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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Department of the Treasury
Internal Revenue Service

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Peninsula Regional Medical Center

% JIM GREGORY

Doing business as

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

100 East Carroll Street

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Salisbury, MD 21801

F Name and address of principal officer

Margaret Naleppa CEO

100 East Carroll Street

Salisbury, MD 21801

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.peninsula.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1897

M State of legal domicile

MD

Part I Summary

Activities & Governance

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

IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE

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

3 Number of voting members of the governing body (Part VI, line 1a)

3

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 2016 (Part V, line 2a)

5

3,660

6 Total number of volunteers (estimate if necessary)

6

281

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

7,854,508

7b Net unrelated business taxable income from Form 990-T, line 34

7b

-159,138

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

541,790

415,667,877

9,246,018

937,804

426,393,489

Current Year

4,228,101

422,224,611

16,466,589

950,410

443,869,711

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶539,655

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

0

0

200,320,027

0

218,212,886

418,532,913

7,860,576

0

0

214,366,394

0

230,789,410

445,155,804

-1,286,093

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

639,262,347

228,707,154

410,555,193

End of Year

655,510,872

218,362,964

437,147,908

Part II Signature Block

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

Sign Here

Signature of officer

2018-05-03

Date

BRUCE RITCHIE CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Mary Torretta

Preparer's signature

Mary Torretta

Date

Check ☐ if self-employed

PTIN

P00847851

Firm's name ▶ Grant Thornton LLP

Firm's EIN ▶

Firm's address ▶ 1000 WILSON BLVD SUITE 1400

Phone no (703) 847-7500

ARLINGTON, VA 22209

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 391,417,790	including grants of \$	(Revenue \$ 414,570,637)
See Additional Data				






















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

4e	Total program service expenses ▶	391,417,790
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	293	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	3,660	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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.	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)?	Yes	
b	If "Yes," enter the name of the foreign country: CJ 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	16	
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	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: CA, MD, NC

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:
 JIM GREGORY 100 EAST CARROLL STREET Salisbury, MD 21801 (410) 912-4979

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								8,317,120	0	1,051,836

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 ▶ 303

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORPORATION, PO BOX 88314 MILWAUKEE, WI 532880314	TECHNICAL SERVICES	10,648,205
HORIZON CSA LLC, 265 PIT ROAD MOORESVILLE, NC 28115	BIOMEDICAL SERVICES	5,643,067
SHERIDAN ANESTHESIA OF MD, PO BOX 452197 SUNRISE, FL 333232197	ANESTHESIA SERVICES	3,861,533
MERCY SPECIALIZED BILLING SERVICES, PO BOX 505125 ST LOUIS, MO 631505125	TECHNICAL SERVICES	3,654,201
ENCORE HEALTH RESOURCES LLC, DEPARTMENT 806 PO BOX 4652 HOUSTON, TX 772104652	TECHNICAL SERVICES	3,406,459

