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|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Form <b>990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b><br>▶ Do not enter social security numbers on this form as it may be made public.<br>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> | OMB No 1545-0047<br><b>2015</b><br><b>Open to Public Inspection</b> |
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|                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                                                  |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016</b>                                                                                                                                                                                                             |                                                                                                   |                                                                                                                                                  |                                                           |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>ANNE ARUNDEL MEDICAL CENTER INC                                  |                                                                                                                                                  | <b>D</b> Employer identification number<br><br>52-1169362 |
|                                                                                                                                                                                                                                                                                                           | Doing business as                                                                                 |                                                                                                                                                  |                                                           |
|                                                                                                                                                                                                                                                                                                           | Number and street (or P O box if mail is not delivered to street address)<br>2001 MEDICAL PARKWAY |                                                                                                                                                  | Room/suite                                                |
|                                                                                                                                                                                                                                                                                                           | City or town, state or province, country, and ZIP or foreign postal code<br>ANNAPOLIS, MD 21401   |                                                                                                                                                  | <b>E</b> Telephone number<br><br>(443) 481-6554           |
| <b>F</b> Name and address of principal officer<br>ROBERT REILLY<br>2001 MEDICAL PARKWAY<br>ANNAPOLIS, MD 21401                                                                                                                                                                                            |                                                                                                   | <b>G</b> Gross receipts \$ 530,227,266                                                                                                           |                                                           |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a){1} or <input type="checkbox"/> 527                                                                                                           |                                                                                                   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |                                                           |
| <b>J</b> Website: ▶ WWW.AAHS.ORG                                                                                                                                                                                                                                                                          |                                                                                                   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |                                                           |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                                        |                                                                                                   | <b>H(c)</b> Group exemption number ▶                                                                                                             |                                                           |
|                                                                                                                                                                                                                                                                                                           |                                                                                                   | <b>L</b> Year of formation 1902                                                                                                                  | <b>M</b> State of legal domicile MD                       |

|               |                |
|---------------|----------------|
| <b>Part I</b> | <b>Summary</b> |
|---------------|----------------|

|                                                                                |                                                                                                                                                                                  |                           |              |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|
| Activities & Governance                                                        | 1 Briefly describe the organization's mission or most significant activities<br>TO ENHANCE THE COMPREHENSIVE HEALTH CARE WE PROVIDE TO THE LOCAL AND REGIONAL COMMUNITY WE SERVE |                           |              |
|                                                                                |                                                                                                                                                                                  |                           |              |
|                                                                                |                                                                                                                                                                                  |                           |              |
|                                                                                | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                         |                           |              |
|                                                                                | 3 Number of voting members of the governing body (Part VI, line 1a)                                                                                                              | 3                         | 16           |
|                                                                                | 4 Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                  | 4                         | 13           |
| 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5                                                                                                                                                                                | 3,698                     |              |
| 6 Total number of volunteers (estimate if necessary)                           | 6                                                                                                                                                                                | 600                       |              |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12        | 7a                                                                                                                                                                               | 7,536,731                 |              |
| 7b Net unrelated business taxable income from Form 990-T, line 34              | 7b                                                                                                                                                                               | -1,483,139                |              |
| Revenue                                                                        |                                                                                                                                                                                  | Prior Year                | Current Year |
|                                                                                | 8 Contributions and grants (Part VIII, line 1h)                                                                                                                                  | 1,985,016                 | 2,642,895    |
|                                                                                | 9 Program service revenue (Part VIII, line 2g)                                                                                                                                   | 484,508,629               | 505,262,265  |
|                                                                                | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                 | 15,526,871                | 13,497,411   |
|                                                                                | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                      | 23,974,046                | 8,530,937    |
|                                                                                | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                              | 525,994,562               | 529,933,508  |
| Expenses                                                                       | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                                              | 16,294,490                | 0            |
|                                                                                | 14 Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                 | 0                         | 0            |
|                                                                                | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                             | 231,989,214               | 221,371,190  |
|                                                                                | 16a Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                | 0                         | 0            |
|                                                                                | b Total fundraising expenses (Part IX, column (D), line 25) <u>0</u>                                                                                                             |                           |              |
|                                                                                | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                                                                                                                  | 237,725,162               | 269,313,401  |
|                                                                                | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                      | 486,008,866               | 490,684,591  |
|                                                                                | 19 Revenue less expenses Subtract line 18 from line 12                                                                                                                           | 39,985,696                | 39,248,917   |
| Net Assets or Fund Balances                                                    |                                                                                                                                                                                  | Beginning of Current Year | End of Year  |
|                                                                                | 20 Total assets (Part X, line 16)                                                                                                                                                | 935,343,910               | 920,009,002  |
|                                                                                | 21 Total liabilities (Part X, line 26)                                                                                                                                           | 546,789,955               | 580,235,891  |
|                                                                                | 22 Net assets or fund balances Subtract line 21 from line 20                                                                                                                     | 388,553,955               | 339,773,111  |

|                |                        |
|----------------|------------------------|
| <b>Part II</b> | <b>Signature Block</b> |
|----------------|------------------------|

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.

|                                                              |                                                |                                          |                         |                                                 |                   |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------|-------------------------|-------------------------------------------------|-------------------|
| <b>Sign Here</b>                                             | *****                                          |                                          | 2017-05-12              |                                                 |                   |
|                                                              | Signature of officer                           |                                          | Date                    |                                                 |                   |
| <b>Paid Preparer Use Only</b>                                | ROBERT REILLY CFO                              |                                          |                         |                                                 |                   |
|                                                              | Type or print name and title                   |                                          |                         |                                                 |                   |
|                                                              | Print/Type preparer's name<br>LORI S BURGHAUER | Preparer's signature<br>LORI S BURGHAUER | Date<br>2017-05-12      | Check <input type="checkbox"/> if self-employed | PTIN<br>P00370694 |
|                                                              | Firm's name ▶ SC&H TAX & ADVISORY SERVICES LLC |                                          |                         | Firm's EIN ▶ 20-5991824                         |                   |
| Firm's address ▶ 910 RIDGEBROOK ROAD<br><br>SPARKS, MD 21152 |                                                |                                          | Phone no (410) 403-1500 |                                                 |                   |



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.<br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                           | 4 Yes   |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                               | 5       | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts 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 Yes |    |
| 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 Yes |    |
| 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 Yes  |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                     | 19      | No |
| 20a Did the organization operate one or more 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)

|            |                                                                                                                                                                                                                                                                                                                                                                                     |            |     |    |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>                                                                                                                                                      | <b>21</b>  |     | No |
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>                                                                                                                                                                          | <b>22</b>  |     | No |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>                            | <b>23</b>  | Yes |    |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>  | <b>24a</b> | Yes |    |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                                                                         | <b>24b</b> |     | No |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                                                                                | <b>24c</b> |     | No |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                                                                   | <b>24d</b> |     | No |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>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>                                                                                                                                               | <b>25a</b> |     | No |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                                                                                | <b>25b</b> |     | No |
| <b>26</b>  | 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>                                                                                          | <b>26</b>  |     | No |
| <b>27</b>  | 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>                                                          | <b>27</b>  |     | No |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                                                                                        |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                                                                            | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                                                         | <b>28b</b> |     | No |
| <b>c</b>   | 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>                                                                                                                                             | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                                                                                                                                           | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                                                                           | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>                                                                                                                                                                                                                                                 | <b>31</b>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>                                                                                                                                                                                                                               | <b>32</b>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>                                                                                          | <b>33</b>  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>                                                                                                                                      | <b>34</b>  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                             | <b>35a</b> | Yes |    |
| <b>b</b>   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                             | <b>35b</b> | Yes |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                               | <b>36</b>  | Yes |    |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>                                                 | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                                                                                       | <b>38</b>  | 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.                                                                                                                                                              | 1a  | 256   |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                           | 1b  | 0     |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                   | 1c  |       |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                             | 2a  | 3,698 |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> 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? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                               | 3b  | Yes   |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a  | Yes   |    |
| b   | If "Yes," enter the name of the foreign country. <b>CJ</b><br>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   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                       |     |       |    |
| 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   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>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  | <b>Section 501(c)(7) organizations.</b> 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  | <b>Section 501(c)(12) organizations.</b> 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 | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                          | 12a |       |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                     | 12b |       |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                    |     |       |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                              | 13a |       |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                 | 13b |       |    |
| c   | Enter the amount of reserves on hand.                                                                                                                                                                                                      | 13c |       |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 | 14a |       | No |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                 | 14b |       |    |

**Part VI Governance, Management, and Disclosure**

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

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                   |              | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year<br>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 | <b>1a</b> 16 |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                                                                                                       | <b>1b</b> 13 |     |    |
| <b>2</b> 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?                                                                                                                                    | <b>2</b>     |     | No |
| <b>3</b> 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?                                                                                      | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                         | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                               | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                                                                                                       | <b>6</b>     | Yes |    |
| <b>7a</b> 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?                                                                                                                                                      | <b>7a</b>    | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                                | <b>7b</b>    | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                                                                                                         |              |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                                                                                                      | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                    | <b>8b</b>    | Yes |    |
| <b>9</b> 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                                                                                             | <b>9</b>     |     | No |

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

|                                                                                                                                                                                                                                                                                                       | Yes        | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         | <b>10a</b> | No  |
| <b>b</b> 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?                                                                   | <b>10b</b> |     |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                | <b>11a</b> | Yes |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                 |            |     |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                    | <b>12a</b> | Yes |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | <b>12b</b> | Yes |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | <b>12c</b> | Yes |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                   | <b>13</b>  | Yes |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                              | <b>14</b>  | Yes |
| <b>15</b> 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?                                                                        |            |     |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | <b>15a</b> | Yes |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                          | <b>15b</b> | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                                    |            |     |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      | <b>16a</b> | No  |
| <b>b</b> 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? | <b>16b</b> |     |

**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  
**SANDRA HUFFER 2001 MEDICAL PARKWAY ANNAPOLIS, MD 21401 (443) 481-6554**

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

**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

[illegible]

## Part VII

|           |                                                              |           |   |         |
|-----------|--------------------------------------------------------------|-----------|---|---------|
| <b>1b</b> | <b>Sub-Total</b>                                             |           |   |         |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A</b> |           |   |         |
| <b>d</b>  | <b>Total (add lines 1b and 1c)</b>                           | 8,209,920 | 0 | 563,564 |

**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 ► 264

|          |                                                                                                                                                                                                                                               | Yes          | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | <b>3</b> Yes |    |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> Yes |    |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | <b>5</b>     | 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)<br>Name and business address                                                  | (B)<br>Description of services   | (C)<br>Compensation |
|-----------------------------------------------------------------------------------|----------------------------------|---------------------|
| ARAMARK TECHNOLOGIES<br><br>10510 TWIN LAKES PKWY<br>CHARLOTTE, NC 28269          | HEALTHCARE TECHNOLOGIES SERVICES | 1,904,423           |
| CONIFER VALUE-BASED CARE LLC<br><br>1596 WHITEHALL ROAD<br>ANNAPOLIS, MD 21409    | MEDICAL PLAN SERVICES            | 1,694,482           |
| WHITING-TURNER CONTRACTING CO<br><br>100 E JOPPA ROAD<br>BALTIMORE, MD 21286      | CONSTRUCTION CONTRACTING         | 1,596,747           |
| GILBANE BUILDING CO<br><br>1215 E FORT AVE SUITE 100<br>BALTIMORE, MD 21230       | CONSTRUCTION MANAGEMENT          | 1,367,678           |
| PA & ASSOCIATES HEALTHCARE<br><br>9515 DEERECO RD SUITE 301<br>TIMONIUM, MD 21030 | SPEND MANAGEMENT CONSULTANTS     | 1,048,026           |

