GENERAL, THE OFFICERS AND KEY EMPLOYEES OF UMMS AVERAGE IN EXCESS OF 40 HOURS PER WEEK SERVING THE DIFFERENT ENTITIES THAT COMPRISE UMMS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number
52-1362793

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
See Additional Data Table						

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

Yes

1r

Yes

1s

No

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

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

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 52-1362793

Name: UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
36 S Paca Street LLC 36 S Paca Street Baltimore, MD 21211 56-2544990	Rental	MD	1,087,000	9,697,000	UMMSC
University of Maryland Ecare LLC 250 W Pratt Street Baltimore, MD 21201 46-1441270	Healthcare	MD	2,936,000	1,774,000	UMMSC
SJMC Physicians LLC 7601 Osler Drive Towson, MD 20204 36-4734065	Healthcare	MD	0	0	UMMSC
Univ of MD Med Reg Supplier Services 7601 Osler Drive Towson, MD 21204 45-5565991	Healthcare	MD	800,924	-689,589	UMMSC
Univ of MD Med Reg Prof Services 7601 Osler Drive Towson, MD 21204 45-5559036	Healthcare	MD	3,593,026	1,875,000	UMMSC
UMSJ Properties LLC 7601 Osler Drive Towson, MD 21204 30-0755741	Rental	MD	1,533,792	-1,163,439	UMMSC
Univ of MD St Joseph Medical Center LLC 7601 Osler Drive Towson, MD 21204 35-2445106	Healthcare	MD	340,860,112	263,705,637	UMMSC
Univ of MD St Joseph Medical Group LLC 7601 Osler Drive Towson, MD 21204 37-1704041	Healthcare	MD	40,650,794	-31,122,541	UMMSC
Univ of MD St Joseph Orthopaedics LLC 7601 Osler Drive Towson, MD 21204 32-0391006	Healthcare	MD	22,369,860	-14,268,761	UMMSC
OLP LLC 7601 Osler Drive Towson, MD 21204	Healthcare	MD	0	0	UMMSC
University of MD Medical Center LLC 250 W Pratt Street Baltimore, MD 21201 32-0443777	Healthcare	MD	1,458,811,090	2,906,094,433	UMMSC
University of MD Health Ventures LLC 250 W Pratt Street Baltimore, MD 21201 47-4794292	Healthcare	MD	0	0	UMMSC
UMRMC I Inc 250 W Pratt Street Baltimore, MD 21201	Healthcare	MD	0	0	UMMSC
UMRMC LLC 250 W Pratt Street Baltimore, MD 21201	Healthcare	MD	0	0	UMMSC
UMMC I LLC 250 W Pratt Street Baltimore, MD 21201 38-3945516	Healthcare	MD	0	0	UMMSC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) Baltimore Washington Emergency Phys Inc 301 Hospital Drive Glen Burnie, MD 21061 52-1756326	Healthcare	MD	501(c)(3)	11A	UMBWMS		No
(1) Baltimore Washington Healthcare Services 301 Hospital Drive Glen Burnie, MD 21061 52-1830243	Healthcare	MD	501(c)(3)	11A	UMBWMS		No
(2) Baltimore Washington Medical Center Inc 301 Hospital Drive Glen Burnie, MD 21061 52-0689917	Healthcare	MD	501(c)(3)	3	UMBWMS		No
(3) UMD Baltimore Washington Medical Center 301 Hospital Drive Glen Burnie, MD 21061 52-1830242	Healthcare	MD	501(c)(3)	11A	UMMSC	Yes	
(4) BW Medical Center Foundation Inc 301 Hospital Drive Glen Burnie, MD 21061 52-1813656	Fundraising	MD	501(c)(3)	11C	UMBWMS		No
(5) North Arundel Development Corporation 301 Hospital Drive Glen Burnie, MD 21061 52-1318404	Real Estate	MD	501(c)(2)		NCC		No
(6) North County Corporation 301 Hospital Drive Glen Burnie, MD 21061 52-1591355	Real Estate	MD	501(c)(2)		UMBWMS		No
(7) Shipleys Choice Medical Park Inc 22 South Greene Street Baltimore, MD 21201 04-3643849	Real Estate	MD	501(c)(2)		NCC		No
(8) Chester River Health Foundation Inc 100 Brown Street Chestertown, MD 21620 52-1338861	Fundraising	MD	501(c)(3)	8	UMSRH		No
(9) Univ of MD Shore Regional HealthInc 100 Brown Street Chestertown, MD 21620 52-2046500	Healthcare	MD	501(c)(3)	11A	UMMSC	Yes	