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 ▶ 90

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d	3,507,208			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	720,893			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f	4,228,101				
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICES	621500	416,044,583	414,112,646	1,931,937	
	b	AMBULATORY PHARMACY	900099	5,702,820		5,702,820	
	c	INVESTMENT IN PREMIER	900099	477,208	457,991	19,217	
	d	_____					
	e	_____					
	f	All other program service revenue					
g	Total. Add lines 2a-2f	422,224,611					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	4,682,629		534	4,682,095
	4		Income from investment of tax-exempt bond proceeds	0			
	5		Royalties	0			
	6a		Gross rents	(i) Real	(ii) Personal		
				334,684			
	b		Less rental expenses	494,144			
	c		Rental income or (loss)	-159,460	0		
	d		Net rental income or (loss)	-159,460			-159,460
	7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
				177,425,408	382,442		
	b		Less cost or other basis and sales expenses	165,958,339	65,551		
	c		Gain or (loss)	11,467,069	316,891		
	d		Net gain or (loss)	11,783,960			11,783,960
	8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0		
	b		Less direct expenses	b	0		
	c		Net income or (loss) from fundraising events	0			
	9a		Gross income from gaming activities See Part IV, line 19	a	0		
	b		Less direct expenses	b	0		
	c		Net income or (loss) from gaming activities	0			
10a		Gross sales of inventory, less returns and allowances	a	0			
b		Less cost of goods sold	b	0			
c		Net income or (loss) from sales of inventory	0				
Miscellaneous Revenue		Business Code					
11a		CAFETERIA	722514	909,851		909,851	
b		MANAGEMENT FEES	561000	200,019	200,000	19	
c							
d		All other revenue					
e		Total. Add lines 11a-11d	1,109,870				
12		Total revenue. See Instructions	443,869,711	414,570,637	7,854,508	17,216,465	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,431,203	3,866,179	556,060	8,964
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	171,490,962	149,624,053	21,519,944	346,965
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,389,407	5,574,690	801,790	12,927
9 Other employee benefits	20,257,956	17,670,724	2,546,180	41,052
10 Payroll taxes	11,796,866	10,416,588	1,361,658	18,620
11 Fees for services (non-employees)				
a Management	0			
b Legal	681,118	92,679	588,439	
c Accounting	228,792		228,792	
d Lobbying	27,668		27,668	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	1,635,154		1,635,154	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	60,501,542	48,879,073	11,598,651	23,818
12 Advertising and promotion	843,161	843,161		
13 Office expenses	111,535,221	110,238,909	1,223,337	72,975
14 Information technology	1,284,488	1,265,346	18,649	493
15 Royalties	0			
16 Occupancy	4,636,894	4,539,778	97,116	
17 Travel	622,681	284,069	325,419	13,193
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	26,039		26,039	
20 Interest	5,355,480		5,355,480	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	26,383,333	26,195,844	187,489	
23 Insurance	4,819,969	62,389	4,757,580	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBTS	11,673,038	11,673,038		
b DUES	534,832	191,270	342,914	648
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	445,155,804	391,417,790	53,198,359	539,655
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,261,850	1	6,107,380
	2	Savings and temporary cash investments		26,994,129	2	27,488,604
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		41,519,879	4	38,956,673
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		9,363,458	8	8,403,261
	9	Prepaid expenses and deferred charges		6,275,679	9	6,326,974
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 544,868,692			
	b	Less: accumulated depreciation	10b 321,941,585	220,671,182	10c	222,927,107
	11	Investments—publicly traded securities		233,113,292	11	247,986,318
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		99,062,878	15	97,314,555
16	Total assets. Add lines 1 through 15 (must equal line 34)		639,262,347	16	655,510,872	
Liabilities	17	Accounts payable and accrued expenses		17,724,004	17	20,397,583
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		143,614,264	20	139,517,828
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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.		67,368,886	25	58,447,553
26	Total liabilities. Add lines 17 through 25		228,707,154	26	218,362,964	
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		377,252,005	27	401,770,195
	28	Temporarily restricted net assets		25,058,289	28	27,122,679
	29	Permanently restricted net assets		8,244,899	29	8,255,034
	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		410,555,193	33	437,147,908	
34	Total liabilities and net assets/fund balances		639,262,347	34	655,510,872	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	443,869,711
2	Total expenses (must equal Part IX, column (A), line 25)	2	445,155,804
3	Revenue less expenses Subtract line 2 from line 1	3	-1,286,093
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	410,555,193
5	Net unrealized gains (losses) on investments	5	17,900,871
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9,977,937
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	437,147,908

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

Software ID:

Software Version:

EIN: 52-0591628

Name: Peninsula Regional Medical Center

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET NALEPPA PRESIDENT/CEO	40 0 1 0	X		X				932,691	0	203,244
WILLIAM R MCCAIN Board Member	1 0 2 0	X						0	0	0
MONTY SAYLER CHAIRMAN	1 0 1 0	X		X				30,000	0	0
DEBORAH ABBOTT SECRETARY	1 0 1 0	X		X				0	0	0
HERBERT J GEARY III Vice Chairman	1 0 1 0	X		X				0	0	0
TIMOTHY BENNING MD BOARD MEMBER	1 0 1 0	X						0	0	0
THOMAS COATES BOARD MEMBER	1 0 1 0	X						0	0	0
MEMO DIRIKER BOARD MEMBER	1 0 1 0	X						0	0	0
MARK HIGDON BOARD MEMBER	1 0 1 0	X						0	0	0
DAVID KERRIGAN MD BOARD MEMBER	1 0 1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARION KEENAN BOARD MEMBER	1 0 1 0	X						0	0	0
RYAN MCLAUGHLIN Treasurer	1 0 1 0	X		X				0	0	0
VEL NATESAN MD BOARD MEMBER	1 0 1 0	X						17,000	0	0
MARTIN NEAT BOARD MEMBER	1 0 1 0	X						0	0	0
THOMAS RICCIO MD BOARD MEMBER	1 0 1 0	X						0	0	0
DAVID ROMMEL BOARD MEMBER	1 0 2 0	X						0	0	0
LURA LUNSFORD VP OF OPERATIONS	40 0 1 0			X				496,406	0	87,897
BRUCE I RITCHIE CFO	40 0 1 0			X				531,783	0	118,963
CHARLES SILVIA JR MD VP - CHIEF MEDICAL OFFICER	40 0 1 0			X				453,976	0	61,979
SARA SCOTT VP PEOPLE & ORGANIZATION DEV	40 0 0 0				X			231,215	0	55,215