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 ► 42

Part VIII

Statement of Revenue

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

|                                                           |                                           |                                                                                                                                             |                             | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |
|-----------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                        | Federated campaigns . . .                                                                                                                   | 1a                          |                      |                                                    |                                         |                                                                     |
|                                                           | b                                         | Membership dues . . . . .                                                                                                                   | 1b                          |                      |                                                    |                                         |                                                                     |
|                                                           | c                                         | Fundraising events . . . . .                                                                                                                | 1c                          | 266,904              |                                                    |                                         |                                                                     |
|                                                           | d                                         | Related organizations . . . . .                                                                                                             | 1d                          | 2,375,991            |                                                    |                                         |                                                                     |
|                                                           | e                                         | Government grants (contributions)                                                                                                           | 1e                          |                      |                                                    |                                         |                                                                     |
|                                                           | f                                         | All other contributions, gifts, grants, and<br>similar amounts not included above                                                           | 1f                          |                      |                                                    |                                         |                                                                     |
|                                                           | g                                         | Noncash contributions included in lines<br>1a-1f \$                                                                                         |                             |                      |                                                    |                                         |                                                                     |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                            |                             |                      | 2,642,895                                          |                                         |                                                                     |
| Program Service Revenue                                   | 2a                                        | ANCILLIARY SERVICES                                                                                                                         | Business Code               |                      |                                                    |                                         |                                                                     |
|                                                           |                                           |                                                                                                                                             | 621500                      | 388,158,420          | 381,288,948                                        | 6,869,472                               |                                                                     |
|                                                           | b                                         | ADMISSION/ROOM CHARGES                                                                                                                      | 621990                      | 74,603,693           | 74,603,693                                         |                                         |                                                                     |
|                                                           | c                                         | EMERGENCY ROOM CHARGES                                                                                                                      | 621990                      | 41,570,994           | 41,570,994                                         |                                         |                                                                     |
|                                                           | d                                         | PATIENT EDUCATION/MISC                                                                                                                      | 624100                      | 929,158              | 929,158                                            |                                         |                                                                     |
|                                                           | e                                         |                                                                                                                                             |                             |                      |                                                    |                                         |                                                                     |
|                                                           | f                                         | All other program service revenue                                                                                                           |                             |                      |                                                    |                                         |                                                                     |
|                                                           | g                                         | Total. Add lines 2a-2f . . . . .                                                                                                            |                             |                      | 505,262,265                                        |                                         |                                                                     |
| Other Revenue                                             | 3                                         | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .                                                   |                             | 8,006,487            |                                                    | 13,614                                  | 7,992,873                                                           |
|                                                           | 4                                         | Income from investment of tax-exempt bond proceeds . . .                                                                                    |                             |                      |                                                    |                                         |                                                                     |
|                                                           | 5                                         | Royalties . . . . .                                                                                                                         |                             |                      |                                                    |                                         |                                                                     |
|                                                           | 6a                                        | Gross rents                                                                                                                                 | (i) Real<br>1,357,186       | (ii) Personal        |                                                    |                                         |                                                                     |
|                                                           | b                                         | Less rental<br>expenses                                                                                                                     | 102,069                     |                      |                                                    |                                         |                                                                     |
|                                                           | c                                         | Rental income<br>or (loss)                                                                                                                  | 1,255,117                   |                      |                                                    |                                         |                                                                     |
|                                                           | d                                         | Net rental income or (loss) . . . . .                                                                                                       |                             | 1,255,117            |                                                    |                                         | 1,255,117                                                           |
|                                                           | 7a                                        | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                             | (i) Securities<br>5,490,924 | (ii) Other           |                                                    |                                         |                                                                     |
|                                                           | b                                         | Less cost or<br>other basis and<br>sales expenses                                                                                           | 0                           |                      |                                                    |                                         |                                                                     |
|                                                           | c                                         | Gain or (loss)                                                                                                                              | 5,490,924                   |                      |                                                    |                                         |                                                                     |
|                                                           | d                                         | Net gain or (loss) . . . . .                                                                                                                |                             | 5,490,924            |                                                    |                                         | 5,490,924                                                           |
|                                                           | 8a                                        | Gross income from fundraising<br>events (not including<br>\$ 266,904<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . | a<br>0                      |                      |                                                    |                                         |                                                                     |
|                                                           | b                                         | Less direct expenses . . . . .                                                                                                              | b<br>191,689                |                      |                                                    |                                         |                                                                     |
|                                                           | c                                         | Net income or (loss) from fundraising events . . .                                                                                          |                             | -191,689             |                                                    |                                         | -191,689                                                            |
|                                                           | 9a                                        | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                       | a                           |                      |                                                    |                                         |                                                                     |
|                                                           | b                                         | Less direct expenses . . . . .                                                                                                              | b                           |                      |                                                    |                                         |                                                                     |
|                                                           | c                                         | Net income or (loss) from gaming activities . . . . .                                                                                       |                             |                      |                                                    |                                         |                                                                     |
|                                                           | 10a                                       | Gross sales of inventory, less<br>returns and allowances . . .                                                                              | a                           |                      |                                                    |                                         |                                                                     |
|                                                           | b                                         | Less cost of goods sold . . . . .                                                                                                           | b                           |                      |                                                    |                                         |                                                                     |
|                                                           | c                                         | Net income or (loss) from sales of inventory . . .                                                                                          |                             |                      |                                                    |                                         |                                                                     |
|                                                           |                                           | Miscellaneous Revenue                                                                                                                       | Business Code               |                      |                                                    |                                         |                                                                     |
|                                                           | 11a                                       | CAFETERIA                                                                                                                                   | 722210                      | 4,435,133            |                                                    |                                         | 4,435,133                                                           |
|                                                           | b                                         | MANAGEMENT SERVICES                                                                                                                         | 812900                      | 820,005              | 376,222                                            | 443,783                                 |                                                                     |
|                                                           | c                                         | BGE SMART ENERGY SAVER<br>PROGRAM                                                                                                           | 900099                      | 438,650              |                                                    |                                         | 438,650                                                             |
|                                                           | d                                         | All other revenue . . . . .                                                                                                                 |                             | 1,773,721            | 1,525,857                                          | 209,862                                 | 38,002                                                              |
|                                                           | e                                         | Total. Add lines 11a-11d . . . . .                                                                                                          |                             |                      | 7,467,509                                          |                                         |                                                                     |
| 12                                                        | Total revenue. See Instructions . . . . . |                                                                                                                                             |                             | 529,933,508          | 500,294,872                                        | 7,536,731                               | 19,459,010                                                          |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b>                                                                       | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                                          |                       |                                 |                                        |                             |
| <b>2</b>                                                                       | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>3</b>                                                                       | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .                                                                                                              |                       |                                 |                                        |                             |
| <b>4</b>                                                                       | Benefits paid to or for members . . . . .                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>5</b>                                                                       | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                                      | 4,749,951             | 4,274,956                       | 474,995                                |                             |
| <b>6</b>                                                                       | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                                 |                       |                                 |                                        |                             |
| <b>7</b>                                                                       | Other salaries and wages . . . . .                                                                                                                                                                                                                      | 183,276,507           | 151,909,260                     | 31,367,247                             |                             |
| <b>8</b>                                                                       | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                                            | 3,217,334             | 2,644,660                       | 572,674                                |                             |
| <b>9</b>                                                                       | Other employee benefits . . . . .                                                                                                                                                                                                                       | 16,412,336            | 13,624,136                      | 2,788,200                              |                             |
| <b>10</b>                                                                      | Payroll taxes . . . . .                                                                                                                                                                                                                                 | 13,715,062            | 11,390,002                      | 2,325,060                              |                             |
| <b>11</b>                                                                      | Fees for services (non-employees)                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>a</b>                                                                       | Management . . . . .                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| <b>b</b>                                                                       | Legal . . . . .                                                                                                                                                                                                                                         | 2,273,319             |                                 | 2,273,319                              |                             |
| <b>c</b>                                                                       | Accounting . . . . .                                                                                                                                                                                                                                    | 128,191               |                                 | 128,191                                |                             |
| <b>d</b>                                                                       | Lobbying . . . . .                                                                                                                                                                                                                                      | 129,008               |                                 | 129,008                                |                             |
| <b>e</b>                                                                       | Professional fundraising services. See Part IV, line 17 . . . . .                                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>f</b>                                                                       | Investment management fees . . . . .                                                                                                                                                                                                                    | 150,000               |                                 | 150,000                                |                             |
| <b>g</b>                                                                       | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .                                                                                                                                    | 60,176,222            | 40,241,552                      | 19,934,670                             |                             |
| <b>12</b>                                                                      | Advertising and promotion . . . . .                                                                                                                                                                                                                     | 1,706,661             | 916,739                         | 789,922                                |                             |
| <b>13</b>                                                                      | Office expenses . . . . .                                                                                                                                                                                                                               | 14,827,155            | 10,453,250                      | 4,373,905                              |                             |
| <b>14</b>                                                                      | Information technology . . . . .                                                                                                                                                                                                                        | 6,709,864             | 11,509                          | 6,698,355                              |                             |
| <b>15</b>                                                                      | Royalties . . . . .                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>16</b>                                                                      | Occupancy . . . . .                                                                                                                                                                                                                                     | 11,130,702            | 7,949,398                       | 3,181,304                              |                             |
| <b>17</b>                                                                      | Travel . . . . .                                                                                                                                                                                                                                        | 883,678               | 603,269                         | 280,409                                |                             |
| <b>18</b>                                                                      | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                                |                       |                                 |                                        |                             |
| <b>19</b>                                                                      | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                        | 1,115,811             | 648,847                         | 466,964                                |                             |
| <b>20</b>                                                                      | Interest . . . . .                                                                                                                                                                                                                                      | 12,145,047            | 12,145,047                      |                                        |                             |
| <b>21</b>                                                                      | Payments to affiliates . . . . .                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>22</b>                                                                      | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                                     | 28,332,240            | 28,332,240                      |                                        |                             |
| <b>23</b>                                                                      | Insurance . . . . .                                                                                                                                                                                                                                     | 1,466,600             | 1,319,940                       | 146,660                                |                             |
| <b>24</b>                                                                      | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .                                              |                       |                                 |                                        |                             |
| <b>a</b>                                                                       | MEDICAL SUPPLIES . . . . .                                                                                                                                                                                                                              | 123,731,002           | 123,697,393                     | 33,609                                 |                             |
| <b>b</b>                                                                       | DUES, BOOKS, AND SUBSCR . . . . .                                                                                                                                                                                                                       | 2,359,883             | 315,261                         | 2,044,622                              |                             |
| <b>c</b>                                                                       | TEMPORARY AGENCY . . . . .                                                                                                                                                                                                                              | 2,048,018             | 1,795,653                       | 252,365                                |                             |
| <b>d</b>                                                                       | . . . . .                                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>e</b>                                                                       | All other expenses . . . . .                                                                                                                                                                                                                            |                       |                                 |                                        |                             |
| <b>25</b>                                                                      | <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .                                                                                                                                                                                     | 490,684,591           | 412,273,112                     | 78,411,479                             | 0                           |
| <b>26</b>                                                                      | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

|                                                                                                                            |                                                                     |                                                                                                                                                                                                                                                                                                                                         |             | (A)               |             | (B)         |             |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|-------------|-------------|-------------|
|                                                                                                                            |                                                                     |                                                                                                                                                                                                                                                                                                                                         |             | Beginning of year |             | End of year |             |
| Assets                                                                                                                     | 1                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     |             |                   | 1           |             |             |
|                                                                                                                            | 2                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |             | 59,842,561        | 2           | 34,591,609  |             |
|                                                                                                                            | 3                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            |             |                   | 3           |             |             |
|                                                                                                                            | 4                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      |             | 50,708,827        | 4           | 59,872,225  |             |
|                                                                                                                            | 5                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                           |             |                   | 5           |             |             |
|                                                                                                                            | 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 . . . . . |             |                   | 6           |             |             |
|                                                                                                                            | 7                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               |             |                   | 7           |             |             |
|                                                                                                                            | 8                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |             | 8,033,349         | 8           | 8,841,972   |             |
|                                                                                                                            | 9                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         |             | 4,136,746         | 9           | 5,703,961   |             |
|                                                                                                                            | 10a                                                                 | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                                                                                                                                            | 10a         | 649,679,489       |             |             |             |
|                                                                                                                            | b                                                                   | Less—accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                 | 10b         | 302,076,262       | 352,111,523 | 10c         | 347,603,227 |
|                                                                                                                            | 11                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                        |             | 241,065,465       | 11          | 236,927,964 |             |
|                                                                                                                            | 12                                                                  | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |             | 84,711,848        | 12          | 91,755,032  |             |
|                                                                                                                            | 13                                                                  | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                             |             |                   | 13          |             |             |
|                                                                                                                            | 14                                                                  | Intangible assets . . . . .                                                                                                                                                                                                                                                                                                             |             |                   | 14          |             |             |
|                                                                                                                            | 15                                                                  | Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                            |             | 134,733,591       | 15          | 134,713,012 |             |
| 16                                                                                                                         | Total assets. Add lines 1 through 15 (must equal line 34) . . . . . |                                                                                                                                                                                                                                                                                                                                         | 935,343,910 | 16                | 920,009,002 |             |             |
| Liabilities                                                                                                                | 17                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                         |             | 87,130,166        | 17          | 89,519,708  |             |
|                                                                                                                            | 18                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                                |             |                   | 18          |             |             |
|                                                                                                                            | 19                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                              |             |                   | 19          |             |             |
|                                                                                                                            | 20                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                   |             | 347,120,002       | 20          | 337,662,291 |             |
|                                                                                                                            | 21                                                                  | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                         |             |                   | 21          |             |             |
|                                                                                                                            | 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 . . . . .                                                                                                                                          |             |                   | 22          |             |             |
|                                                                                                                            | 23                                                                  | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                |             |                   | 23          |             |             |
|                                                                                                                            | 24                                                                  | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                  |             |                   | 24          |             |             |
|                                                                                                                            | 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 . . . . .                                                                                                                                                         |             | 112,539,787       | 25          | 153,053,892 |             |
|                                                                                                                            | 26                                                                  | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                                    |             | 546,789,955       | 26          | 580,235,891 |             |
|                                                                                                                            | Net Assets or Fund Balances                                         | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.                                                                                                                                                                                     |             |                   |             |             |             |
| 27                                                                                                                         |                                                                     | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                       |             | 363,056,368       | 27          | 315,695,052 |             |
| 28                                                                                                                         |                                                                     | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |             | 14,365,410        | 28          | 13,027,598  |             |
| 29                                                                                                                         |                                                                     | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |             | 11,132,177        | 29          | 11,050,461  |             |
| Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 . . . . .                                                                                                                                                                                                                                                                                             |             | 388,553,955       | 33          | 339,773,111 |             |
| 34                                                                                                                         |                                                                     | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                                                                                                                                |             | 935,343,910       | 34          | 920,009,002 |             |

**Part XI**    **Reconciliation of Net Assets**

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

|           |                                                                                                               |           |             |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | <b>1</b>  | 529,933,508 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | <b>2</b>  | 490,684,591 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | <b>3</b>  | 39,248,917  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .                 | <b>4</b>  | 388,553,955 |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .                                                        | <b>5</b>  | -18,215,119 |
| <b>6</b>  | Donated services and use of facilities . . . . .                                                              | <b>6</b>  |             |
| <b>7</b>  | Investment expenses . . . . .                                                                                 | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments . . . . .                                                                            | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | <b>9</b>  | -69,814,642 |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 339,773,111 |

**Part XII**    **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☒

|           |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                        |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>c</b>  | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | Yes |    |
| <b>3a</b> | 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?                                                                                                                                                                                                                                                                 |     | No |
| <b>b</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                                                                                                                                                                                                     |     |    |

Additional Data

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

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

| (A)<br>Name and Title                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| EDWARD GOSSELIN<br>.....<br>CHAIRMAN                  | 1 00<br>.....<br>2 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| GARY JOBSON<br>.....<br>VICE CHAIRMAN                 | 1 00<br>.....<br>2 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MAULIK JOSHI MD<br>.....<br>SECRETARY & COO PART YEAR | 40 00<br>.....<br>1 00                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| LEISA C RUSSELL<br>.....<br>TREASURER                 | 1 00<br>.....<br>1 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JASON GROVES<br>.....<br>ASSISTANT SECRETARY          | 1 00<br>.....<br>2 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| ALAN J HYATT<br>.....<br>ASSISTANT TREASURER          | 1 00<br>.....<br>1 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| VICTORIA BAYLESS<br>.....<br>PRESIDENT AND CEO        | 40 00<br>.....<br>9 00                                                                     | X                                                                                                         |                       | X       |              |                              |        | 1,122,147                                                             | 0                                                                          | 174,997                                                                                       |
| GEORGE K ANDERSON MD<br>.....<br>BOARD MEMBER         | 1 00<br>.....<br>1 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JOHN BELCHER<br>.....<br>BOARD MEMBER                 | 1 00<br>.....<br>1 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JAMES CHAMBERS<br>.....<br>BOARD MEMBER               | 1 00<br>.....<br>1 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

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

| (A)<br>Name and Title                                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099- MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099- MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                              |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                        |                                                                             |                                                                                               |
| PATRICIA DARROW-SMITH<br>.....<br>BOARD MEMBER               | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                      | 0                                                                           | 0                                                                                             |
| JAMES ELLERSON<br>.....<br>BOARD MEMBER                      | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                      | 0                                                                           | 0                                                                                             |
| CARLESA FINNEY<br>.....<br>BOARD MEMBER                      | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                      | 0                                                                           | 0                                                                                             |
| KEN GUMMERSON MD<br>.....<br>BOARD MEMBER                    | 1 00<br>.....<br>2 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 27,375                                                                 | 0                                                                           | 0                                                                                             |
| SHERRY MORRISSETTE<br>.....<br>BOARD MEMBER                  | 1 00<br>.....<br>2 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                      | 0                                                                           | 0                                                                                             |
| THEODORE PINCUS<br>.....<br>BOARD MEMBER                     | 1 00<br>.....<br>2 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                      | 0                                                                           | 0                                                                                             |
| ROBERT REILLY<br>.....<br>CFO                                | 40 00<br>.....<br>6 00                                                                     |                                                                                                           |                       | X       |              |                              |        | 588,923                                                                | 0                                                                           | 47,748                                                                                        |
| SHERRY PERKINS<br>.....<br>CHIEF OPERATING OFFICER PART YEAR | 40 00<br>.....<br>2 00                                                                     |                                                                                                           |                       |         | X            |                              |        | 673,085                                                                | 0                                                                           | 34,821                                                                                        |
| MITCHELL SCHWARTZ MD<br>.....<br>CHIEF MEDICAL OFFICER       | 20 00<br>.....<br>24 00                                                                    |                                                                                                           |                       |         | X            |                              |        | 664,058                                                                | 0                                                                           | 60,476                                                                                        |
| PAULA WIDERLITE<br>.....<br>CHIEF STRATEGY OFFICER           | 40 00<br>.....<br>1 00                                                                     |                                                                                                           |                       |         | X            |                              |        | 450,663                                                                | 0                                                                           | 21,142                                                                                        |

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

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099- MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099- MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                        |                                                                             |                                                                                               |
| BARBARA BALDWIN<br>.....<br>VP AND CIO                         | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         | X            |                              |        | 449,728                                                                | 0                                                                           | 5,300                                                                                         |
| JENNIFER HARRINGTON<br>.....<br>VP SUPPORT & CLINICAL SERVICES | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         | X            |                              |        | 324,774                                                                | 0                                                                           | 32,086                                                                                        |
| ADRIAN PARK<br>.....<br>SURGERY DIVISION CHAIR                 | 40 00<br>.....<br>1 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 846,788                                                                | 0                                                                           | 65,092                                                                                        |
| JOSEPH D MOSER MD<br>.....<br>SENIOR VP OF MEDICAL AFFAIRS     | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 521,875                                                                | 0                                                                           | 37,093                                                                                        |
| PATRICIA CZAPP MD<br>.....<br>CLINICAL INTEGRATION CHAIR       | 40 00<br>.....<br>2 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 488,345                                                                | 0                                                                           | 22,105                                                                                        |
| GEORGE SAMARAS MD<br>.....<br>MEDICINE DIVISION CHAIR          | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 452,198                                                                | 0                                                                           | 27,767                                                                                        |
| HENRY SOBEL MD<br>.....<br>WOMEN'S & CHILDREN'S DIVISION CHAIR | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 371,170                                                                | 0                                                                           | 34,879                                                                                        |
| MARTIN DOORDAN<br>.....<br>FORMER CEO                          | 0 00<br>.....<br>0 00                                                                      |                                                                                                           |                       |         |              |                              | X      | 1,228,791                                                              | 0                                                                           | 58                                                                                            |

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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](http://www.irs.gov/form990).