(10) Chester River Hospital Center 100 Brown Street Chestertown, MD 21620 52-0679694	Healthcare	MD	501(c)(3)	3	UMSRH		No
(11) Chester River Manor Inc 200 Morgnec Road Chestertown, MD 21620 52-6070333	Healthcare	MD	501(c)(3)	9	UMSRH		No
(12) Maryland General Clinical Practice Group 827 Linden Avenue Baltimore, MD 21201 52-1566211	Healthcare	MD	501(c)(3)	11B	UMMTH		No
(13) Maryland General Comm Health Foundation 827 Linden Avenue Baltimore, MD 21201 52-2147532	Fundraising	MD	501(c)(3)	11C	UMMTH		No
(14) University of Maryland Midtown Health I 827 Linden Avenue Baltimore, MD 21201 52-1175337	Healthcare	MD	501(c)(3)	11B	UMMSC	Yes	
(15) Maryland General Hospital Inc 827 Linden Avenue Baltimore, MD 21201 52-0591667	Healthcare	MD	501(c)(3)	3	UMMTH		No
(16) Care Health Services Inc 219 South Washington Street Easton, MD 21601 52-1510269	Healthcare	MD	501(c)(3)	9	UMSRH		No
(17) Dorchester General Hospital Foundation 219 South Washington Street Easton, MD 21601 52-1703242	Fundraising	MD	501(c)(3)	11	UMSRH		No
(18) Memorial Hospital Foundation Inc 219 South Washington Street Easton, MD 21601 52-1282080	Fundraising	MD	501(c)(3)	11A	UMSRH		No
(19) UM Community Medical Group Inc 920 Elkridge Landing Road Linthicum, MD 21090 52-1874111	Healthcare	MD	501(c)(3)	3	UMMSC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) Shore Health System Inc 219 South Washington Street Easton, MD 21601 52-0610538	Healthcare	MD	501(c)(3)	3	UMMSC		No
(1) James Lawrence Kernan Hosp Endow Fd 2200 Kernan Drive Baltimore, MD 21207 23-7360743	Fundraising	MD	501(c)(3)	11B	UMMSC		No
(2) James Lawrence Kernan Hospital Inc 2200 Kernan Drive Baltimore, MD 21207 52-0591639	Healthcare	MD	501(c)(3)	3	UMMSC	Yes	
(3) UMMS Foundation Inc 22 South Greene Street Baltimore, MD 21201 52-2238893	Fundraising	MD	501(c)(3)	11A	UMMSC	Yes	
(4) University of Maryland Charles Regional PO Box 1070 La Plata, MD 20646 52-2155576	Healthcare	MD	501(c)(3)	11C	UMMSC	Yes	
(5) Civista Medical Center Inc PO Box 1070 La Plata, MD 20646 52-0445374	Healthcare	MD	501(c)(3)	3	UMCRH		No
(6) Charles Regional Medical Center Foundati PO Box 1070 La Plata, MD 20646 52-1414564	Fundraising	MD	501(c)(3)	11A	UMCRH		No
(7) Charles Regional Medical Center Auxiliar PO Box 1070 La Plata, MD 20646 52-1131193	Fundraising	MD	501(c)(3)	11A	UMCRH		No
(8) Univ of MD St Joseph Foundation Inc 7601 Osler Drive Towson, MD 21204 52-1681044	Fundraising	MD	501(c)(3)	11A	UMMSC	Yes	
(9) Harford Memorial Hospital Inc 520 Upper Chesapeake Dr Bel Air, MD 21014 52-0591484	Healthcare	MD	501(c)(3)	3	UMUCHS		No
(10) UCH Legacy Funding Corporation 520 Upper Chesapeake Dr Bel Air, MD 21014 52-0882914	Fundraising	MD	501(c)(3)	11A	UMUCHS		No
(11) Univ of MD Upper Chesapeake Health Sys 520 Upper Chesapeake Dr Bel Air, MD 21014 52-1398513	Healthcare	MD	501(c)(3)	11C,III-FI	UMUCHS	Yes	
(12) Upper Chesapeake Health Foundation Inc 520 Upper Chesapeake Dr Bel Air, MD 21014 52-1398507	Fundraising	MD	501(c)(3)	11A	UMUCHS		No
(13) Upper Chesapeake Medical Center Inc 520 Upper Chesapeake Dr Bel Air, MD 21014 52-1253920	Healthcare	MD	501(c)(3)	3	UMUCHS		No
(14) Upper Chesapeake Medical Services Inc 520 Upper Chesapeake Dr Bel Air, MD 21014 52-1501734	Healthcare	MD	501(c)(3)	9	UMUCHS		No
(15) Upper Chesapeake Properties Inc 520 Upper Chesapeake Dr Bel Air, MD 21014 52-1907237	Real Estate	MD	501(c)(2)		UMUCHS		No
(16) Upper Ches Residential Hospice House In 520 Upper Chesapeake Dr Bel Air, MD 21014 26-0737028	Hospice	MD	501(c)(3)	7	UMUCHS		No
(17) Upper ChesapeakeSt Joe's Home CareInc 520 Upper Chesapeake Dr Bel Air, MD 21014 52-1229742	Hospice	MD	501(c)(3)	9	UMUCHS		No