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN LEONARD VP OPERATION OPTIMIZATION & IN	40 0 0 0				X			301,949	0	87,003
KAREN POISKER VP POPULATION HEALTH	40 0 0 0				X			320,059	0	121,944
THOMAS DEMARCO MD VP - PRMG	40 0 0 0				X			371,956	0	29,853
SHERI MATTER V P PATIENT CARE SERVICES	40 0 0 0				X			263,223	0	29,041
KATHRYN FIDDLER EXECUTIVE DIRECTOR-POP HEALTH	40 0 0 0				X			172,738	0	6,002
JAMES TODD MD PHYSICIAN	40 0 0 0					X		866,911	0	92,900
KURT WEHBERG MD PHYSICIAN	40 0 0 0					X		850,817	0	94,062
DANIEL DANIELS MD PHYSICIAN	40 0 0 0					X		843,273	0	23,220
HALIM CHARBEL MD PHYSICIAN	40 0 0 0					X		840,808	0	15,852
KARIM ARNAOUT MD PHYSICIAN	40 0 0 0					X		792,315	0	24,661

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization Peninsula Regional Medical Center	Employer identification number 52-0591628	

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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 Peninsula Regional Medical Center	Employer identification number 52-0591628
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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
(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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(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?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		27,668
j	Total. Add lines 1c through 1i			27,668
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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
OTHER ACTIVITIES	SCHEDULE C, PART II-B, LINE 11 PENINSULA REGIONAL MEDICAL CENTER DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 6.46% AND 22.98% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV AS LOBBYING ACTIVITIES.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493130011198	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization Peninsula Regional Medical Center				Employer identification number 52-0591628	
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
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			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

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" on Form 990, Part IV, line 10.

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	49,801,243	50,044,611	45,972,891	39,054,428	34,734,107
b	250,000	500,000	647,931	500,000	6,448
c	6,985,039	-399,685	3,765,292	6,781,222	4,624,939
d					
e				41,210	
f	363,596	343,683	341,503	321,549	311,066
g	56,672,686	49,801,243	50,044,611	45,972,891	39,054,428

2

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

a

Board designated or quasi-endowment

52 429 %

b

Permanent endowment

0 157 %

c

Temporarily restricted endowment

47 414 %

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

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,661,389		10,661,389
b Buildings		247,785,209	104,001,721	143,783,488
c Leasehold improvements				
d Equipment		274,929,064	212,200,239	62,728,825
e Other		11,493,030	5,739,625	5,753,405
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				222,927,107

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 (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

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 Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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) DONOR RESTRICTED FUND	34,842,096
(2) BOARD DESIGNATED INVESTMENTS	26,946,681
(3) SELF INSURANCE FUND	21,900,751
(4) OTHER ASSETS	8,701,505
(5) INVESTMENT IN PARTNERSHIPS	3,425,288
(6) CONSTRUCTION FUND	759,664
(7) INTERCOMPANY RECEIVABLES	738,570
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	97,314,555

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCRUED SELF INSURANCE LIABILITY	16,676,221
EMPLOYEE COMP RELATED PAYROLL TAXES	13,730,515
PENSION LIABILITY	10,952,038
ADVANCES FROM THIRD PARTY PAYORS	9,806,170
OTHER LIABILITIES	7,282,609
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	58,447,553

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	426,454,029
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	494,144
e	Add lines 2a through 2d	2e	494,144
3	Subtract line 2e from line 1	3	425,959,885
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	1,635,154
b	Other (Describe in Part XIII)	4b	16,274,672
c	Add lines 4a and 4b	4c	17,909,826
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	443,869,711

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	432,141,737
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	494,144
e	Add lines 2a through 2d	2e	494,144
3	Subtract line 2e from line 1	3	431,647,593
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	1,635,154
b	Other (Describe in Part XIII)	4b	11,873,057
c	Add lines 4a and 4b	4c	13,508,211
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	445,155,804

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-0591628
Name: Peninsula Regional Medical Center

Supplemental Information

Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4 THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR CAPITAL, PATIENT SERVICES OR EDUCATIONAL PURPOSES

Supplemental Information	
Return Reference	Explanation
FIN 48 FOOTNOTE	Schedule D, Part X, Line 2 The Health System is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (The Code) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code

Supplemental Information	
Return Reference	Explanation
RECONCILIATION OF REVENUE AND EXPENSES TO AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINE 2D RENT EXPENSES \$494,144

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	BAD DEBTS EXPENSES \$11,673,038 FOUNDATION CONTRIBUTIONS \$3,507,208 Recovery of Expense \$20 0,019 OTHER CONTRIBUTIONS \$700,000 PARTNERSHIP INCOME TAX ADJUSTMENT \$194,407 ----- - TOTAL \$16,274,672

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	RENT EXPENSES \$494,144

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	BAD DEBT EXPENSES \$11,673,038 MANAGEMENT FEES RECLASSED FROM EXPENSES \$200,019 ----- TOTAL \$11,873,057

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
Peninsula Regional Medical Center

Employer identification number

52-0591628

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	1	1	INVESTMENTS		4,109,125
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	1			4,109,125
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			4,109,125

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 separately 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)* ☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

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).