Name of the organization  
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number  
52-1169362

Part I

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

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

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An 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)<br>Name of supported organization | (ii)EIN | (iii)<br>Type of organization<br>(described on lines 1- 9 above (see instructions)) | (iv)<br>Is the organization listed in your governing document? |    | (v)<br>Amount of monetary support (see instructions) | (vi)<br>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<br>(or fiscal year beginning in) ►                                                                                                                                                      | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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<br>(or fiscal year beginning in) ►                                                                                 | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 2015 (line 6, column (f) divided by line 11, column (f)) | 14 |  |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14                        | 15 |  |

16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.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 III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |         |         |         |         |         |          |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |         |         |         |         |         |          |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |         |         |         |         |         |          |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |         |         |         |         |         |          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                                                             | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                                                                 |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                                    |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                                                             |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                                                               |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                                                        |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                                                                    |         |         |         |         |         |          |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                                                     |         |         |         |         |         |          |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span> |         |         |         |         |         |          |

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

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|                                                                                                              |           |  |
|--------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2015.** 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—2014.** 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                           | 5b  |    |
| c <b>Substitutions only.</b> 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 <b>Part VI</b> .                                                     | 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 <b>Part VI</b> .                                                                                                                                                                                                                              | 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                | 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                     | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div>1</div> <div>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?<br/><i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div> |     |    |
| <div>2</div> <div>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?<br/><i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>                                                                                                                                                                                                                                                                              |     |    |

Section C. Type II Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div>1</div> <div>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)?<br/><i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div> |     |    |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div> |  |  |
| <div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <div>a</div> <div>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?<br/><i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>                                                                                          |  |  |
| <div>b</div> <div>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?<br/><i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>                                                                                                                                                                                                                       |  |  |
| <div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| <div>a</div> <div>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.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| <div>b</div> <div>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.</div>                                                                                                                                                                                                                                                                                                                                                                                               |  |  |

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

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

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

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

| <b>Section D - Distributions</b>                                                                                                                  | <b>Current Year</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                    |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)                                                                                |                     |
| <b>6</b> Other distributions (describe in Part VI) See instructions                                                                               |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6                                                                                        |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |                     |
| <b>9</b> Distributable amount for 2015 from Section C, line 6                                                                                     |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>                                                                                             | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2015</b> | <b>(iii)<br/>Distributable<br/>Amount for 2015</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <b>1</b> Distributable amount for 2015 from Section C, line 6                                                                                              |                                     |                                                 |                                                    |
| <b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)                                                 |                                     |                                                 |                                                    |
| <b>3</b> Excess distributions carryover, if any, to 2015                                                                                                   |                                     |                                                 |                                                    |
| <b>a</b>                                                                                                                                                   |                                     |                                                 |                                                    |
| <b>b</b>                                                                                                                                                   |                                     |                                                 |                                                    |
| <b>c</b>                                                                                                                                                   |                                     |                                                 |                                                    |
| <b>d</b> From 2013. . . . .                                                                                                                                |                                     |                                                 |                                                    |
| <b>e</b> From 2014. . . . .                                                                                                                                |                                     |                                                 |                                                    |
| <b>f Total</b> of lines 3a through e                                                                                                                       |                                     |                                                 |                                                    |
| <b>g</b> Applied to underdistributions of prior years                                                                                                      |                                     |                                                 |                                                    |
| <b>h</b> Applied to 2015 distributable amount                                                                                                              |                                     |                                                 |                                                    |
| <b>i</b> Carryover from 2010 not applied (see instructions)                                                                                                |                                     |                                                 |                                                    |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                                     |                                                 |                                                    |
| <b>4</b> Distributions for 2015 from Section D, line 7<br>\$                                                                                               |                                     |                                                 |                                                    |
| <b>a</b> Applied to underdistributions of prior years                                                                                                      |                                     |                                                 |                                                    |
| <b>b</b> Applied to 2015 distributable amount                                                                                                              |                                     |                                                 |                                                    |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4                                                                                                         |                                     |                                                 |                                                    |
| <b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                     |                                                 |                                                    |
| <b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                     |                                                 |                                                    |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c                                                                                       |                                     |                                                 |                                                    |
| <b>8</b> Breakdown of line 7                                                                                                                               |                                     |                                                 |                                                    |
| <b>a</b>                                                                                                                                                   |                                     |                                                 |                                                    |
| <b>b</b>                                                                                                                                                   |                                     |                                                 |                                                    |
| <b>c</b> Excess from 2013. . . . .                                                                                                                         |                                     |                                                 |                                                    |
| <b>d</b> From 2014. . . . .                                                                                                                                |                                     |                                                 |                                                    |
| <b>e</b> From 2015. . . . .                                                                                                                                |                                     |                                                 |                                                    |

**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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

|                                                             |                                              |
|-------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>ANNE ARUNDEL MEDICAL CENTER INC | Employer identification number<br>52-1169362 |
|-------------------------------------------------------------|----------------------------------------------|

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?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> 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- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                     |                                                                                                                                            |
| 2        |             |         |                                                                     |                                                                                                                                            |
| 3        |             |         |                                                                     |                                                                                                                                            |
| 4        |             |         |                                                                     |                                                                                                                                            |
| 5        |             |         |                                                                     |                                                                                                                                            |
| 6        |             |         |                                                                     |                                                                                                                                            |

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<br>(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><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><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></tbody></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)2012 | (b)2013 | (c)2014 | (d)2015 | (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 on 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?                                                                                                                                  | Yes |    | 93,331  |
| h                                                                                                                        | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     | No |         |
| i                                                                                                                        | Other activities?                                                                                                                                                                                                            | Yes |    | 35,677  |
| j                                                                                                                        | Total. Add lines 1c through 1i.                                                                                                                                                                                              |     |    | 129,008 |
| 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).

|   |                                                                                                   |   |     |    |
|---|---------------------------------------------------------------------------------------------------|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members?                      | 1 | Yes | No |
| 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).                                                                                 |    |  |
| a | Current year                                                                                                                                                                                                                               | 2a |  |
| b | Carryover from last year                                                                                                                                                                                                                   | 2b |  |
| c | Total                                                                                                                                                                                                                                      | 2c |  |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | 3  |  |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | 5  |  |

Part IV

Supplemental Information

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                                                                                                                                                                                                                                                             |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART II-B, LINE 1 | THE ORGANIZATION PAYS \$93,331 TO ITS LOBBYIST KANE STRATEGIC MARKETS, LLC TO DIRECTLY CONTACT LEGISLATORS ON MATTERS AFFECTING HEALTH CARE. THE ORGANIZATION PAYS DUES TO THE MARYLAND HOSPITAL ASSOCIATION. A PORTION OF THESE DUES ARE USED FOR LOBBYING ACTIVITIES. |

|                                                             |                                              |
|-------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>ANNE ARUNDEL MEDICAL CENTER INC | Employer identification number<br>52-1169362 |
|-------------------------------------------------------------|----------------------------------------------|

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   |                                                                                                                                                                                                                                                                                                                                         |                              |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                 | (b) Funds and other accounts |
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                                             |                              |
| 2 | Aggregate value of contributions to (during year)                                                                                                                                                                                                                                                                                       |                              |
| 3 | Aggregate value of grants from (during year)                                                                                                                                                                                                                                                                                            |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                                                          |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II Conservation Easements.

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

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div> |                             |
| 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                                                                                                                                                                                                                                                                                                    |                             |
| a | Total number of conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                                | Held at the End of the Year |
| b | Total acreage restricted by conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                    | 2a                          |
| c | Number of conservation easements on a certified historic structure included in (a)                                                                                                                                                                                                                                                                                                                                                                                    | 2b                          |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register                                                                                                                                                                                                                                                                                                                              | 2c                          |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►                                                                                                                                                                                                                                                                                                                               | 2d                          |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                                                        |                             |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year<br>►                                                                                                                                                                                                                                                                                                                        |                             |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year<br>► \$                                                                                                                                                                                                                                                                                                                           |                             |
| 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                                                                                    |                             |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements                                                                                                                                                           |                             |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

|      |                                                                                                                                                                                                                                                                                                                                                                                      |      |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 1a   | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items |      |
| b    | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items                                                      |      |
| (i)  | Revenue included on Form 990, Part VIII, line 1                                                                                                                                                                                                                                                                                                                                      | ► \$ |
| (ii) | Assets included in Form 990, Part X                                                                                                                                                                                                                                                                                                                                                  | ► \$ |
| 2    | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items                                                                                                                                                          |      |
| a    | Revenue included on Form 990, Part VIII, line 1                                                                                                                                                                                                                                                                                                                                      | ► \$ |
| b    | Assets included in Form 990, Part X                                                                                                                                                                                                                                                                                                                                                  | ► \$ |

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

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 on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

Yes

No

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

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) | Accumulated (c)depreciation | (d)Book value |
|----------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------|-----------------------------|---------------|
| 1a Land . . . . .                                                                                  |                                     | 26,895,207                     |                             | 26,895,207    |
| b Buildings . . . . .                                                                              |                                     | 366,958,434                    | 110,291,400                 | 256,667,034   |
| c Leasehold improvements . . . . .                                                                 |                                     | 10,749,296                     | 7,581,391                   | 3,167,905     |
| d Equipment . . . . .                                                                              |                                     | 236,929,044                    | 184,203,471                 | 52,725,573    |
| e Other . . . . .                                                                                  |                                     | 8,147,508                      |                             | 8,147,508     |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ▶ |                                     |                                |                             | 347,603,227   |

Schedule D (Form 990) 2015

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives                                               |                |                                                             |
| (2) Closely-held equity interests                                       |                |                                                             |
| (3) Other                                                               |                |                                                             |
| (A) INVESTMENT IN ANNE ARUNDEL HEALTH CARE SERVICES, INC                | 68,142,788     | F                                                           |
| (B) INVESTMENT IN PREMIER PURCHASING PARTNERS, LLP                      | 5,522,950      | F                                                           |
| (C)<br>INVESTMENT IN ANNE ARUNDEL GENERAL TREATMENT SERVICES, INC       | 5,561,859      | F                                                           |
| (D) CSV OFFICERS LIFE INSURANCE                                         | 813,227        | F                                                           |
| (E) INVESTMENT IN PRISMA SPECTRUM FUND LTD                              | 11,714,208     | F                                                           |
|                                                                         |                |                                                             |
|                                                                         |                |                                                             |
|                                                                         |                |                                                             |
|                                                                         |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )       | 91,755,032     |                                                             |

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                     | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------|----------------|-------------------------------------------------------------|
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
|                                                                   |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) |                |                                                             |

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description                                                   | (b) Book value |
|-------------------------------------------------------------------|----------------|
| (1) LIMITED USE ASSETS                                            | 25,852,676     |
| (2) DEFERRED DEBT ISSUE COSTS                                     | 4,204,821      |
| (3) DUE FROM AFFILIATES                                           | 7,257,880      |
| (4) NOTES RECEIVABLE FROM AFFILIATES                              | 3,638,788      |
| (5) BENEFICIAL INTEREST IN AAMC FOUNDATION                        | 24,422,354     |
| (6) RESTRICTED COLLATERAL FOR INTEREST RATE SWAP AGREEMENTS       | 69,336,493     |
|                                                                   |                |
|                                                                   |                |
|                                                                   |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) | 134,713,012    |

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

| 1. (a) Description of liability                                   | (b) Book value |
|-------------------------------------------------------------------|----------------|
| Federal income taxes                                              |                |
| THIRD PARTY ADVANCE LIABILITIES                                   | 22,000,843     |
| FAIR VALUE OF INTEREST RATE SWAP DERIVATIVE CONTRACTS             | 99,584,805     |
| DUE TO AFFILIATES                                                 | 31,468,244     |
|                                                                   |                |
|                                                                   |                |
|                                                                   |                |
|                                                                   |                |
|                                                                   |                |
|                                                                   |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 153,053,892    |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |                                                                                         |    |    |  |
|---|-----------------------------------------------------------------------------------------|----|----|--|
| 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' on 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                                                                                                                                                                                                                                                                                                                                                             |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART X, LINE 2   | UNDER THE REQUIREMENTS OF ASC 740, INCOME TAXES, TAX-EXEMPT ORGANIZATIONS COULD BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. ANNE ARUNDEL HEALTH SYSTEM, INC. AND SUBSIDIARIES (THE "GROUP") HAS DETERMINED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THROUGH JUNE 30, 2016. |

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

**SCHEDULE F  
(Form 990)****Statement of Activities Outside the United States**

OMB No 1545-0047

**2015****Open to Public  
Inspection**

- 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](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue ServiceName of the organization  
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number

52-1169362

**Part I General Information on Activities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

| (a) Region                                        | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in 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             | 0                                   | 1                                                                      | REINSURANCE EXPENSES                                                                                                                        |                                                                                                    | 2,965,000                                            |
| (2) CENTRAL AMERICA AND THE CARIBBEAN             | 0                                   | 0                                                                      | INVESTMENTS                                                                                                                                 |                                                                                                    | 21,720,392                                           |
| (3)                                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (4)                                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (5)                                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| <b>3a</b> Sub-total                               | 0                                   | 1                                                                      |                                                                                                                                             |                                                                                                    | 24,685,392                                           |
| <b>b</b> Total from continuation sheets to Part I | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 0                                                    |
| <b>c Totals</b> (add lines 3a and 3b)             | 0                                   | 1                                                                      |                                                                                                                                             |                                                                                                    | 24,685,392                                           |

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:** 52-1169362

**Name:** ANNE ARUNDEL MEDICAL CENTER INC

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### **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 G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number  
52-1169362

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                  |                                                   |
| Total ▶                                                   |               |                                                                |    |                                   |                                                                  |                                                   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue         |                                                                            | (a)Event #1<br><b>LIGHTS ON THE BAY</b><br>(event type) | (b)Event #2<br>(event type) | (c)Other events<br>(total number) | (d)<br>Total events<br>(add col (a) through<br>col (c)) |
|-----------------|----------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------|-----------------------------------|---------------------------------------------------------|
|                 |                                                                            |                                                         |                             |                                   |                                                         |
| Direct Expenses | 1 Gross receipts . . . . .                                                 | 266,904                                                 |                             |                                   | 266,904                                                 |
|                 | 2 Less Contributions . . . . .                                             | 266,904                                                 |                             |                                   | 266,904                                                 |
|                 | 3 Gross income (line 1 minus<br>line 2) . . . . .                          |                                                         |                             |                                   |                                                         |
|                 | 4 Cash prizes . . . . .                                                    |                                                         |                             |                                   |                                                         |
|                 | 5 Noncash prizes . . . . .                                                 |                                                         |                             |                                   |                                                         |
|                 | 6 Rent/facility costs . . . . .                                            | 191,689                                                 |                             |                                   | 191,689                                                 |
|                 | 7 Food and beverages . . . . .                                             |                                                         |                             |                                   |                                                         |
|                 | 8 Entertainment . . . . .                                                  |                                                         |                             |                                   |                                                         |
|                 | 9 Other direct expenses . . . . .                                          |                                                         |                             |                                   |                                                         |
|                 | 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                                         |                             |                                   | 191,689                                                 |
|                 | 11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                                         |                             |                                   | -191,689                                                |

Part III Gaming.

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

| Revenue         |                                                                                 | (a)Bingo                                                            | (b)Pull tabs/Instant<br>bingo/progressive bingo                     | (c)Other gaming                                                     | (d)<br>Total gaming (add col<br>(a) through col (c)) |
|-----------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------|
|                 |                                                                                 |                                                                     |                                                                     |                                                                     |                                                      |
| Direct Expenses | 1 Gross revenue . . . . .                                                       |                                                                     |                                                                     |                                                                     |                                                      |
|                 | 2 Cash prizes . . . . .                                                         |                                                                     |                                                                     |                                                                     |                                                      |
|                 | 3 Noncash prizes . . . . .                                                      |                                                                     |                                                                     |                                                                     |                                                      |
|                 | 4 Rent/facility costs . . . . .                                                 |                                                                     |                                                                     |                                                                     |                                                      |
|                 | 5 Other direct expenses . . . . .                                               |                                                                     |                                                                     |                                                                     |                                                      |
|                 | 6 Volunteer labor . . . . .                                                     | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                      |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |                                                                     |                                                                     |                                                                     |                                                      |
|                 | 8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |                                                                     |                                                                     |                                                                     |                                                      |

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11**

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

**12**

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

**13**

Indicate the percentage of gaming activity conducted in

|          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |

**14**

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

Name ▶

Address ▶

**15a**

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

**b**

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

**c**

If "Yes," enter name and address of the third party

Name ▶

Address ▶

**16**

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

**17**

Mandatory distributions

**a**

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

**b**

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

**Part IV**

**Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE H  
(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Hospitals

▶ Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

|                                                             |                                              |
|-------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>ANNE ARUNDEL MEDICAL CENTER INC | Employer identification number<br>52-1169362 |
|-------------------------------------------------------------|----------------------------------------------|