(18) UMSJ Health System LLC 7601 Osler Drive Towson, MD 21204 46-0797956	Healthcare	MD	501(c)(3)		UMMSC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)		(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
								Yes	No		Yes	No	
Arundel Physicians Associates LLC 301 Hospital Drive Glen Burnie, MD 20161 52-2000762	Healthcare	MD	NA										
Baltimore Washington Imaging LLC 301 Hospital Drive Glen Burnie, MD 20161 20-0806027	Healthcare	MD	NA							0			
NAHSunrise of Severna Park LLC 301 Hospital Drive Glen Burnie, MD 20161 54-1810729	Healthcare	MD	NA										
North Arundel Senior Living LLC 301 Hospital Drive Glen Burnie, MD 20161 54-1810728	Healthcare	MD	NA										
Innovative Health LLC 29165 Canvasback Drive Suite 100 Easton, MD 21601 52-1997287	Billing	MD	NA										
Central Maryland Radiology Oncology LLC 10710 Charter Drive Columbia, MD 21044 27-0879418	Healthcare	MD	UMMSC	RELATED		3,303,000	5,284,000		No			No	50 000 %
Universitycare LLC 22 South Greene Street Baltimore, MD 21201 52-1914892	Healthcare	MD	UMMSC	RELATED		2,964,600	611,100		No	0		No	90 000 %
O'Dea Medical Arts Limited Partnership 7601 Osler Drive Towson, MD 21204 52-1682964	Rental	MD	UMMSC	related		1,903,280	10,157,240		No	0		No	74 000 %
Advanced Imaging at St Joseph Medical C 7601 Osler Drive Towson, MD 21204 52-1958002	Healthcare	MD	NA			0	0		No			No	51 000 %
UCHSUMMS Real Estate Trust 520 Upper Chesapeake Dr Bel Air, MD 21014 27-6803540	Real Estate	MD	NA			0	0		No			No	80 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
Arundel Physicians Associates Inc 301 Hospital Drive Glen Burnie, MD 21061 52-1992649	Healthcare	MD	na	C Corp				
Baltimore Washington Health Enterprises 301 Hospital Drive Glen Burnie, MD 21061 52-1936656	Healthcare	MD	na	C Corp				
BW Professional Services Inc 301 Hospital Drive Glen Burnie, MD 21061 52-1655640	Healthcare	MD	na	c corp				
Univ of Maryland Charles Regional Care P PO Box 1070 La Plata, MD 20646 52-2176314	Healthcare	MD	na	C Corp				
University Midtown Prof Center A Condom 827 Linden Avenue Baltimore, MD 21201 52-1891126	Real Estate	MD	ummsc	C Corp				
NA Executive Building Condo Assn Inc 301 Hospital Drive Glen Burnie, MD 21061	Real Estate	MD	na	C Corp				
Terrapin Insurance Company 98-0129232	Insurance		UMMS	C Corp	19,799,500	99,853,000	50 000 %	No
UMMS Self Insurance Trust 22 South Greene Street Baltimore, MD 21201 52-6315433	Insurance	MD	UMMS	Trust	21,987,000	114,726,000	50 000 %	No
Upper Chesapeake Insurance Company PO Box 1109 Grand Cayman, Cayman Islands CJ 98-0468438	Captive Insurance	CJ	UMUCHS	ltd			100 000 %	
Upper Chesapeake Health Ventures Inc 520 Upper Chesapeake Dr Bel Air, MD 21014 52-2031264	Healthcare	MD	umms	C Corp	397,000	3,322,000	100 000 %	No
Upper Chesapeake Medical Center Land Con 520 Upper Chesapeake Dr Bel Air, MD 21014 77-0674478	Real Estate	MD	UC Med Crt	C Corp			100 000 %	
Upper Chesapeake Medical Office Building 520 Upper Chesapeake Dr Bel Air, MD 21014 52-1946829	Real Estate	MD	UC Hlth Vent	C Corp			100 000 %	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
James L Kernan Hospital Inc	l	330,516	FMV
James L Kernan Hospital Inc	q	11,035,173	FMV
Maryland General Hospital Inc	q	18,438,671	FMV
Maryland General Hospital Inc	r	1,633,171	FMV
Baltimore Washington Medical Center Inc	q	29,632,691	FMV
Shore Health System Inc	q	17,717,448	FMV
Shore Health System Inc	p	245,592	FMV
Chester River Hospital Center Inc	q	3,785,398	FMV
Charles Regional Medical Center Inc	q	8,416,193	FMV
Charles Regional Medical Center Inc	r	2,500,000	FMV
Umms Foundation Inc	c	6,814,512	FMV