Return Reference	Explanation
ACTIVITIES PER REGION	SCHEDULE F, PART IV THE AMOUNTS IN COLUMN F WERE DETERMINED USING AN ACCRUAL METHOD OF ACCOUNTING THE ENTIRE \$4,109,125 REPRESENTS A CAPTIVE INSURANCE INVESTMENT

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► 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.</p>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div> Open to Public Inspection
Name of the organization Peninsula Regional Medical Center		Employer identification number 52-0591628

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			
<input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <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 <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 <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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)			7,789,268		7,789,268	1 800 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			7,789,268		7,789,268	1 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		54,299	2,023,920	295,829	1,728,091	0 400 %
f Health professions education (from Worksheet 5)		228	1,265,282	41,100	1,224,182	0 280 %
g Subsidized health services (from Worksheet 6)		121,228	51,900,339	22,210,049	26,690,290	6 850 %
h Research (from Worksheet 7)			2,963		2,963	
i Cash and in-kind contributions for community benefit (from Worksheet 8)		1,680	253,422		253,422	0 060 %
j Total. Other Benefits		177,435	55,445,926	22,546,978	29,898,948	7 590 %
k Total. Add lines 7d and 7j		177,435	63,235,194	22,546,978	37,688,216	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
1 Physical improvements and housing			137		137	
2 Economic development			2,101		2,101	
3 Community support			12,983		12,983	
4 Environmental improvements			116,772		116,772	0.030 %
5 Leadership development and training for community members			1,136		1,136	
6 Coalition building			1,996,116		1,996,116	0.460 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			2,129,245		2,129,245	0.490 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	11,673,038	
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.	3		
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.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	256,285,647
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	178,973,931
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	77,311,716
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.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b 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.	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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

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

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

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

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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW PENINSULA ORG</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW PENINSULA ORG</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c 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? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Peninsula Regional Medical Center																																																																																								
Name of hospital facility or letter of facility reporting group																																																																																								
	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Did the hospital facility have in place during the tax year a written financial assistance policy that</td><td></td><td></td></tr><tr><td>13 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</td><td>13 Yes</td><td></td></tr><tr><td>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 300 %</td><td></td><td></td></tr><tr><td>b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)</td><td></td><td></td></tr><tr><td>c <input checked="" type="checkbox"/> Asset level</td><td></td><td></td></tr><tr><td>d <input checked="" type="checkbox"/> Medical indigency</td><td></td><td></td></tr><tr><td>e <input type="checkbox"/> Insurance status</td><td></td><td></td></tr><tr><td>f <input type="checkbox"/> Underinsurance discount</td><td></td><td></td></tr><tr><td>g <input type="checkbox"/> Residency</td><td></td><td></td></tr><tr><td>h <input checked="" type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td>14 Explained the basis for calculating amounts charged to patients?</td><td>14 Yes</td><td></td></tr><tr><td>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)</td><td>15 Yes</td><td></td></tr><tr><td>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</td><td></td><td></td></tr><tr><td>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</td><td></td><td></td></tr><tr><td>c <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</td><td></td><td></td></tr><tr><td>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td><td></td><td></td></tr><tr><td>e <input checked="" type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td>16 Was widely publicized within the community served by the hospital facility? 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Part V Facility Information (continued)**Billing and Collections**

Peninsula Regional Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21	Yes	
If "No," indicate why			
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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Peninsula Regional Medical Center