Part I Financial Assistance and Certain Other Community Benefits at Cost

|                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No  |    |
| 1a                                                                                                                                             | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a                                                                                                                                                                                                                                                                                                                                              | 1a  | Yes |    |
| b                                                                                                                                              | If "Yes," 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<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> 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<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 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<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 33000 0000000000 %        | 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  | Yes |    |
| c                                                                                                                                              | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?                                                                                                                                                                                                                                                                   | 5c  |     | No |
| 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)                                           |                                                 |                               | 4,814,028                           |                               | 4,814,028                         | 0 980 %                      |
| b Medicaid (from Worksheet 3, column a)                                                     |                                                 |                               | 1,988,358                           |                               | 1,988,358                         | 0 410 %                      |
| c Costs of other means-tested government programs (from Worksheet 3, column b)              |                                                 |                               |                                     |                               |                                   |                              |
| d Total Financial Assistance and Means-Tested Government Programs                           |                                                 |                               | 6,802,386                           |                               | 6,802,386                         | 1 390 %                      |
| Other Benefits                                                                              |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) |                                                 |                               | 5,481,702                           | 186,106                       | 5,295,596                         | 1 080 %                      |
| f Health professions education (from Worksheet 5)                                           |                                                 |                               | 5,768,949                           |                               | 5,768,949                         | 1 180 %                      |
| g Subsidized health services (from Worksheet 6)                                             |                                                 |                               | 26,730,358                          |                               | 26,730,358                        | 5 450 %                      |
| h Research (from Worksheet 7)                                                               |                                                 |                               | 447,659                             |                               | 447,659                           | 0 090 %                      |
| i Cash and in-kind contributions for community benefit (from Worksheet 8)                   |                                                 |                               | 967,797                             |                               | 967,797                           | 0 200 %                      |
| j Total. Other Benefits                                                                     |                                                 |                               | 39,396,465                          | 186,106                       | 39,210,359                        | 8 000 %                      |
| k Total. Add lines 7d and 7j                                                                |                                                 |                               | 46,198,851                          | 186,106                       | 46,012,745                        | 9 390 %                      |

**Part II**

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

|           | (a) Number of activities or programs (optional)           | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|-----------|-----------------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b>  | Physical improvements and housing                         |                               |                                      |                               |                                    |                              |
| <b>2</b>  | Economic development                                      |                               | 17,670                               |                               | 17,670                             | 0 %                          |
| <b>3</b>  | Community support                                         |                               | 47,048                               |                               | 47,048                             | 0 010 %                      |
| <b>4</b>  | Environmental improvements                                |                               | 44,487                               |                               | 44,487                             | 0 010 %                      |
| <b>5</b>  | Leadership development and training for community members |                               | 164,433                              |                               | 164,433                            | 0 030 %                      |
| <b>6</b>  | Coalition building                                        |                               | 186,909                              |                               | 186,909                            | 0 040 %                      |
| <b>7</b>  | Community health improvement advocacy                     |                               | 95,805                               |                               | 95,805                             | 0 020 %                      |
| <b>8</b>  | Workforce development                                     |                               | 209,456                              |                               | 209,456                            | 0 040 %                      |
| <b>9</b>  | Other                                                     |                               | 257,763                              |                               | 257,763                            | 0 050 %                      |
| <b>10</b> | <b>Total</b>                                              |                               | 1,023,571                            |                               | 1,023,571                          | 0 200 %                      |

**Part III**

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

**Section A. Bad Debt Expense**

**1**

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

**2**

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

**3**

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

**4**

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

**5**

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

**6**

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

**7**

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

**8**

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

**9a**

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

**9b**

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

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

**1**

Yes

**2**

8,492,433

**3**

1,570,595

**5**

173,262,799

**6**

171,260,531

**7**

2,002,268

**9a**

Yes

**9b**

Yes

**Part IV**

**Management 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 % |
|--------------------|-----------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>1</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>2</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>3</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>4</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>5</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>6</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>7</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>8</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>9</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>10</b>          |                                               |                                                  |                                                                                    |                                               |
| <b>11</b>          |                                               |                                                  |                                                                                    |                                               |
| <b>12</b>          |                                               |                                                  |                                                                                    |                                               |
| <b>13</b>          |                                               |                                                  |                                                                                    |                                               |

Schedule H (Form 990) 2015

## Section A. Hospital Facilities

**1**

See Additional Data Table

[illegible]

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)

ANNE ARUNDEL MEDICAL CENTER

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

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

ANNE ARUNDEL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No  |  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--|
| 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<br><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 330 000000000000 %<br><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)<br><b>c</b> <input type="checkbox"/> Asset level<br><b>d</b> <input type="checkbox"/> Medical indigency<br><b>e</b> <input type="checkbox"/> Insurance status<br><b>f</b> <input type="checkbox"/> Underinsurance discount<br><b>g</b> <input type="checkbox"/> Residency<br><b>h</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13  | Yes |  |
| 14 | Explained the basis for calculating amounts charged to patients?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 14  | Yes |  |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application<br><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application<br><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process<br><b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15  | Yes |  |
| 16 | Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br>WWW AAHS ORG/<br><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br>WWW AAHS ORG/<br><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br>WWW AAHS ORG/<br><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility<br><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP<br><b>i</b> <input type="checkbox"/> Other (describe in Section C) | 16  | Yes |  |

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<br><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted |    |     |  |

Part V

Facility Information (continued)

ANNE ARUNDEL MEDICAL CENTER

|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                            |    |     |    |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| Name of hospital facility or letter of facility reporting group                         |                                                                                                                                                                                                                                                                                                                                                                            |    | Yes | No |
| 19                                                                                      | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged                                                         | 19 |     | No |
| a                                                                                       | <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                                                                                                                   |    |     |    |
| b                                                                                       | <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                                                                                                                     |    |     |    |
| c                                                                                       | <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                                                                                                                  |    |     |    |
| d                                                                                       | <input type="checkbox"/> 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 19 (check all that apply)                                                                                                                                                                                         |    |     |    |
| a                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission                                                                                                                                                                                                                                                                   |    |     |    |
| b                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge                                                                                                                                                                                                                                                             |    |     |    |
| c                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills                                                                                                                                                                                                        |    |     |    |
| d                                                                                       | <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy                                                                                                                                                                                   |    |     |    |
| e                                                                                       | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                     |    |     |    |
| f                                                                                       | <input type="checkbox"/> 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? . . . . .<br>If "No," indicate why | 21 | Yes |    |
| a                                                                                       | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions                                                                                                                                                                                                                                                                   |    |     |    |
| b                                                                                       | <input type="checkbox"/> The hospital facility's policy was not in writing                                                                                                                                                                                                                                                                                                 |    |     |    |
| c                                                                                       | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)                                                                                                                                                                                                                           |    |     |    |
| d                                                                                       | <input type="checkbox"/> 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                                                                                       | <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged                                                                                                                                                                                                               |    |     |    |
| b                                                                                       | <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged                                                                                                                                                                                         |    |     |    |
| c                                                                                       | <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged                                                                                                                                                                                                                                            |    |     |    |
| d                                                                                       | <input checked="" type="checkbox"/> 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? . . . . .<br>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? . . . . .<br>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 |
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**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? 2

| Name and address                                                                            | Type of Facility (describe) |
|---------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> 1 - BLOOD DRAW SITE- SAJAK PAVILION<br>2002 MEDICAL PARKWAY<br>ANNAPOLIS, MD 21401 | BLOOD DRAW LABORATORY       |
| <b>2</b> 2 - BLOOD DRAW SITE- KENT ISLAND<br>1630 MAIN STREET<br>CHESTER, MD 21619          | BLOOD DRAW LABORATORY       |
| <b>3</b>                                                                                    |                             |
| <b>4</b>                                                                                    |                             |
| <b>5</b>                                                                                    |                             |
| <b>6</b>                                                                                    |                             |
| <b>7</b>                                                                                    |                             |
| <b>8</b>                                                                                    |                             |
| <b>9</b>                                                                                    |                             |
| <b>10</b>                                                                                   |                             |

Part VI

Supplemental Information

Provide the following information

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

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| PART I, LINE 7          | CHARITY CARE REPORTED IN LINE 7A WAS CALCULATED USING A COST TO CHARGE RATIO DERIVED USING THE RATIO OF PATIENT CARE COST TO CHARGES AND THE HOSPITAL'S AUDITED FINANCIAL STATEMENTS OTHER COST AMOUNTS INCLUDED IN LINE 7 RELATING TO COMMUNITY BENEFITS AND COMMUNITY BUILDING ACTIVITIES WERE OBTAINED FROM THE ORGANIZATION'S COMMUNITY BENEFIT REPORT FILING WITH THE HSCRC IN THE STATE OF MARYLAND THESE COSTS WERE DETERMINED USING A VARIETY OF SOURCES, INCLUDING PAYROLL INFORMATION (FOR DIRECT LABOR COSTS) AND THE ORGANIZATION'S GENERAL LEDGER SYSTEM DETAIL (FOR OTHER DIRECT COSTS E G SUPPLIES) INDIRECT COSTS IN THESE AREAS OF BENEFIT WERE DETERMINED BY APPLYING AN INDIRECT COST RATIO TO THE DIRECT COST AMOUNTS OBTAINED THIS RATIO IS CALCULATED USING SCHEDULE M OF THE HOSPITAL'S ANNUAL COST REPORT FILING WITH THE HSCRC IN THE STATE OF MARYLAND PART I, LINE 7A, COLUMN (D) AND LINE 7F, COLUMNS (C) AND (D) MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR CONSIDERING UNCOMPENSATED CARE IN EACH PAYORS' RATES, AND THEREFORE MARYLAND HOSPITALS ARE UNABLE TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE PART I, LINE 7B, COLUMN (C) THROUGH (F) MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR CONSIDERING UNCOMPENSATED CARE IN EACH PAYORS' RATES, AND THEREFORE MARYLAND HOSPITALS ARE UNABLE TO BREAKOUT ANY DIRECT OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| PART I, LINE 7G         | <p>PHYSICIAN CLINIC COSTS ARE INCLUDED AS SUBSIDIZED HEALTH SERVICES BECAUSE THEY WOULD NOT OTHERWISE BE AVAILABLE TO MEET PATIENT DEMAND THE HOSPITAL MAINTAINS 24/7 INPATIENT COVERAGE WITH THE HOSPITALIST PROGRAM AND PHYSICIAN COVERAGE FOR PALLIATIVE CARE PROGRAM, NEUROLOGY STROKE PROGRAM, WOMEN'S PELVIC HEALTH, THORACIC SURGERY PROGRAM, NEONATAL OPHTHALMOLOGY, GYN ONCOLOGY PROGRAM, SURGICAL ONCOLOGY PROGRAM, HEMATOLOGY/MEDICAL ONCOLOGY PROGRAM, ANNAPOLIS ONCOLOGY CENTER AND BREAST CENTER AT A COST INCLUDED IN PART I, LINE 7G OF \$19,511,242 THIS COVERAGE PROVIDES AND GUARANTEES ROUND THE CLOCK ACCESS FOR PATIENTS TO NEEDED SERVICES EMERGENCY DEPARTMENT ON-CALL PHYSICIANS \$276,663 THE HOSPITAL FUNDS 24/7/365 COMPREHENSIVE EMERGENCY DEPARTMENT MEDICAL STAFF COVERAGE AND ENSURES THERE IS ALWAYS THE APPROPRIATE LEVEL OF CARE IN ORDER TO MAINTAIN QUALITY PATIENT CARE PHYSICIAN SHORTAGES IDENTIFIED LOCALLY, THERE IS A SIGNIFICANT SHORTAGE OF PRIMARY CARE PHYSICIANS IN THE REGION THERE IS A SHORTAGE OF 46.3 PRIMARY CARE PHYSICIANS IN ANNE ARUNDEL COUNTY, BASED ON CALCULATIONS USING THE GUIDELINES OF THE FEDERAL HEALTH PROFESSIONAL SHORTAGE AREAS AND THE ANNALS OF FAMILY MEDICINE, VOL 10, NO 5 DATA ANALYSIS DEMONSTRATES THAT 58% OF THE POPULATION IN ALL ANNE ARUNDEL COUNTY ZIP CODES NEEDS AT LEAST 1 ADDITIONAL PRIMARY CARE PHYSICIAN FTE THERE IS AN INCREASED UTILIZATION OF PRIMARY CARE SERVICES DUE TO THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT MANDATING HEALTH INSURANCE COVERAGE FOR ALL AND MEDICAID EXPANSION THIS SHORTAGE RESULTS IN SERIOUSLY LIMITED ACCESS TO PRIMARY CARE IN PARTS OF OUR COMMUNITY BENEFIT SERVICE AREA BUILDING PRIMARY CARE ACCESS IS ESSENTIAL TO THE HOSPITAL'S STRATEGIC PLAN, VISION 2020 INCREASED ACCESSIBILITY AND COORDINATING HEALTH CARE INCREASED FOCUS ON PREVENTION AND IMPROVING THE POPULATION HEALTH OF OUR CBSA AAMC CONTINUES TO PROMOTE PHYSICIAN RECRUITMENT WITH REGARD TO PRIMARY CARE PHYSICIANS IN THE COUNTY AN ADDITIONAL ELEVEN PRIMARY CARE PHYSICIANS JOINED THE AAMC'S TEAM IN FY16 A PRIMARY CARE WALK-IN CLINIC WAS OPENED IN FY16 IN A PASADENA GROCERY STORE TO EXPAND ACCESS TO CARE PHYSICIAN RECRUITMENT, PARTICULARLY PRIMARY CARE RECRUITMENT, CONTINUES TO BE A MAJOR INITIATIVE FOR THE ORGANIZATION WHILE THE UNINSURED AND UNDERSERVED POPULATION CAN ACCESS CARE THROUGH THE COMMUNITY CLINICS OPERATED BY PHYSICIAN ENTERPRISE, LLC, SPECIALTY CARE REMAINS A CHALLENGE THEREFORE, AAMC FINANCIALLY SUBSIDIZES SPECIALISTS WHO TAKE ON THE CARE OF THE UNDERSERVED/UNINSURED FROM THE CLINICS THIS INCENTIVE ALLOWS FOR ADDITIONAL CARE FOR THE UNDERSERVED SINCE HEALTHCARE SYSTEM NAVIGATION IS A CHALLENGE, A CARE MANAGER IN THE CLINICS ASSISTS WITH PLACING THESE PATIENTS IN APPROPRIATE SPECIALTY CARE AAMC CONTINUES TO MONITOR AND ADDRESS THE PROBLEMS ASSOCIATED WITH CARE FOR THE UNINSURED AND UNDERSERVED</p> |

| Form and Line Reference                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| PART II, COMMUNITY BUILDING ACTIVITIES | <p>SUPPORT SYSTEMS ENHANCEMENT INCLUDES EMERGENCY MANAGEMENT ACTIVITIES, ALTERNATE CARE SITE NAVAL SUPPORT ACTIVITY, OTHER DRILLS AND REAL TIME ACTIVITIES THE HOSPITAL HAS A DISASTER PREPAREDNESS COORDINATOR THAT IS RESPONSIBLE FOR STAFF TRAINING, COORDINATING DISASTER DRILLS AND KEEPING THE HOSPITAL'S DISASTER PREPAREDNESS INVENTORY UP TO DATE COALITION BUILDING INCLUDES HOSPITAL REPRESENTATION TO COMMUNITY COALITIONS, COLLABORATIVE PARTNERSHIPS WITH COMMUNITY GROUPS TO IMPROVE COMMUNITY HEALTH, COMMUNITY MEETING COSTS, VISIONING SESSIONS AND COSTS FOR TASK FORCE SPECIFIC PROJECTS AND INITIATIVES THE HOSPITALS ONGOING WORK WITH COMMUNITY GROUPS AND PARTICIPATION IN ADVISORY COMMITTEES AND COUNCILS CREATE A CONTINUOUS COMMUNICATIONS PROCESS, BRINGING NEW IDEAS FROM ANNE ARUNDEL COUNTY RESIDENTS AND ORGANIZATIONS INTO THE HOSPITAL'S COMMUNITY BENEFIT PLANNING PROCESS MYCHART ELECTRONIC HEALTH RECORD IS A SECURE ON-LINE ACCESS TO PORTIONS OF MEDICAL RECORDS PATIENTS CAN REQUEST MEDICAL APPOINTMENTS, VIEW THEIR HEALTH SUMMARY FROM THE MYCHART ELECTRONIC HEALTH RECORD, VIEW TEST RESULTS, REQUEST PRESCRIPTION RENEWAL, ACCESS TRUSTED HEALTH INFORMATION RESOURCES AND COMMUNICATE ELECTRONICALLY AND SECURELY WITH THEIR MEDICAL TEAM CURRENTLY THERE ARE 56,662 ACTIVE USERS AAMC IS COMMITTED TO ADDRESSING THE MOST SIGNIFICANT HEALTH NEED IN THE COUNTY WHICH IS BEHAVIORAL HEALTH AAMC RUNS AN OUTPATIENT MENTAL HEALTH CLINIC WITH MENTAL HEALTH SERVICES FOR PATIENTS AGE 13 AND OLDER AAMC HAS PLANS TO OPEN A PARTIAL HOSPITALIZATION PROGRAM FOR BEHAVIORAL HEALTH DURING SUMMER 2016 AND HAS FILED FOR A CON FOR IN-PATIENT PSYCHIATRIC BEDS</p> |

| Form and Line Reference | Explanation                          |
|-------------------------|--------------------------------------|
| PART III, LINE 2        | SEE PART III, LINE 3 FOR EXPLANATION |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| PART III, LINE 3        | <p>THE HOSPITAL HAS ADOPTED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT #15 THE HOSPITAL'S POLICY IS TO WRITE OFF ALL PATIENT ACCOUNTS THAT HAVE BEEN IDENTIFIED AS UNCOLLECTIBLE AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS INSURANCE COVERAGE AND CREDIT INFORMATION ARE OBTAINED FROM PATIENTS WHEN AVAILABLE NO COLLATERAL IS OBTAINED FOR ACCOUNTS RECEIVABLE BAD DEBT EXPENSE AT COST WAS DETERMINED BY USING A COST TO CHARGE RATIO THE BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS DETERMINED BY SPECIFIC IDENTIFICATION REVIEWING BAD DEBT RECORDS AND DETERMINING WHO WOULD HAVE BECOME ELIGIBLE FOR CHARITY CARE IF ALL INFORMATION HAD BEEN OBTAINED FROM THE PATIENTS</p> |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| PART III, LINE 4        | <p>THE HOSPITAL'S POLICY IS TO WRITE OFF ALL PATIENT ACCOUNTS THAT HAVE BEEN IDENTIFIED AS UNCOLLECTIBLE. AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS. WHEN DETERMINING THE ALLOWANCE, THE POLICY CONSIDERS THE PROBABILITY OF RECOVERABILITY OF ACCOUNTS BASED ON PAST EXPERIENCE, TAKING INTO ACCOUNT CURRENT COLLECTION TRENDS. CREDIT RISKS ARE ASSESSED BASED ON HISTORICAL WRITE-OFFS, NET OF RECOVERIES, AS WELL AS AN ANALYSIS OF THE AGED ACCOUNTS RECEIVABLE BALANCES WITH ALLOWANCES. GENERALLY INCREASING AS THE RECEIVABLE AGES. THE ANALYSIS OF RECEIVABLES IS PERFORMED MONTHLY, AND THE ALLOWANCES ARE ADJUSTED ACCORDINGLY. INSURANCE COVERAGE AND CREDIT INFORMATION ARE OBTAINED FROM PATIENTS WHEN AVAILABLE. NO COLLATERAL IS OBTAINED FOR ACCOUNTS RECEIVABLE. ACCOUNTS RECEIVABLE FROM THIRD-PARTY PAYORS HAVE BEEN ADJUSTED TO REFLECT THE DIFFERENCE BETWEEN CHARGES AND THE ESTIMATED REIMBURSABLE AMOUNTS.</p> |

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

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

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| PART VI, LINE 2         | <p>THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED DURING 2015 RESULTS WERE FINAL IZED AND RELEASED IN FEBRUARY 2016 THE CHNA WAS A COLLABORATION AND CONDUCTED UNDER THE L EADERSHIP OF REPRESENTATIVES FROM AAMC, BALTIMORE WASHINGTON MEDICAL CENTER (BWMC), THE AN NE ARUNDEL COUNTY DEPARTMENT OF HEALTH, THE PARTNERSHIP FOR CHILDREN, YOUTH AND FAMILIES, AND THE ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY THIS GROUP PROVIDES THE LEADERSHIP TO TH E LOCAL HEALTH IMPROVEMENT COALITION, HEALTHY ANNE ARUNDEL COALITION (HAAC) HAAC IS A LAR GE PARTNERSHIP WITHIN THE COUNTY AND INCLUDES REPRESENTATION FROM PUBLIC SECTOR AGENCIES, HEALTH CARE PROVIDERS AND PAYERS, COMMUNITY-BASED PARTNERS, THE BUSINESS COMMUNITY AND ACA DEMIC INSTITUTIONS THE PURPOSE OF THIS COLLABORATION OF THE LEADERSHIP OF HAAC WAS TO DEF INE THE SCOPE OF THE CHNA PROCESS, WHAT GOALS NEEDED TO BE FULFILLED (EACH ORGANIZATION RE QUIRES A NEEDS ASSESSMENT FOR VARIOUS REPORTING REASONS) AND TO DEFINE THE PARTICIPANTS A NNE ARUNDEL COUNTY WAS DEFINED AS THE SCOPE OF WORK AND ITS RESIDENTS WERE THE PARTICIPANT S THE PROCESS IS DEFINED AS FOLLOWS THE CHINA WAS CONDUCTED IN ORDER TO GATHER INFORMATI ON ABOUT THE HEALTH NEEDS AND HEALTH BEHAVIORS OF ANNE ARUNDEL COUNTY RESIDENTS THE ASSES MENT EXAMINED A VARIETY OF INDICATORS, INCLUDING SOCIAL DETERMINANTS OF HEALTH (POVERTY, HOUSING, EDUCATION), MORTALITY RATES, HIGH RISK BEHAVIORS (ALCOHOL USE, TOBACCO USE) AND C HRONIC HEALTH CONDITIONS (DIABETES, HEART DISEASE) THE CHNA WAS COMPRISED OF SEVERAL RESE ARCH COMPONENTS, COMBINING QUANTITATIVE HEALTH INFORMATION AND VALUABLE QUALITATIVE FEEDBA CK FROM COMMUNITY STAKEHOLDERS THIS MULTI-FACETED APPROACH ENSURED A PROFILE OF THE COUNT Y'S HEALTH THAT TAKES INTO ACCOUNT VARIOUS PERSPECTIVES AND DATA SOURCES THE FOLLOWING LI ST OUTLINES THE THREE RESEARCH COMPONENTS EACH COMPONENT IS FURTHER DETAILED THROUGHOUT T HE DOCUMENT 1 SECONDARY DATA PROFILE 2 KEY INFORMANT SURVEYS 3 FOCUS GROUPS SECONDARY DATA SOURCES WERE COLLECTED FROM A VARIETY OF LOCAL, STATE, AND NATIONAL SOURCES SUCH AS T HE U S CENSUS BUREAU, THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, VITAL STATIST ICS ADMINISTRATION, THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION, AND THE CENTERS F OR DISEASE CONTROL AND PREVENTION THESE ARE JUST SOME EXAMPLES OF THE REPORTS THAT GENERA TED DATA IT SHOULD BE NOTED THAT IN SOME CASES, LOCAL-LEVEL DATA WAS LIMITED OR DATED TH IS IS AN INHERENT LIMITATION WITH SECONDARY DATA THE MOST RECENT DATA WAS USED WHEN POSSI BLE WHEN AVAILABLE, STATE AND NATIONAL COMPARISONS WERE ALSO PROVIDED AS BENCHMARKS FOR T HE ANNE ARUNDEL COUNTY STATISTICS IN SOME CASES, HEALTHY PEOPLE 2020 GOALS AND COUNTY HEA LTH RANKINGS NATIONAL BENCHMARKS WERE INCLUDED WITH RELEVANT DATA POINTS SECONDARY DATA WAS USED TO DEVELOP QUESTIONS FOR THE KEY INFORMANT INTERVIEWS AND FOCUS GROUPS KEY INFORM ANT INTERVIEWS WERE CONDUCTED WITH 12 LEADERS REPRESENTING A VARIETY OF SECTORS INCLUDING PUBLIC HEALTH AND MEDICAL SERVICES, NON PROFIT AND SOCIAL ORGANIZATIONS, AND GOVERNMENT R ESULTS REFLECT THE PERCEPTIONS OF SOME COMMUNITY LEADERS, BUT MAY NOT NECESSARILY REPRESENT ALL COMMUNITY LEADERS WITHIN ANNE ARUNDEL COUNTY THE FOLLOWING KEY INFORMANTS WERE USED TO GATHER THE NECESSARY DATA -CEO, UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CE NTER (UMBWMC)-CEO, ANNE ARUNDEL MEDICAL CENTER (AAMC)-EXECUTIVE DIRECTOR, ANNE ARUNDEL CO UNTY MENTAL HEALTH AGENCY-HEALTH OFFICER, ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH-HEALTH C ONSULTANT, ANNE ARUNDEL COUNTY-DIRECTOR, ANNE ARUNDEL COUNTY CRISIS RESPONSE-CLINICAL DIRE CTOR, ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY- COMMUNITY HEALTH DIRECTOR, AAMC- TWO COUNTY LEGISLATIVE LEADERS- DIRECTOR, ANNE ARUNDEL COUNTY DEPARTMENT OF AGING AND DISABILITIES-PR OGRAM DIRECTOR, DOMESTIC VIOLENCE PROGRAM, YWCA OF ANNAPOLIS AND ANNE ARUNDEL COUNTY-PERSO NNEL FROM BOTH HOSPITALS' ERS, THE EMS SYSTEM, THE ANNE ARUNDEL COUNTY FIRE DEPARTMENT AND COUNTY SCHOOL SYSTEM PSYCHOLOGISTS AND COUNSELORS-LOW-INCOME YOUTH - JOB SEEKERS, HIGH SC HOO L DROP OUTS, MEDICAID RECIPIENTS, SINGLE PARENTS-NORTH COUNTY - COMMUNITY LEADERS, SUBS TANCE ABUSE PROFESSIONALS, HEALTH PROFESSIONALS, LAW ENFORCEMENT, COUNCIL MEMBER-SOUTH COU NTY - COMMUNITY MEMBERS, SUBSTANCE ABUSE PROFESSIONALS, LAW ENFORCEMENT, HEALTH PROFESSION ALS-BEHAVIORAL HEALTH - RESIDENTIAL PROVIDERS, CRISIS RESPONSE, MENTAL HEALTH PROFESSIONAL S, BEHAVIORAL HEALTH PROVIDERS, PARENTS-SENIORS - PROFESSIONALS, CARE COORDINATORS AND SEN IOR CITIZENS-HISPANIC COMMUNITY - CONSUMERS, ATTORNEY, NON-PROFIT LEADEREIGHT FOCUS GROUPS WERE HELD ON EMERGENCY DEPARTMENT AND EMERGENCY RESPONSE, LOW-INCOME YOUTH, NORTH COUNTY, SOUTH COUNTY, SENIORS, THE HISPANIC COMMUNITY, AND TWO GROUPS FOR BEHAVIORAL HEALTH INTE RVIEWS AND CONVERSATIONS WERE RECORDED, WITH THE PERMISSION OF PARTICIPANTS, AND TRANSCRIB ED VERBATIM THE DATA WAS READ AND REREAD UNTIL DOMINANT THEMES EMERGED WHICH BECAME THE S UBTEXT OF THE REPORT ALL PARTICIPANTS GAVE PERMIS</p> |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART VI, LINE 2         | <p>SION FOR THEIR WORDS TO BE USED IN THE FINAL REPORT, ALTHOUGH THEIR IDENTITIES WERE PROTEC TED IT IS IMPORTANT TO NOTE THAT THE RESULTS REFLECT THE PERCEPTIONS OF SOME COMMUNITY ME MBERS, BUT MAY NOT NECESSARILY REPRESENT ALL COMMUNITY MEMBERS IN ANNE ARUNDEL COUNTY THE CHNA IDENTIFIED MORE THAN 50 COMMUNITY HEALTH NEEDS THROUGH A STRUCTURED STRATEGIC PRIORI TIZATION PLANNING PROCESS, AAMC DETERMINED THE TOP 5 NEEDS TO BE IMPROVED CARE COORDINATI ON FOR PATIENTS WITH CHRONIC CONDITIONS, MENTAL HEALTH AND SUBSTANCE USE, INFANT MORTALITY , SENIOR IN HOME CARE AND PALLIATIVE CARE, AND IMPROVED RESOURCE PLANNING FOR NORTH COUNTY AND SOUTH COUNTY THERE IS CONTINUED COLLABORATION BETWEEN THE CHNA PARTNERS TO IMPROVE H EALTH IN ANNE ARUNDEL COUNTY AAMC'S PRIORITIZED HEALTH NEEDS ARE VERY SIMILAR TO THE NEED S THAT BWMC CHOSE CURRENTLY THE HOSPITALS ARE COLLABORATING ON THE BAY AREA TRANSFORMATIO N PARTNERSHIP (BATP) WHICH ADDRESSES IMPROVED CARE CONDITIONS, BEHAVIORAL HEALTH, ACCESS T O PALLIATIVE CARE, AND PROVIDING RESOURCES AND SUPPORT TO THE VULNERABLE COMMUNITIES THER E ARE PLANS FOR FY17-18 FOR BOTH HOSPITALS TO WORK WITH THE HEALTH DEPARTMENT TO DEVELOP A STRONG PRENATAL PROGRAM FOR UNDERSERVED WOMEN IN THE COUNTY BOTH HOSPITALS CO-CHAIR THE LOCAL HEALTH IMPROVEMENT COALITION (LHIC), WITH A FOCUS ON OBESITY, BEHAVIOR HEALTH AND AC CESS TO CARE AAMC PROVIDES STAFF TO ALL SUB-COMMITTEES AND SUPPORT AS NEEDED TO PROMOTE T HEIR WORK THE IDENTIFICATION OF THE OVERALL HEALTH STATUS OF THE COUNTY'S RESIDENTS WILL C ONTRIBUTE TO COMMUNITY HEALTH IMPROVEMENT PLANNING EFFORTS AAMC'S BOARD OF DIRECTORS ADOP TED THE CHNA DEVELOPED IN PARTNERSHIP WITH HAAC, IN ITS ENTIRETY IN SEPTEMBER, 2016 THE C HNA CAN BE ACCESSED ONLINE VIA WWW AAHEALTH ORG/COMMUNITY</p> |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| PART VI, LINE 3         | <p>PUBLIC NOTICE AND INFORMATION REGARDING THE ANNE ARUNDEL MEDICAL CENTER'S CHARITY CARE POLICY INCLUDES THE FOLLOWING A) ANNUAL NOTICE THAT CHARITY CARE IS PROVIDED AND THE CRITERIA IS PROVIDED AND PUBLISHED IN THE LOCAL NEWSPAPER, THE CAPITAL B) THE NOTICE PROVIDED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES REGARDING MEDICAL CARE FOR THOSE WHO CANNOT AFFORD TO PAY IS POSTED AT THE POINT OF ADMISSION, THE BUSINESS OFFICE, CASHIER, AND EMERGENCY ROOM C) INDIVIDUAL NOTICE IS PROVIDED TO EACH PERSON SEEKING SERVICE AT THE TIME OF ADMISSION OR PRE-ADMISSION TESTING D) INFORMATION ON HOW TO OBTAIN FINANCIAL ASSISTANCE IS INCLUDED ON EVERY PATIENT LETTER AND STATEMENT E) THE MEDICAL CENTER'S CALL CENTER REPRESENTATIVES AND COLLECTORS INFORM PATIENTS OF FINANCIAL ASSISTANCE AVAILABILITY IF THE PATIENT INDICATES THEY ARE UNABLE TO PAY THEIR BILL F) FINANCIAL ASSISTANCE APPLICATION FORMS, IN ENGLISH AND SPANISH, ARE AVAILABLE ON THE MEDICAL CENTER'S WEBSITE G) THE MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY, IN ENGLISH AND SPANISH, IS AVAILABLE ON THE MEDICAL CENTER'S WEBSITE H) PAMPHLETS EXPLAINING FINANCIAL ASSISTANCE ARE AVAILABLE AT THE INFORMATION DESK AS WELL AS REGISTRATION STATIONS, INCLUDING THE EMERGENCY ROOM THROUGHOUT THE MEDICAL CENTER</p> |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| PART VI, LINE 4         | <p>ANNE ARUNDEL MEDICAL CENTER (AAMC) IS COMMITTED TO SERVING THE COMMUNITY, A VALUE THAT IS STATED CLEARLY THROUGHOUT OUR STRATEGIC INITIATIVES. OUR SURROUNDING COMMUNITY HAS GREAT WEALTH, BUT THERE ARE POCKETS OF POVERTY IN ANNAPOLIS CITY AND PARTS OF THE SURROUNDING COUNTY. AS A RESULT, RACIAL HEALTH DISPARITY IS PRESENT IN OUR COMMUNITY. THIS NARRATIVE IS A DESCRIPTION OF THE DIFFERENT COMMUNITIES WE SERVE. ALTHOUGH AAMC IS A REGIONAL HOSPITAL SERVING PORTIONS OF ADJACENT COUNTIES, ANNE ARUNDEL COUNTY ("THE COUNTY") IS DEFINED AS THE COMMUNITY BENEFIT SERVICE AREA SINCE SIXTY PERCENT OF INPATIENT DISCHARGES COME FROM THE COUNTY. THE COUNTY DEMOGRAPHICS ARE AS FOLLOWS: 75.1% WHITE, 15.5% BLACK, 6.4% HISPANIC, AND 3% OTHER. THE POPULATION HAS GROWN 11.2% SINCE 2000, WITH THE HISPANIC POPULATION GROWING THE FASTEST. SENIORS ARE ALSO A RAPIDLY GROWING POPULATION. THE COUNTY IS LOCATED SOUTH OF BALTIMORE AND EAST OF WASHINGTON, D.C. AND HOSTS SOME RACIALLY AND ETHNICALLY DIVERSE COMMUNITIES WITH RESIDENTS LIVING IN RURAL, SUBURBAN, AND URBAN SETTINGS. THERE ARE NUMEROUS FACTORS THAT AFFECT THE HEALTH OF THE RESIDENTS. THE MEDIAN HOUSEHOLD INCOME IS \$87,430, AND THE MEDIAN FAMILY INCOME IS \$101,268. HOWEVER, THERE IS SIGNIFICANT INCOME DISPARITY WITH OVER 6 PERCENT OF COUNTY RESIDENTS LIVING BELOW THE FEDERAL POVERTY LINE. THERE