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
OTHER METHOD USED IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE	<p>SCHEDULE H, PART I, LINE 3C N/A - PENINSULA REGIONAL MEDICAL CENTER USES THE FPG IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE IS ALSO CONSIDERED IF A PATIENT IS OVER INCOME CRITERION BUT HAS FINANCIAL HARDSHIP BASED ON MEDICAL DEBT. PATIENTS WHO ARE BENEFICIARIES/RECIPIENTS OF CERTAIN MEANS-TESTED SOCIAL SERVICES PROGRAM administered by the state of the patient's residence are deemed TO HAVE PRESUMPTIVE ELIGIBILITY FOR PRMC'S FA PROGRAM. COMMUNITY BENEFIT REPORT SCHEDULE H, PART I, LINE 6A. PENINSULA REGIONAL MEDICAL CENTER FUNCTIONS AS THE PRIMARY HOSPITAL PROVIDER FOR THE RURAL SOUTHERNMOST THREE COUNTIES OF THE EASTERN SHORE OF MARYLAND, WHICH INCLUDES WICOMICO, WORCESTER AND SOMERSET COUNTIES. IN FY 2017, APPROXIMATELY 77% OF THE PATIENTS DISCHARGED FROM THE MEDICAL CENTER WERE RESIDENTS OF THE PRIMARY SERVICE AREA, WHICH HAS AN ESTIMATED POPULATION OF APPROXIMATELY 180,533 IN 2017 AND IS EXPECTED TO INCREASE TO 184,828 IN 2022, OR BY 2.4%. THE PRIMARY SERVICE AREA POPULATION HAS GROWN BY AN ESTIMATED 5% SINCE 2010. PENINSULA REGIONAL CSBA (COMMUNITY BENEFIT SERVICE AREA) CONSISTS OF THOSE ZIP CODES WITHIN OUR PRIMARY SERVICE AREA. THE MAJORITY OF THE POPULATION RESIDES IN WICOMICO COUNTY (104,756) WITH SALISBURY SERVING AS THE CAPITAL OF THE EASTERN SHORE. SALISBURY IS LOCATED ON THE HEADWATERS OF THE WICOMICO RIVER AND IT IS LOCATED AT THE CROSSROADS OF THE BAY AND THE OCEAN. THE REGION IS UNIQUE, THE CITY OF SALISBURY HAS SIMILAR SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF A LARGE CITY, HOWEVER, THE AREA SURROUNDING SALISBURY IS RURAL AND HAS LIKE-KIND CHARACTERISTICS OF SMALL TOWN AMERICA. DUE TO THIS DICHOTOMY, SERVING BOTH SOMETIMES PRESENTS A CHALLENGE IN DELIVERING HEALTHCARE. THE TWO OTHER COUNTIES IN PENINSULA REGIONAL CSBA INCLUDE WORCESTER COUNTY, WITH A POPULATION OF 52,052 AND SOMERSET COUNTY WITH A POPULATION OF 23,881. THE GREATER "METROPOLITAN" SALISBURY AREA (ZIP CODES 21801, 21804) HAS A HIGHER POPULATION DENSITY THAN THE SURROUNDING RURAL AREAS. THIS AREA HAS A VULNERABLE POPULATION THAT INCLUDES THE INDIGENT AND A HIGHER MEDICAID MIX. MOVING EAST TOWARDS THE BEACH LOCATED IN WORCESTER COUNTY SEVERAL OF THE LARGER TOWNS BERLIN (21811) AND OCEAN CITY (21842) HAVE A HIGHER POPULATION DENSITY. SOUTH OF SALISBURY, LOCATED IN SOMERSET COUNTY, THE TOWN OF PRINCESS ANNE (21853) AND CRISFIELD (21817) ARE TWO OF THE LARGER TOWNS. EXCLUDING THE GREATER SALISBURY AREA, THE LANDSCAPE AND ENVIRONMENT IS CONSIDERED RURAL, MADE UP OF SMALL BUSINESSES AND AGRICULTURE. ALL THREE COUNTIES CAN BE CLASSIFIED AS RURAL WITH A HISTORIC ECONOMIC FOUNDATION IN AGRICULTURE, POULTRY AND TOURISM. WATERMEN AND FARMERS HAVE ALWAYS COMPRISED A LARGE PERCENTAGE OF THE PENINSULA POPULATION, HOWEVER, THEIR NUMBERS HAVE BEEN DECLINING WITH GROWTH IN THE POPULATION AND EXPANSION OF OTHER SMALL BUSINESSES. OCEAN CITY, LOCATED IN WORCESTER COUNTY, IS A MAJOR TOURIST DESTINATION, DURING THE SUMMER WEEKENDS, THE CITY HOSTS BETWEEN 320,000 AND 345,000 VACATIONERS, AND UP TO 8 MILLION VISITORS ANNUALLY. THE THREE COUNTIES HAVE A DIVERSIFIED ECONOMIC BASE, HOWEVER, IT IS PROBABLY MADE UP OF SMALL EMPLOYERS (COMPANIES WITH LESS THAN 50 EMPLOYEES). MAJOR EMPLOYERS INCLUDE LOCAL HOSPITALS, THE CHICKEN INDUSTRY, LOCAL COLLEGES AND TEACHING INSTITUTIONS. THE MEDIAN INCOME IN OUR COMMUNITY BENEFITS SERVICE AREA IS CONSIDERABLY LESS THAN \$54,131, COMPARED TO MARYLAND'S MEDIAN INCOME OF \$77,385. IN ADDITION, 2015 UNEMPLOYMENT RATES WERE HIGHER FOR MARYLAND'S MOST EASTERN SHORE COUNTIES. THE UNEMPLOYMENT RATE IN MARYLAND WAS 5.2%, THE NATION 5.3% COMPARED TO WICOMICO 6.0%, WORCESTER 8.6%, AND SOMERSET 8.1%. RESEARCH INDICATES LOWER MEDIAN INCOMES AND HIGHER UNEMPLOYMENT RATES CONTRIBUTE TO A DISPARITY IN ACCESS TO MEDICAL CARE AND A PREVALENCE OF UNTREATED CHRONIC DISEASE. IN THE PAST PENINSULA REGIONAL APPROACH TO RURAL POPULATION HEALTH AND COMMUNITY BENEFITS WAS GENERALIZED AND CONSISTED OF TOUCHING OUR THREE PRIMARY COUNTIES. WICOMICO, WORCESTER AND SOMERSET. HOWEVER, THERE ARE EXAMPLES WHERE PENINSULA REGIONAL HAS PARTICIPATED WITH OUR NEIGHBORS IN DELAWARE AND VIRGINIA ON URGENT COMMUNITY HEALTHCARE NEEDS. MANY OF THE SOCIAL DETERMINANTS OF RURAL HEALTH IN OUR THREE COUNTY AREAS SPILL OVER STATE LINES CREATING SIMILAR ISSUES IN OUR NEIGHBORING STATES AND ALLOWING US TO WORK TOGETHER. UNTIL NOW, MOST OF PRMC'S INITIATIVES HAVE BEEN "REACTIVE," ACTIVATED BY PATIENTS PRESENTING IN THE EMERGENCY ROOM OR AS INPATIENTS. PRMC NOW SEEKS TO DEPLOY RESOURCES AND EMBED CARE MANAGEMENT FUNCTIONS WITH IN PRIMARY CARE PRACTICES TO ADDRESS SOME OF THE DETERMINANTS (OR ROOT CAUSES) OF HIGH UTILIZATION. BY MOVING CARE BACK OUT INTO THE COMMUNITY WITH PCPS (PRIMARY CARE PROVIDERS) AND CARE MANAGERS EMBEDDED WITHIN THOSE PCPS, THE RIGHT CARE WILL BE DELIVERED, REDUCING THE NEED FOR INPATIENT HOSPITAL ADMISSIONS AND READMISSIONS. PENINSULA REGIONAL HAS EMBARKED ON IDENTIFYING AND TARGETING "SUPER UTILIZERS" WITH</p>