ARE POCKETS OF NEED LOCATED AT THE MOST NORTHERN AND SOUTHERN ENDS OF THE COUNTY AND IN ANNAPOLIS. WHILE LIFE EXPECTANCY ROSE TO AN AVERAGE OF 79.8 YEARS, CANCER REMAINS THE LEADING CAUSE OF DEATH AND HEART DISEASE IS THE SECOND CAUSE OF DEATH. INFANT MORTALITY AND LOW BIRTH WEIGHT ARE ALSO PRESENT IN THE COUNTY AND IT IS A PARTICULAR DISPARITY FOR BLACK INFANTS AND FAMILIES. WHILE MANY RESIDENTS HAVE ACCESS TO HEALTH INSURANCE AND MEDICAID DUE TO THE EXPANSION OF THE AFFORDABLE CARE ACT, THERE IS A SHORTAGE OF PRIMARY CARE PHYSICIANS AND MENTAL HEALTH PROVIDERS IN THE COUNTY. AN INADEQUATE PUBLIC TRANSPORTATION SYSTEM IN THE COUNTY IS A BARRIER FOR EMPLOYMENT AND HEALTHCARE. THE COUNTY IS SITUATED ALONG THE WESTERN SHORE OF THE CHESAPEAKE BAY AND CONSISTS OF A SERIES OF PENINSULAS WHICH MAKES A COMPREHENSIVE PUBLIC TRANSPORTATION SYSTEM TOO EXPENSIVE TO MAINTAIN. AS A RESULT, THERE ARE NOT ADEQUATE LOCAL BUS LINES TO SERVICE MANY AREAS OF THE COUNTY. SOUTH COUNTY HAS ONLY THREE BUS STOPS IN THE EDGEWATER AREA WHICH LEAVES A GREAT PORTION OF SOUTHERN ANNE ARUNDEL COUNTY WITHOUT PUBLIC TRANSPORTATION. PUBLIC TRANSPORTATION IS IN NEED OF ADDITIONAL ROUTES. AS A RESULT, ONLY 33 PERCENT OF ANNE ARUNDEL COUNTY RESIDENTS UTILIZE PUBLIC TRANSPORTATION TO GET TO WORK. ANNAPOLIS DOES OPERATE A GROWING TRANSIT SYSTEM, BUT IT DOES NOT SERVE AREAS OUTSIDE OF THE CITY. THERE ARE A FEW CONNECTIONS WITH THE COUNTY BUS SERVICE TO SITES SUCH AS THE CASINO AT ARUNDEL MILLS AND FORT MEADE. THE LACK OF PUBLIC TRANSPORTATION IS A SIGNIFICANT ISSUE THROUGHOUT THE COUNTY, SINCE RESIDENTS ARE LIMITED IN EMPLOYMENT AND ACCESS TO HEALTHCARE. HOUSING AND HOMELESSNESS REMAINS A PROBLEM IN THE COUNTY. IN 2013, RESIDENT HOMEOWNERS SPENT 34.3% AND RENTERS SPENT 49.5% OF THEIR INCOME ON HOUSING. IN MARCH 2015, NINE THOUSAND FAMILIES WERE ON A WAITING LIST FOR PUBLIC HOUSING AND 10,000 FAMILIES WERE ON A WAITING LIST FOR SECTION 8 HOUSING. OVER 2,000 INDIVIDUALS RECEIVE CASE MANAGEMENT FOR HOMELESSNESS AND 925 CHILDREN DO NOT HAVE A HOME, BUT AN ACCURATE COUNT OF HOMELESS RESIDENTS DOES NOT EXIST.</p> |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| PART VI, LINE 5         | <p>THE FOLLOWING ARE SEVERAL EXAMPLES OF HOSPITAL ACTIVITIES AND INITIATIVES THE HOSPITAL HAS DOCTOR ON-CALL ROTATIONS IN EVERY SPECIALTY FOR WHICH THERE MAY BE AN EMERGENCY OR INPATIENT NEED ON-CALL COVERAGE IS PROVIDED TO ALL PATIENTS REGARDLESS OF INSURANCE STATUS THERE ARE NO GAPS IN AVAILABILITY OF ANY SPECIALTY FOR UNINSURED OR UNDERSERVED PATIENTS IN ADDITION, THE HOSPITAL HAS HOSPITALIST PROGRAMS IN MEDICINE, PEDIATRICS, GENERAL SURGERY, OBSTETRICS AND AN INTENSIVIST PROGRAM THESE PHYSICIANS PROVIDE 24-HOUR IN-HOUSE COVERAGE FOR EACH OF THESE AREAS FOR ALL PATIENTS REGARDLESS OF INSURANCE STATUS THE HOSPITAL ALSO PROVIDES SPECIALTY PROGRAMS FOR THORACIC SURGERY, NEONATAL OPHTHALMOLOGY, GYN ONCOLOGY, PALLIATIVE CARE, NEUROLOGY/STROKE, WOMEN'S PELVIC HEALTH, SURGICAL ONCOLOGY, AND THE BREAST CENTER THE HOSPITAL AND MANY OF ITS PHYSICIANS SUPPORT THE ANNE ARUNDEL COUNTY HEALTH DEPARTMENT'S REACH PROGRAM (RESIDENTS ACCESS TO A COALITION OF HEALTH), WHICH OFFERS ACCESS TO AFFORDABLE HEALTH SERVICES FOR LOW-INCOME UNINSURED INDIVIDUALS IN ANNE ARUNDEL COUNTY THE HOSPITAL CONTINUES ITS "GREEN INITIATIVE" PROGRAM IN ORDER TO IMPROVE AND PROTECT THE HEALTH OF STAFF AND THE COMMUNITY BY IMPLEMENTING ENVIRONMENTALLY FRIENDLY INITIATIVES THE HOSPITAL PAVILION SOUTH TOWER IS THE FIRST 24/7 HOSPITAL TO BE LEED GOLD CERTIFIED VARIOUS PROGRAMS UNDER THIS INITIATIVE INCLUDE BATTERY RECYCLING, REUSABLE SHARPS CONTAINERS, REPROCESSING TO REDUCE MEDICAL WASTE, AND USE OF GREEN SEAL CERTIFIED CLEANERS THE HOSPITAL EMPLOYS A SUSTAINABILITY MANAGER AS PART OF THIS PROGRAM THE HOSPITAL ALSO HAS A DISASTER PREPAREDNESS COORDINATOR THAT IS RESPONSIBLE TO PROVIDE STAFF TRAINING, COORDINATE DISASTER DRILLS, AND KEEP THE HOSPITAL'S DISASTER PREPAREDNESS SUPPLY INVENTORY UP TO DATE HOSPITAL EMPLOYEES HAVE COMPLETED FEMA EMERGENCY PREPARATION COURSES TO BETTER COLLABORATE WITH OTHER COUNTY SERVICE PROVIDERS TO BETTER SERVE THE COMMUNITY THESE STAFF MEMBERS PARTICIPATED IN A NUMBER OF COLLABORATIVE PLANNING MEETINGS AND DRILLS WITH DESIGNATED COUNTY SERVICES AND FIRST RESPONDERS COMMUNITY ACCESS IS ALWAYS AVAILABLE THROUGH THE HOSPITAL'S ASK-A-NURSE PROGRAM CALLED ASKAAMC THE ASK-A-NURSE PROGRAM PROVIDES THE COMMUNITY AROUND THE CLOCK TELEPHONE ACCESS TO REGISTERED NURSES EACH YEAR, THE HEALTH SYSTEM'S COMMUNITY HEALTH AND WELLNESS DEPARTMENT PARTNERS WITH THE ANNAPOLIS AND ANNE ARUNDEL COUNTY COALITION TO END HOMELESSNESS IN ORGANIZING THE COUNTY'S ANNUAL HOMELESS RESOURCE DAY THIS YEAR MORE THAN 45 COUNTY SERVICE PROVIDERS ATTENDED AND MORE THAN 440 OF THE AREAS HOMELESS WERE ASSISTED IN OBTAINING ACCESS TO NEEDED HEALTH AND HUMAN SERVICES AAMC NURSES MANAGED A TRIAGE TABLE COMPLETING HEALTH DATABASES, BLOOD PRESSURE SCREENINGS, MEDICATION RECONCILIATION AND EDUCATION, ALONG WITH DENTAL, VISION AND SOCIAL SERVICES REFERRALS</p> |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| PART VI, LINE 6         | <p>THE HEALTH SYSTEM'S AAMC COMMUNITY CLINICS, LLC, A GROUP WITHIN PHYSICIAN ENTERPRISE, LLC CURRENTLY HAS (4) LOCATIONS MORRIS BLUM, FOREST DRIVE, ARUNDEL LODGE, AND STANTON CENTER THE MOST SIGNIFICANT EFFORT PUT FORTH IN FY2016 WAS TO CONTINUE TO FOCUS ON THE UNDERSERVED POPULATION RESOURCES WERE ALLOCATED TO THE CONTINUED OPERATIONS OF THE COMMUNITY HEALTH CENTER ON FOREST DRIVE IN ANNAPOLIS AND OF THE MORRIS BLUM COMMUNITY HEALTH CENTER WITHIN THE STATE-DESIGNATED HEALTH ENTERPRISE ZONE (HEZ) IN ANNAPOLIS ON GLENWOOD STREET INCLUDED IN THE HEZ EFFORT IS THE ANNAPOLIS COMMUNITY HEALTH PARTNERSHIP, WHICH CONSISTS OF ANNE ARUNDEL MEDICAL CENTER, THE HOUSING AUTHORITY OF THE CITY OF ANNAPOLIS, THE CITY OF ANNAPOLIS, THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH AND THE ANNE ARUNDEL COUNTY DEPARTMENT OF AGING AND DISABILITIES THE ANNAPOLIS COMMUNITY HEALTH PARTNERSHIP IS FOCUSING ON A CURRENTLY MEDICALLY UNDERSERVED NEIGHBORHOOD WITH HIGH RATES OF EMERGENCY ROOM UTILIZATION, HOSPITAL ADMISSIONS AND READMISSIONS, AND A LARGE VOLUME OF MEDICAL 911 CALLS THROUGH FUNDING PROVIDED BY THE HEZ DESIGNATION, THE PARTNERSHIP ESTABLISHED A PATIENT-CENTERED MEDICAL HOME AT THE MORRIS H BLUM SENIOR APARTMENTS BUILDING THIS MEDICAL OFFICE, NESTLED IN THE COMMUNITY IT IS MEANT TO SERVE, IS EASILY ACCESSIBLE BY FOOT OR PUBLIC TRANSPORTATION THE PRIMARY CARE MEDICAL HOME PERSONNEL PROVIDE MEDICAL TREATMENT TO PATIENTS AGE SIX YEARS OLD TO ADULTS THE MORRIS BLUM MEDICAL CLINIC PROVIDES MEDICAL CARE TO THE RESIDENTS OF THE BUILDING AND THE SURROUNDING COMMUNITY WHO ARE UNINSURED AND UNDER-SERVED THE AAMC COMMUNITY CLINICS ACCEPT MOST MAJOR INSURANCE COMPANIES AND HAS A SLIDING FEE SCALE FOR INDIVIDUALS WHO LACK INSURANCE COVERAGE THE SLIDING SCALE IS BASED ON FEDERAL POVERTY GUIDELINES, GROSS HOUSEHOLD INCOME AND NUMBER OF HOUSEHOLD DEPENDENTS BY HAVING A REGULAR DOCTOR IN A REGULAR SITE, PATIENT-PHYSICIAN RELATIONSHIPS STRENGTHEN AND CARE IMPROVES HEALTH OUTCOMES ARE BEING MONITORED AND DEMONSTRATED BY MEASURING PATIENT SATISFACTION, IMPROVING MANAGEMENT OF CHRONIC DISEASE AND DECREASING PREVENTABLE MEDICAL 911 CALLS, EMERGENCY ROOM VISITS AND HOSPITAL ADMISSIONS THERE WERE 2,771PATIENT VISITS AT MORRIS BLUM IN FY2016 THE FOREST DRIVE CLINIC ALSO PROVIDES PRIMARY CARE SERVICES TO PATIENTS IN ALL STAGES OF LIFE (NEWBORN-GERIATRIC) MEDICAL SERVICES ARE PROVIDED BY QUALIFIED, PROFESSIONAL EMPLOYED STAFF, AND IS CONVENIENTLY LOCATED ON SEVERAL LOCAL BUS ROUTES THE PRIMARY CARE SITE PROVIDES 24 HOUR CALL COVERAGE FOR PATIENT CALLS AND ALL CLINICS UTILIZE ELECTRONIC MEDICAL RECORDS IN FY2016 FOREST DRIVE HAD 7,081 PATIENT VISITS DENTAL SERVICES ARE PROVIDED AT THE STANTON CENTER AND ARE PROVIDED SOLELY BY VOLUNTEER STAFF THE VOLUNTEER STAFF CURRENTLY CONSISTS OF MORE THAN 90 DENTISTS + 3 SUPPORT STAFF (ADMIN-DENTAL ASSISTANTS-INTERPRETERS) THE DENTAL CLINIC IS OPEN 2 5 DAYS PER WEEK WITH NO WAITING LIST THE DENTAL CLINIC DOES NOT BILL INSURANCE FOR SERVICES PATIENTS MUST QUALIFY FOR FREE OR REDUCED COST DENTAL SERVICES BASED ON GROSS HOUSEHOLD INCOME PLUS NUMBER OF HOUSEHOLD DEPENDENTS THERE WERE 656 PATIENT VISITS AT THE STANTON CENTER IN FY2016 ALL CLINIC LOCATIONS PROVIDE INTERPRETERS VIA IN PERSON AND/OR TELEPHONIC THERE ARE (8) BI-LINGUAL STAFF BETWEEN THE 4 CLINICS IN THE EVENT WE ARE UNABLE TO PROVIDED 1-1 INTERPRETATION, TELEPHONIC INTERPRETATION AND/OR VIDEO INTERPRETATION VIA MARTTI IS PROVIDED 24/7 PATIENTS AT THE AAMC COMMUNITY CLINICS MUST PRESENT PROOF OF INCOME AND UNDERGO A FINANCIAL ANALYSIS AT THE TIME OF THE INITIAL APPOINTMENT AND ON AN ANNUAL BASIS THEREAFTER IF THE PATIENT'S INCOME INCREASES OR DECREASES A NEW FINANCIAL ANALYSIS IS COMPLETED PATIENTS WHO MAY QUALIFY FOR INSURANCE ARE REFERRED TO THE AAHS FINANCIAL ASSISTORS TO REVIEW HIS/HER ELIGIBILITY ALL PATIENTS ARE TREATED WITH DIGNITY, RESPECT, CONFIDENTIALITY WITHOUT JUDGMENT IN A WELCOMING ATTRACTIVE CLINIC ADDITIONAL COMMUNITY BENEFIT EXPENSES INCURRED BY AFFILIATED ENTITIES WITHIN THE HEALTH SYSTEM INCLUDE RESEARCH EXPENSE - \$434,964 INCURRED BY ANNE ARUNDEL HEALTH SYSTEM RESEARCH INSTITUTE, INC SUBSIDIZED HEALTH SERVICES - \$369,171 INCURRED BY ANNE ARUNDEL HEALTH CARE SERVICES, INC CHARITY CARE AND EDUCATION - \$175,568 INCURRED BY ANNE ARUNDEL GENERAL TREATMENT SERVICES, INC WHEN CONSIDERING THE ADDITIONAL EXPENSE OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY AFFILIATED ENTITIES IN COMBINATION WITH THE COST REPORTED AT PART I, LINE 7, TOTAL COMMUNITY BENEFIT EXPENSE AS A PERCENTAGE OF AAMC EXPENSES WOULD INCREASE TO 10 64%</p> |

| Form and Line Reference                       | Explanation |
|-----------------------------------------------|-------------|
| PART VI, LINE 7, REPORTS FILED<br>WITH STATES | MD          |

**Schedule H (Form 990) 2015**

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
1

Name, address, primary website address, and state license number

|   | Licensed hospital                                                                                       | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|---|---------------------------------------------------------------------------------------------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | ANNE ARUNDEL MEDICAL CENTER INC<br>2001 MEDICAL PARKWAY<br>ANNAPOLIS, MD 21401<br>WWW.AAHS.ORG<br>02003 | X                          | X                   |                   |                          | X                 |             |          |                  |                          |

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" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number  
52-1169362

Part I Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes       | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |           |     |
| <b>b</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1b</b> |     |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>2</b>  |     |
| <b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>                                              |           |     |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:<br><b>a</b> Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>4a</b> | No  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> | Yes |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>4c</b> | No  |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |     |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><b>a</b> The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>5a</b> | No  |
| <b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>5b</b> | No  |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><b>a</b> The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>6a</b> | No  |
| <b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>6b</b> | No  |
| <b>7</b> For persons listed on 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>7</b>  | No  |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>8</b>  | No  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>9</b>  |     |

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

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

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

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

**Part III**   **Supplemental Information**

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 4B  | PART I, LINE 4B THE FOLLOWING PARTICIPATED IN THE ORGANIZATION'S 457(F) PLAN VICTORIA BAYLESS \$150,241 ROBERT REILLY \$ 25,177 MITCHELL SCHWARTZ, M D \$ 30,514 SHERRY PERKINS \$ 28,682 JENNIFER HARRINGTON \$ 6,290 PATRICIA CZAPP, M D \$ 14,155 JOSEPH MOSER, M D \$ 704 ADRIAN PARK, M D \$ 37,978 PAULA WIDERLITE \$ 14,919 MARTIN DOORDAN \$ 58 DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS RECEIVED PAYMENTS AS PART OF THEIR PARTICIPATION IN THE ORGANIZATION'S 457(F) PLAN ADRIAN PARK, M D \$114,228 PATRICIA CZAPP, M D \$ 62,723 BARBARA BALDWIN \$ 42,314 MARTIN DOORDAN \$125,079 |

Additional Data

Software ID:

Software Version:

EIN: 52-1169362

Name: ANNE ARUNDEL MEDICAL CENTER INC

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

| (A) Name and Title                                         |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                            |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1VICTORIA BAYLESS<br>PRESIDENT AND CEO                     | (i)  | 722,355                                            | 326,720                             | 73,072                              | 155,541                                        | 19,456                  | 1,297,144                       | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 1ROBERT REILLYCFO                                          | (i)  | 394,550                                            | 150,442                             | 43,931                              | 30,477                                         | 17,271                  | 636,671                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 2SHERRY PERKINS<br>CHIEF OPERATING OFFICER<br>PART YEAR    | (i)  | 438,427                                            | 168,880                             | 65,778                              | 33,982                                         | 839                     | 707,906                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 3MITCHELL SCHWARTZ MD<br>CHIEF MEDICAL OFFICER             | (i)  | 432,711                                            | 169,328                             | 62,019                              | 35,348                                         | 25,128                  | 724,534                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 4PAULA WIDERLITE<br>CHIEF STRATEGY OFFICER                 | (i)  | 299,563                                            | 117,760                             | 33,340                              | 20,219                                         | 923                     | 471,805                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 5BARBARA BALDWIN<br>VP AND CIO                             | (i)  | 287,637                                            | 98,522                              | 63,569                              | 5,300                                          | 0                       | 455,028                         | 42,314                                                                |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 6JENNIFER HARRINGTON<br>VP SUPPORT & CLINICAL<br>SERVICES  | (i)  | 219,048                                            | 75,372                              | 30,354                              | 11,097                                         | 20,989                  | 356,860                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 7ADRIAN PARK<br>SURGERY DIVISION CHAIR                     | (i)  | 535,553                                            | 176,583                             | 134,652                             | 48,598                                         | 16,494                  | 911,880                         | 114,228                                                               |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 8JOSEPH D MOSER MD<br>SENIOR VP OF MEDICAL<br>AFFAIRS      | (i)  | 379,472                                            | 58,889                              | 83,514                              | 8,654                                          | 28,439                  | 558,968                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 9PATRICIA CZAPP MD<br>CLINICAL INTEGRATION<br>CHAIR        | (i)  | 305,918                                            | 100,485                             | 81,942                              | 22,105                                         | 0                       | 510,450                         | 62,723                                                                |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 10GEORGE SAMARAS MD<br>MEDICINE DIVISION CHAIR             | (i)  | 318,323                                            | 127,389                             | 6,486                               | 0                                              | 27,767                  | 479,965                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 11HENRY SOBEL MD<br>WOMEN'S & CHILDREN'S<br>DIVISION CHAIR | (i)  | 297,051                                            | 52,729                              | 21,390                              | 5,289                                          | 29,590                  | 406,049                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 12MARTIN DOORDAN<br>FORMER CEO                             | (i)  | 1,073,524                                          | 0                                   | 155,267                             | 58                                             | 0                       | 1,228,849                       | 125,079                                                               |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |

Part I

Bond Issues

| (a) Issuer name                                             | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose                                                   | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|-------------------------------------------------------------|----------------|-------------|-----------------|-----------------|------------------------------------------------------------------------------|--------------|----|-------------------------|----|--------------------|----|
|                                                             |                |             |                 |                 |                                                                              | Yes          | No | Yes                     | No | Yes                | No |
| A MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY | 52-0936091     | 5742173V5   | 02-19-2009      | 60,000,000      | FINANCE ACQUISITION/CONSTRUCT /RENOVATION/EQUIP OF NEW & EXISTING FACILITIES |              | X  |                         | X  |                    | X  |
| B MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY | 52-0936091     | 5742176G5   | 02-03-2010      | 83,903,060      | FINANCE ACQUISITION/CONSTRUCT NEW TOWER GARAGE EXPANSION,REFUND 2004B BOND   |              | X  |                         | X  |                    | X  |
| C MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY | 52-0936091     | 574218LP6   | 11-01-2012      | 80,370,836      | FINANCE ACQUISITION/REFUND 1998 AND 2004A BONDS                              |              | X  |                         | X  |                    | X  |
| D MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY | 52-0936091     | 574218TJ2   | 11-01-2014      | 134,824,993     | FINANCE ACQUISITION/ADVANCE FUNDING 2009 BONDS                               |              | X  |                         | X  |                    | X  |

Part II

Proceeds

|                                                                                                                     | A    |            | B          |    | C          |    | D           |    |
|---------------------------------------------------------------------------------------------------------------------|------|------------|------------|----|------------|----|-------------|----|
|                                                                                                                     | Yes  | No         | Yes        | No | Yes        | No | Yes         | No |
| 1 Amount of bonds retired . . . . .                                                                                 |      |            | 8,980,000  |    | 6,245,000  |    | 4,725,000   |    |
| 2 Amount of bonds legally defeased . . . . .                                                                        |      |            |            |    |            |    |             |    |
| 3 Total proceeds of issue . . . . .                                                                                 |      | 60,000,000 | 83,903,060 |    | 80,370,836 |    | 134,824,993 |    |
| 4 Gross proceeds in reserve funds . . . . .                                                                         |      |            | 2,631,637  |    | 3,460,299  |    | 6,457,191   |    |
| 5 Capitalized interest from proceeds . . . . .                                                                      |      | 3,741,749  | 1,870,961  |    |            |    | 15,734,149  |    |
| 6 Proceeds in refunding escrows . . . . .                                                                           |      |            |            |    |            |    |             |    |
| 7 Issuance costs from proceeds . . . . .                                                                            |      | 1,098,549  | 1,448,766  |    | 1,147,195  |    | 749,019     |    |
| 8 Credit enhancement from proceeds . . . . .                                                                        |      | 332,092    |            |    |            |    |             |    |
| 9 Working capital expenditures from proceeds . . . . .                                                              |      |            |            |    |            |    |             |    |
| 10 Capital expenditures from proceeds . . . . .                                                                     |      | 22,060,522 | 6,359,895  |    |            |    |             |    |
| 11 Other spent proceeds . . . . .                                                                                   |      | 32,767,088 | 74,044,463 |    | 79,223,641 |    | 118,341,825 |    |
| 12 Other unspent proceeds . . . . .                                                                                 |      |            | 178,975    |    |            |    |             |    |
| 13 Year of substantial completion . . . . .                                                                         | 2011 |            | 2011       |    | 2012       |    | 2014        |    |
|                                                                                                                     | 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  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50193E

Schedule K (Form 990) 2015

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?                                                               |     |    |     |    |     |    |         |    |
| 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       |    |
| 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 % |    | 0 180 % |    |
| 6  | Total of lines 4 and 5 . . . . .                                                                                                                                                                                                                 | 0 % |    | 0 % |    | 0 % |    | 0 180 % |    |
| 7  | Does the bond issue meet the private security or payment test? . . . .                                                                                                                                                                           |     | X  |     | X  |     | X  |         | X  |
| 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?. . . . .                                                                  |     | X  |     | X  |     | X  |         | X  |
| 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? . . . . .                                                                                        |                   | X  |     | X  | X   |    | X   |    |
| b  | Exception to rebate? . . . . .                                                                                       |                   | X  |     | X  |     | X  |     | X  |
| c  | No rebate due? . . . . .                                                                                             | X                 |    | X   |    |     | X  |     | X  |
|    | 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 . . . . .                                                                                           | CITIBANK          |    |     |    |     |    |     |    |
| c  | Term of hedge . . . . .                                                                                              | 3970 0000000000 % |    |     |    |     |    |     |    |
| d  | Was the hedge superintegrated? . . . . .                                                                             |                   | X  |     |    |     |    |     |    |
| e  | Was the hedge terminated? . . . . .                                                                                  |                   | X  |     |    |     |    |     |    |

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)?                               |     | X  |     | X  |     | X  |     | X  |
| b  | Name of provider . . . . .                                                                            |     |    |     |    |     |    |     |    |
| c  | Term of GIC . . . . .                                                                                 |     |    |     |    |     |    |     |    |
| d  | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . . |     |    |     |    |     |    |     |    |
| 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? . . . | X   |    | X   |    | X   |    | X   |    |

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

| Return Reference                  | Explanation                                                                                                                                                                                                                                           |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE REBATE COMPUTATION PERFORMED | ISSUER NAME MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/01/2013 ISSUER NAME MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/30/2015 |

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
ANNE ARUNDEL MEDICAL CENTER INC**Employer identification number**

52-1169362

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

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

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

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

| Return<br>Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | <p>THE ORGANIZATION REQUIRES THAT SENIOR EXECUTIVE LEADERS AND EACH MEMBER OF THE BOARD REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND RETURN AN ACKNOWLEDGEMENT OF RECEIPT AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST SUBSEQUENT TO THE COMPLETION OF THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. IF A COVERED INDIVIDUAL BECOMES AWARE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE COVERED INDIVIDUAL SHALL PROMPTLY DISCLOSE IT TO THE PRESIDENT OF AAHS. IF AAHS HAS REASONABLE CAUSE TO BELIEVE THAT A COVERED INDIVIDUAL HAS FAILED TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM THE COVERED INDIVIDUAL OF THE BASIS FOR SUCH BELIEF AND PROVIDE THE COVERED INDIVIDUAL AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. AFTER DISCLOSURE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST BY A MEMBER OF THE BOARD OF TRUSTEES OR AN OFFICER OR SENIOR EXECUTIVE, THE EXECUTIVE COMMITTEE OF THE AAHS BOARD SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF THE INTERESTED PERSON IS A MEMBER OF THE EXECUTIVE COMMITTEE, AFTER ANY DISCUSSION WITH THE INTERESTED MEMBER SUCH MEMBER SHALL LEAVE THE EXECUTIVE COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE EXECUTIVE COMMITTEE MAY REQUEST THAT LEGAL COUNSEL OR OTHER ADVISORS ASSIST AND ADVISE THE COMMITTEE IN CONNECTION WITH THE INVESTIGATION AND DETERMINATION OF ANY CONFLICT OF INTEREST ISSUE. IF A CONFLICT OR POTENTIAL CONFLICT IS DEEMED TO EXIST, THE MEMBER MUST REMOVE HIMSELF OR HERSELF FROM THE ROOM DURING ANY DISCUSSION OF THE MATTER, REFRAIN FROM PARTICIPATING IN DISCUSSION AND VOTING UPON OR OTHER DECISION MAKING IN REGARD TO THE MATTER, AVOID USING HIS OR HER PERSONAL INFLUENCE, AVOID MAKING AN ADMINISTRATIVE DECISION ON THE MATTER, AND, IN THE CASE OF A DIRECTOR, MUST NOT BE COUNTED IN DETERMINING THE QUORUM FOR ACTION ON THE MATTER, EVEN WHERE PERMITTED BY THE BY-LAWS. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE ORGANIZATION AND SHALL MAKE ITS DECISIONS AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION. IF THE EXECUTIVE COMMITTEE DETERMINES THAT THE TRANSACTION IS IN THE BEST INTEREST OF AAHS, THE COMMITTEE MAY IMPOSE SUCH CONDITIONS OR REQUIREMENTS ON THE COVERED INDIVIDUAL INCLUDING, BUT NOT LIMITED TO REQUIRING THAT THE COVERED INDIVIDUAL RECUSE HER/HIMSELF FROM DELIBERATIONS AND DECISIONS RELATING TO THOSE MATTERS WHERE THE INDIVIDUAL HAS A PERSONAL INTEREST WHICH COULD CONFLICT, OR APPEAR TO CONFLICT, WITH HER/HIS DUTY OF LOYALTY TO THE BEST INTERESTS OF THE ORGANIZATION AND AAHS.</p> |

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

| Return Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE RETAINED IN THE FINANCE OFFICE AND ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST FORM 990 IS AVAILABLE BY REQUEST TO THE FINANCIAL SERVICES OFFICE OR CAN BE OBTAINED ONLINE AT <a href="http://WWW.GUIDESTAR.ORG">WWW.GUIDESTAR.ORG</a> |

| Return<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART IX,<br>LINE 11G | <p>SERVICE CONTRACTS PROGRAM SERVICE EXPENSES 2,812,116 MANAGEMENT AND GENERAL EXPENSES 2,696,215 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,508,331 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 4,002,667 MANAGEMENT AND GENERAL EXPENSES 8,452 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,011,119 MANAGEMENT &amp; CONTRACTED SERVICES PROGRAM SERVICE EXPENSES 9,034,367 MANAGEMENT AND GENERAL EXPENSES 12,589,505 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 21,623,872 MEDICAL WASTE MANAGEMENT PROGRAM SERVICE EXPENSES 429,025 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 429,025 LINE OF CREDIT FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 269,247 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 269,247 MISCELLANEOUS DIRECT EXPENSES PROGRAM SERVICE EXPENSES 4,030,076 MANAGEMENT AND GENERAL EXPENSES 4,075,324 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 8,105,400 RECRUITING PROGRAM SERVICE EXPENSES 10,000 MANAGEMENT AND GENERAL EXPENSES 295,927 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 305,927 PROFESSIONAL HOSPITAL SERVICES PROGRAM SERVICE EXPENSES 19,923,301 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 19,923,301</p> |

| Return<br>Reference             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART XI, LINE<br>9 | CHANGE IN BENEFICIAL INTEREST IN AAMC FOUNDATION, INC -1,524,000 DIVIDEND- COTTAGE INSURANCE COMPANY, LTD 1,000,000 INCOME FROM JOINT VENTURE 7,065,070 INTERCOMPANY TRANSFERS -15,785,269 PENSION FUND STATUS -20,068,590 RECLASS CASH BALANCE FROM PARENT -3,348,649 TRANSFER FROM AAMC FOUNDATION, INC TO AAMC, INC 2,917,275 UNREALIZED LOSS FOR CONTRACTS UNDER SFAS 133 -40,054,741 INCOME NOT PREVIOUSLY INCLUDED IN NET ASSETS -15,738 |