Form and Line Reference	Explanation
OTHER METHOD USED IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE	<p> HIN OUR CBSA, THESE RESIDENTS WILL BE IDENTIFIED, AND TARGETED FOR POPULATION HEALTH MANAG EMENT - DEMOGRAPHICS (BLOCK GROUPS, ZIP CODES) - RACE/ETHNICITY - AGE-COHORTS - CHRONIC C ONDITIONS THE TARGET POPULATION INCLUDES PATIENTS THAT HAVE CHRONIC CONDITIONS WHO HAVE DE MONSTRATED TO HAVE BEEN HIGH UTILIZERS AT PRMC, OR ARE IDENTIFIED AS BEING AT RISK OF HIGH UTILIZATION BASED ON HIS/HER CHRONIC CONDITIONS AND PATTERNS OF CARE CURRENT DATA INDICA TES AN "OVERRELIANCE" BY LOCAL RESIDENTS ON PENINSULA REGIONALS EMERGENCY ROOM FOR PRIMARY AND CHRONIC CONDITION NEEDS IN RESPONSE, PRMC HAS INTRODUCED INTERVENTIONS, CARE MANAGEM ENT PROGRAMS, EDUCATION, AND FOLLOW-UP WITH MEASUREMENT AND OUTCOMES BASED UPON A CURRENT ASSESSMENT THERE ARE APPROXIMATELY 1,330 RESIDENTS THAT MEET THE CRITERIA OF "SUPER UTILI ZERS" STRATIFIED BY SOCIO-DEMOGRAPHICS AND CHRONIC DISEASE PENINSULA REGIONAL IS TARGETIN G CBSA ZIP CODES BASED UPON SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH TO INCLUDE THE UNIN SURED, INDIGENT POPULATION, RESIDENTS WHO LACK TRANSPORTATION, LACK OF EDUCATION AND AVAIL ABILITY OF HEALTHY FOODS TARGETING THIS BY CLUSTER AND BLOCK GROUPS, WE SEEK TO IMPACT TH E HEALTH BY PROVIDING PRIMARY HEALTH SERVICES, EDUCATION, ACCESS AND MORE IMPORTANTLY BY F OSTERING RELATIONSHIPS WITHIN THE COMMUNITY WE SERVE FOR EXAMPLE, OUR WAGNER WELLNESS VAN TRAVELS LOCALLY TO BLOCK GROUPS WHERE THERE WAS AN IDENTIFIED NEED FOR BASIC HEALTH SERVI CES, IN ADDITION TO PROVIDING HEALTH SERVICES AND EDUCATION TO LOCAL ETHNIC CHURCHES AND C IVIC ORGANIZATIONS PENINSULA REGIONAL MEDICAL CENTER FILES ANNUALLY A COMMUNITY BENEFIT R EPORT WITH THE STATE OF MARYLAND THE REPORT IS FILED WITH THE HSCRC (HEALTH SERVICES COST REVIEW COMMISSION) </p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST	SCHEDULE H, PART I, LINE 7, COLUMN (F) THE AMOUNT OF BAD DEBT EXPENSE EXCLUDED FROM THE DENOMINATOR IN THE COLUMN (F) PERCENTAGES IS \$11,673,037 LINE 7B COLUMN (C) & (F)- MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM THE COST METHODOLOGY FOR CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS IS THE COST-TO-CHARGE RATIO USED FOR THE CHARITY CARE PROGRAMS AND DIRECT COST METHOD FOR THE OTHER BENEFITS/PROGRAMS

Form and Line Reference	Explanation
COMMUNITY BUILDING ACTIVITIES	<p>SCHEDULE H, PART II Peninsula Regional funds a variety of programs that work to promote the health and safety of our community. These programs include activities in the areas of housing, economic development, community support, environmental improvements, coalition building, and workforce development. The number of persons served by the community building activities were not tracked for all programs throughout the course of the year. Coalition Building Historically Peninsula Regional has facilitated involvement with health improvement organizations to identify, assess, and create aggregate action plans to address local emerging and chronic Community Benefit Service area healthcare issues. Kathryn Fiddler (Executive Director of Population Health) and Stephanie Elliot (Director of Community Services Health) attend the following Local Health Improvement Coalition's including some of the front-line care management coordinators and physicians - Wicomico County LHIC - Worcester County HRSA - Healthy Somerset Coalition - Worcester County LHIC - Tri-County Health Improvement Planning - Tri-County Alliance for the Homeless - Project Living Well Advisory Committee MAC (Maintaining Active Citizens). Physician Recruiting Peninsula Regional feels it is important to continually monitor specialties where a significant amount of patient care within the service area is provided by older physicians, as a sudden or unexpected loss of coverage could have an adverse effect on the provision of medical services to the community. Succession planning and recruitment go hand-in-hand, as does socio-demographics and governmental initiatives all of which must be considered to assess appropriate physician recruitment. Key findings, according to the most recent Medical Staff Development Plan, indicate an immediate need for recruitment of Primary Care Physicians to engage in chronic disease management as part of our population health initiatives. Succession planning is a key objective as ten primary care physicians are above the age of 55 which will leave a void in an already underserved area. Demographics also play a key role as the Medicare population is growing at a faster rate than the State of Maryland and the Nation. As a growing retirement community, there is an increased need for additional primary care physicians and certain specialties. There will be a 22.7% growth of those between the ages of 65 to 74 over the next 5 years. Deficiencies and surpluses in the current supply of physicians were determined by reviewing physician-to-population ratios, physician patient volumes, population data, and other data. Management Consultants recommend evaluating potential recruitment of Primary Care Family Medicine, Primary Care Internal Medicine and Primary Care Pediatrics over the next several years. Medical specialty needs are driven by the overall market supply, wait times for new patient appointments, and call coverage and inpatient consultation needs. Current medical specialty recommendations include recruitment of the following physician specialties due to community needs assessment, market demand and retirement: Allergy/Immunology, Dermatology, Endocrinology, Infectious Disease, Neurology, OB/GYN, Pain Management, Psychiatry and Rheumatology. Of the medical staff, 32% is either at or above the age of 55, which poses succession risk. Peninsula Regional a rural hospital, and other like-kind rural communities are typically challenged in both recruitment and retention of physicians due to numerous factors. Some of these challenges are due to the location and geography of the area and availability of healthcare resources. Retaining and recruiting resources in sub-specialties can be hard for regional rural hospitals and Peninsula Regional Medical Center is no exception. To address specific community healthcare needs the Medical Center has had to recruit, retain, employ and subsidize some of the following subspecialties, Pulmonary, Neuro-Hospitalist, Neurosurgery, Medical Oncology & Hematology, Gastroenterology, Pediatric Specialties, Endocrinology, Cardiology, Cardiovascular Surgery, and Pain Management. Rural communities lack the cultural and educational resources that larger urban centers provide making it harder to retain and recruit these physicians. Low population patterns by geography make it more costly and harder for communities and businesses to provide various types of services especially specialty physician services. Overall, our local economy is not as robust as the urban centers as indicated by our low average household income in the Tri-County area. Disaster readiness Peninsula Regional Medical Center is a member of DRHMAG (Delmarva Regional Health Mutual Aid Group) which is a coalition of local health departments, hospitals and nursing homes. They meet quarterly to discuss issues of disaster preparedness in the Delmarva region. PRMC has an internal emergency management committee that meets monthly whose members include the Sa</p>

Form and Line Reference	Explanation
COMMUNITY BUILDING ACTIVITIES	fety Coordinator, Chief of Security, Emergency department RN, Risk management, Infection p revention, Executive team representative, Pharmacist, Emergency management coordinator, fi refighter, and a County Health department representative PRMC also meets quarterly with o ur local partners that include fire, police, Emergency Medical Services, and Wicomico Coun ty Emergency Management to facilitate disaster planning and mock drills within the communi ty