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

| Return<br>Reference                                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4A -<br>CONTINUED | <p>IT IS ONE OF ONLY FOUR CANCER PROGRAMS IN MARYLAND (AND ONE OF ONLY 95 PROGRAMS NATIONWIDE) TO RECEIVE THE PRESTIGIOUS AWARD FROM THE COC, AN ORGANIZATION ESTABLISHED BY THE AMERICAN COLLEGE OF SURGEONS THE AWARD WAS ESTABLISHED IN 1994 TO RECOGNIZE CANCER PROGRAMS DEMONSTRATING EXCELLENCE IN PROVIDING QUALITY CARE TO CANCER PATIENTS A FACILITY RECEIVES THE AWARD ONLY IF DEMONSTRATING A "COMMENDATION" LEVEL OF COMPLIANCE WITH SEVEN COC-ESTABLISHED STANDARDS OF CARE. AAMC DEMONSTRATED COMMENDATION-LEVEL COMPLIANCE IN SIX AREAS, CANCER COMMITTEE LEADERSHIP, CANCER DATA MANAGEMENT, CLINICAL SERVICES, RESEARCH, COMMUNITY OUTREACH, AND QUALITY IMPROVEMENT IN 2014 AAMC'S GEATON &amp; JOANN DECESARIS CANCER INSTITUTE RECEIVED AACCC INNOVATOR AWARD, ONLY 1 OF 6 HOSPITALS NATIONWIDE TO RECEIVE SUCH ACCOLADES THIS WAS AWARDED FOR AAMC'S INNOVATIVE SYSTEM MANAGEMENT CLINIC THE REBECCA FORTNEY BREAST CENTER IS NATIONALLY RECOGNIZED FOR ITS OUTSTANDING CARE, RESEARCH AND COMPREHENSIVE PROGRAMS IT OFFERS KIND, SENSITIVE, AND TAILORED BREAST DISEASE TREATMENT AND CARE FOR WOMEN WITH OUR HIGHLY EXPERIENCED BREAST SPECIALISTS AND SPECIALTY TRAINED STAFF PLUS STATE-OF-THE-ART FACILITIES, WE ARE A BREAST CENTER DEDICATED TO GIVING YOU NEW HOPE AND GOOD HEALTH IN 2013, THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) GRANTED A THREE YEAR ACCREDITATION DESIGNATION TO THE BREAST CANCER CENTER IN THE SUMMER OF 2009, AAMC MADE A COMMITMENT TO FURTHER SERVE BREAST PATIENTS IN THE REGION BY OPENING A NEW, EXPANDED BREAST CENTER UNDER THE UMBRELLA OF THE DECESARIS CANCER INSTITUTE, AND ADDING A THIRD FELLOWSHIP-TRAINED BREAST SURGEON TO THE CARE TEAM THE CANCER INSTITUTE OFFERS A WIDE RANGE OF SUPPORT GROUPS TO PATIENTS AS A SOURCE OF COMFORT, ENCOURAGEMENT AND INFORMATION, AND AS A WAY TO CONNECT WITH OTHERS WHO KNOW WHAT THE PATIENTS ARE GOING THROUGH AS A PATIENT, FAMILY MEMBER OR CAREGIVER SOME OF OUR SUPPORT GROUPS INCLUDE GENERAL CANCER SUPPORT GROUP; MONTHLY LUNG CANCER SUPPORT GROUP; MOVING FORWARD, A MONTHLY MEETING FOR WOMEN DIAGNOSED WITH BREAST CANCER WITHIN THE LAST TWO YEARS, SISTER TO SISTER, PROVIDING SPECIALIZED SUPPORT FOR AFRICAN-AMERICAN WOMEN, AND SURVIVORS OFFERING SUPPORT, WHERE BREAST CANCER SURVIVORS ARE TRAINED TO PROVIDE ONE ON ONE MENTORING TO NEWLY DIAGNOSED PATIENTS THROUGH THEIR FIRST YEAR OF TREATMENT EMERGENCY SERVICES THE AAMC EMERGENCY ROOM IS ONE OF THE BUSIEST IN THE AREA, SERVING MORE THAN 95,000 PATIENTS EACH YEAR. AAMC'S EMERGENCY DEPARTMENT EMPLOYS TRAINED PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONERS WHO ARE ON DUTY 24 HOURS A DAY, SEVEN DAYS A WEEK, AND SPECIALISTS ARE ON CALL FOR CONSULTATION AAMC'S EMERGENCY DEPARTMENT INCLUDES - EMERGENCY TRAINED NURSES AND MEDICAL TECHNICIANS WHO PROVIDE CARE AND MONITOR PATIENT CONDITIONS THROUGHOUT THE EPISODE OF CARE. ALL PATIENTS ARE TRIAGED AND ASSIGNED A PRIORITY BASED ON THE ASSESSED MEDICAL NEED THOSE PATIENTS WITH MORE SERIOUS CONDITIONS ARE GENERALLY TREATED IN THE MAIN ED AREA WHILE PATIENTS WITH LESS SEVERE OR MINOR CONDITIONS ARE TREATED IN THE RAPID CLINICAL EVALUATION AND INTERMEDIATE CARE AREAS THE DEPARTMENT HAS THIRTY-THREE MAIN SIDE BEDS AND TEN INTERMEDIATE CARE BEDS ADDITIONALLY, THERE IS A TEN BED AREA FOR HOLDING ADULT PATIENTS AND AN 8 BED AREA FOR HOLDING PEDIATRIC PATIENTS WAITING FOR ADMISSION A PRIVATE SIX BED AREA IS AVAILABLE FOR PATIENTS WITH MENTAL HEALTH PROBLEMS - SUTURING AND SPLINTING AND CASTING SERVICES AVAILABLE FOR MINOR TRAUMA HIGH-LEVEL TRAUMA PATIENTS ARE STABILIZED AND TRANSFERRED TO NEARBY TRAUMA CENTERS THE HOSPITAL IS CHEST PAIN CERTIFIED AND HAS A VERY ROBUST CARDIAC PROGRAM INCLUDING RAPID STABILIZATION AND TRANSFER TO THE CATH LAB WHEN INDICATED ALSO STROKE CERTIFIED AND EQUIPPED TO MANAGE PATIENTS ARRIVING WITH ACUTE STROKE SYMPTOMS - X-RAY SERVICES AVAILABLE WITHIN THE ED TO EXPEDITE DIAGNOSIS AND TREATMENT INCLUDE TWO RADIOLOGY ROOMS AND A STATE OF THE ART CT SCANNER NEW TECHNOLOGY ALLOWS X-RAYS BE TRANSMITTED ELECTRONICALLY ENABLING THE ED DOCTORS, SPECIALISTS, AND PRIMARY CARE PHYSICIANS TO VIEW X-RAYS AND OTHER DIAGNOSTIC TESTS ON A COMPUTER WITHIN MINUTES OF BEING TAKEN - HOSPITALISTS AND INTENSIVISTS (DOCTORS SPECIALLY TRAINED IN CRITICAL CARE AND INPATIENT CARE) ADMIT PATIENTS TO THE ACUTE CARE PAVILION ONCE THE DETERMINATION IS MADE THAT FURTHER MEDICAL AND NURSING ARE NEEDED - MENTAL HEALTH ASSESSMENT AND PLACEMENT SERVICES ARE PROVIDED BY LICENSED MENTAL HEALTH CLINICIANS - DOMESTIC VIOLENCE ASSESSMENT AND SUPPORT SERVICES ARE PROVIDED BY TRAINED COUNSELORS PATIENT ADVOCATES AND VOLUNTEERS ARE AVAILABLE TO ASSIST FAMILIES WITH PERSONAL NEEDS AND COMFORT CARE COMMUNITY HEALTH EDUCATION AND SUPPORT COMMUNITY HEALTH EDUCATION SERVICES ENCOURAGE HEALTHY LIFESTYLES AND DISEASE PREVENTION IN MOST CASES, AAMC PROVIDED THESE SERVICES AT MINIMAL OR NO COST THE FOLLOWING SERVICES WERE OFFERED IN FY 16 INDIVIDUAL NUTRITION COUNSELING WITH REGISTERED DIETITIANS WAS PROVIDED AT A NOMINAL COST IN FY 16, AAMC DIETICIANS SPENT MORE THAN 950 HOURS PROVIDING EDUCATIONAL SEMINARS AND/OR TALKS TO THE COMMUNITY VIA HEALTH FAIRS AND/OR SPECIAL REQUESTS BY SENIOR/CORPORATE ORGANIZATIONS AAMC PHYSICIANS, PHARMACISTS, REGISTERED NURSES, DIETITIANS AND OTHER PROFESSIONALS VOLUNTEER THEIR TIME AND EXPERTISE TO PROVIDE UP-TO-DATE INFORMATION ON DISEASE PREVENTION AND OTHER HEALTH-RELATED ISSUES THROUGH FREE SEMINARS AND PROGRAMS THESE PROGRAMS, DESIGNED TO MEET THE HEALTH NEEDS OF THE COMMUNITY AND COORDINATED BY THE DEPARTMENTS OF PUBLIC RELATIONS AND COMMUNITY HEALTH AND WELLNESS, ARE OFFERED TO LOCAL CLUBS, SCHOOLS, CORPORATIONS, CIVIC ORGANIZATIONS AND THE GENERAL PUBLIC CLASS TOPICS ARE BASED ON COMMUNITY HEALTH ASSESSMENTS, RESULTS OF CUSTOMER INTEREST SURVEYS, FOCUS GROUPS, AND FEEDBACK PROVIDED ON PROGRAM EVALUATIONS TOPICS INCLUDE PROSTATE CANCER, CARDIAC RISK, VASCULAR DISEASE, BACK CARE, BREAST CANCER, ARTHRITIS, PAIN MANAGEMENT, REFLUX DISEASE, DIABETES AND MENOPAUSE MORE THAN 32,000 PEOPLE PARTICIPATE IN AAMC CLASSES AND SPECIAL EDUCATION EVENTS EACH YEAR MOST CLASSES WERE OFFERED AT A BREAK-EVEN COST OR A LOSS TO THE MEDICAL CENTER IN FEBRUARY 2013 AAMC OPENED THE JAMES AND SYLVIA EARL SIMULATION TO ADVANCE INNOVATION AND LEARNING CENTER (SAIL) THIS FACILITY IS DEDICATED TO THE ADVANCEMENT AND PRACTICE OF MEDICINE THROUGH RESEARCH, TRAINING AND INNOVATION DESIGNED TO IMPROVE SURGICAL AND MEDICAL PROCEDURES AND OUTCOMES FOR PATIENTS THIS TYPE OF TRAINING IS TYPICALLY ONLY AVAILABLE IN MAJOR ACADEMIC MEDICAL CENTERS AND INCLUDES SOPHISTICATED LIFE LIKE TECHNOLOGY FEATURING HIGH FIDELITY MANNEQUINS THAT SIMULATE REAL LIFE MEDICAL SITUATIONS PARTICIPANTS INCLUDED SURGEONS, RESIDENTS, MED STUDENTS, NURSES, EMERGENCY MEDICAL TECHNICIANS, MILITARY PERSONNEL AND ALLIED HEALTH PROFESSIONALS ALSO IN FEBRUARY 2013 AAMC OPENED THE HACKERMAN-PATZ HOSPITALITY HOUSE THIS HOMELIKE LODGING FACILITY IS DESIGNED TO MEET THE NEEDS OF PATIENTS AND THEIR FAMILIES SO THEY MAY STAY CLOSE TO THE HOSPITAL WHERE LOVED ONES RECEIVE TREATMENT THE FACILITY HOUSES 20 PRIVATE GUEST ROOMS AS WELL AS A GREAT ROOM, FULLY FURNISHED KITCHEN AND PLAY ROOM</p> |

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

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

Name of the organization  
ANNE ARUNDEL MEDICAL CENTER INC

Employer identification number  
52-1169362

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

**Part III**

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

| (a)<br>Name, address, and EIN of<br>related organization                                           | (b)<br>Primary activity           | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                    |                                   |                                                              |                                        |                                                                                                            |                                 |                                          | Yes                                     | No |                                                                            | Yes                                       | No |                                |
| (1) MEDICAL OFFICE LLC<br><br>2001 MEDICAL PARKWAY<br>ANNAPOLIS, MD 21401<br>20-2290229            | MEDICAL REAL<br>ESTATE LEASING    | MD                                                           | N/A                                    |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
| (2) ANNAPOLIS EXCHANGE LOT IV LLC<br><br>2001 MEDICAL PARKWAY<br>ANNAPOLIS, MD 21401<br>52-2020156 | COMMERCIAL REAL<br>ESTATE LEASING | MD                                                           | N/A                                    |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
| (3) ANNAPOLIS EXCHANGE LOT V LLC<br><br>2001 MEDICAL PARKWAY<br>ANNAPOLIS, MD 21401<br>52-2020157  | MEDICAL REAL<br>ESTATE LEASING    | MD                                                           | N/A                                    |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
| (4) KENT ISLAND MEDICAL ARTS LLC<br><br>2001 MEDICAL PARKWAY<br>ANNAPOLIS, MD 21401<br>26-0623450  | MEDICAL REAL<br>ESTATE LEASING    | MD                                                           | N/A                                    |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                                                                    |                                   |                                                              |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                                                                    |                                   |                                                              |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                                                                    |                                   |                                                              |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |

**Part IV**

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

| (a)<br>Name, address, and EIN of<br>related organization                                                        | (b)<br>Primary activity                                  | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity   | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|---------------------------------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                                 |                                                          |                                                           |                                       |                                                           |                                 |                                           |                                | Yes                                                    | No |
| ANNE ARUNDEL HEALTH<br>(1)CARE ENTERPRISES INC<br><br>2001 MEDICAL PARKWAY<br>ANNAPOLIS, MD 21401<br>52-1646304 | MEDICAL SERVICES                                         | MD                                                        | N/A                                   | C                                                         |                                 |                                           |                                |                                                        | No |
| (2)PAVILION PARK INC<br><br>2001 MEDICAL PARKWAY<br>ANNAPOLIS, MD 21401<br>52-1890034                           | REAL ESTATE LEASING                                      | MD                                                        | N/A                                   | C                                                         |                                 |                                           |                                |                                                        | No |
| COTTAGE INSURANCE<br>(3)COMPANY LTD<br><br>PO BOX 10233<br>GRAND CAYMAN<br>CJ KY1-110<br>CJ<br>98-0461499       | CAPTIVE INSURER -<br>PROFESSIONAL LIABILITY<br>INSURANCE | CJ                                                        | ANNE ARUNDEL<br>MEDICAL<br>CENTER INC | C                                                         | 1,165,213                       | 32,318,080                                | 100 000 %                      | Yes                                                    |    |
|                                                                                                                 |                                                          |                                                           |                                       |                                                           |                                 |                                           |                                |                                                        |    |
|                                                                                                                 |                                                          |                                                           |                                       |                                                           |                                 |                                           |                                |                                                        |    |
|                                                                                                                 |                                                          |                                                           |                                       |                                                           |                                 |                                           |                                |                                                        |    |
|                                                                                                                 |                                                          |                                                           |                                       |                                                           |                                 |                                           |                                |                                                        |    |

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

No

1c

Yes

1d

Yes

1e

No

1f

Yes

1g

No

1h

No

1i

Yes

1j

Yes

1k

Yes

1l

No

1m

No

1n

No

1o

No

1p

Yes

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

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.

[illegible]

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

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**Additional Data**

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

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

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

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

| (a)<br>Name of related organization |                                                              | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount<br>involved |
|-------------------------------------|--------------------------------------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| (1)                                 | ANNE ARUNDEL GENERAL TREATMENT SERVICES INC                  | Q                               | 83,014                 | FMV                                             |
| (1)                                 | ANNE ARUNDEL HEALTH CARE ENTERPRISES INC                     | Q                               | 222,252                | FMV                                             |
| (2)                                 | ANNE ARUNDEL HEALTH CARE SERVICES INC                        | Q                               | 376,222                | FMV                                             |
| (3)                                 | ANNE ARUNDEL HEALTH SYSTEM RESEARCH INSTITUTE INC            | J                               | 102,069                | FMV                                             |
| (4)                                 | ANNE ARUNDEL HEALTHCARE ENTERPRISES INC                      | J                               | 101,907                | FMV                                             |
| (5)                                 | ANNE ARUNDEL MEDICAL CENTER FOUNDATION INC                   | C                               | 2,375,991              | FMV                                             |
| (6)                                 | ANNAPOLIS EXCHANGE LOT IV                                    | J                               | 178,008                | FMV                                             |
| (7)                                 | ANNE ARUNDEL REAL ESTATE HOLDING COMPANY INC (BLUE BUILDING) | J                               | 859,800                | FMV                                             |
| (8)                                 | COTTAGE INSURANCE COMPANY LTD                                | Q                               | 2,965,000              | FMV                                             |
| (9)                                 | KENT ISLAND MEDICAL ARTS LLC                                 | K                               | 125,810                | FMV                                             |
| (10)                                | MEDICAL OFFICE LLC                                           | K                               | 913,617                | FMV                                             |
| (11)                                | MEDICAL OFFICE LLC                                           | J                               | 172,368                | FMV                                             |
| (12)                                | MEDICAL OFFICE LLC                                           | Q                               | 290,568                | FMV                                             |
| (13)                                | PHYSICIAN ENTERPRISE LLC                                     | P                               | 19,923,301             | FMV                                             |
| (14)                                | ANNE ARUNDEL REAL ESTATE HOLDING COMPANY INC (BLUE BUILDING) | K                               | 3,048,029              | FMV                                             |