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
METHODOLOGY USED TO ESTIMATE BAD DEBT EXPENSE	SCHEDULE H, PART III, LINES 2 AND 3 SEE RESPONSE BELOW TO LINE 4 REGARDING THE METHODOLOGY USED BY THE ORGANIZATION REGARDING BAD DEBT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
BAD DEBT FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS	<p>SCHEDULE H, PART III, LINE 4 THE HOSPITAL, THROUGH ITS MEMBER COMPANIES, PROVIDES SERVICES TO PATIENTS IN THE EASTERN SHORE AREA OF MARYLAND, DELAWARE, AND VIRGINIA, THE MAJORITY OF WHOM ARE COVERED BY THIRD-PARTY HEALTH INSURANCE THE HOSPITAL BILLS THE INSURER DIRECTLY FOR SERVICES PROVIDED INSURANCE COVERAGE AND FINANCIAL INFORMATION IS OBTAINED FROM PATIENTS UPON ADMISSION WHEN AVAILABLE THE HOSPITAL'S POLICY IS TO PERFORM IN-HOUSE COLLECTION PROCEDURES FOR APPROXIMATELY 85 DAYS A DETERMINATION IS MADE AT THAT TIME AS TO WHICH ADDITIONAL COLLECTION EFFORTS TO PURSUE A PROVISION FOR UNCOLLECTIBLE ACCOUNTS IS RECORDED FOR AMOUNTS NOT YET WRITTEN OFF, WHICH ARE EXPECTED TO BECOME UNCOLLECTIBLE DISCOUNTS RANGING FROM 2% TO 6% OF CHARGES ARE GIVEN TO MEDICARE, MEDICAID, AND CERTAIN APPROVED COMMERCIAL HEALTH INSURANCE AND HEALTH MAINTENANCE ORGANIZATION PROGRAMS FOR REGULATED SERVICES DISCOUNTS IN VARYING PERCENTAGES ARE GIVEN FOR CERTAIN UNREGULATED SERVICES THESE MAJOR PAYORS ROUTINELY REVIEW PATIENT BILLINGS AND DENY PAYMENT FOR CERTAIN CHARGES AS MEDICALLY UNNECESSARY OR AS PERFORMED WITHOUT APPROPRIATE PREAUTHORIZATION DISCOUNTS AND DENIALS ARE RECORDED AS REDUCTIONS OF NET PATIENT SERVICE REVENUE REVENUE AND ACCOUNTS RECEIVABLE FROM THESE THIRD-PARTY PAYORS HAVE BEEN ADJUSTED TO REFLECT THE DIFFERENCE BETWEEN CHARGES AND THE ESTIMATED REIMBURSABLE AMOUNTS APPROXIMATELY 35% OF ACCOUNTS RECEIVABLE WERE DUE FROM THE MEDICARE PROGRAM AS OF JUNE 30, 2017 AND 2016 THE MEDICARE AND MEDICAID REIMBURSEMENT PROGRAMS REPRESENT A SUBSTANTIAL PORTION OF THE HOSPITAL'S REVENUES THE HOSPITAL'S OPERATIONS ARE SUBJECT TO NUMEROUS LAWS AND REGULATIONS OF FEDERAL, STATE, AND LOCAL GOVERNMENTS THESE LAWS AND REGULATIONS INCLUDE, BUT ARE NOT NECESSARILY LIMITED TO, MATTERS SUCH AS LICENSURE, ACCREDITATION, GOVERNMENT HEALTH CARE PROGRAM PARTICIPATION REQUIREMENTS, REIMBURSEMENT FOR PATIENT SERVICES AND MEDICARE, AND MEDICAID FRAUD AND ABUSE</p>

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Form and Line Reference	Explanation
MEDICARE COSTING METHODOLOGY	SCHEDULE H, PART III, LINE 8 MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO PENINSULA REGIONAL MEDICAL CENTER PROVIDES QUALITY MEDICAL SERVICES TO ALL PATIENTS REGARDLESS OF WHAT INSURANCE THEY HAVE APPROXIMATELY, 36% OF THE MEDICAL CENTER'S REVENUE IS ATTRIBUTABLE TO MEDICARE PATIENTS DURING THE YEAR ENDED JUNE 30, 2017

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Form and Line Reference	Explanation
COLLECTION POLICY	<p>SCHEDULE H, PART III, LINE 9B The Peninsula Regional Medical Center collection policy includes information about our financial assistance policy (FAP) and how to find the FAP. Additionally our collection policy instructs that extraordinary collection actions (ECA) will be suspended when a patient requests information on our FAP or submits a financial assistance application within 240 days of the first post-discharge billing statement. Our policy describes what to do if the financial assistance application is incomplete and what is required to be refunded (amounts over \$5) if the patient qualifies for financial assistance after making a payment. We include clarification of what dates of services are included in the financial assistance so that we understand when normal collection efforts are appropriate. Within our collection policy we describe that a patient denied financial assistance may request a reconsideration. For dates of services approved for financial assistance collections processes are halted as the account is adjusted to zero due from patient. The policy states how to process the patient balance when only a portion of the charge qualified for financial assistance, collections will only be pursued on the amount that did not qualify for financial assistance.</p>

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Form and Line Reference	Explanation
NEEDS ASSESSMENT - PROMOTION OF COMMUNITY HEALTH	<p>SCHEDULE H, PART VI, LINE 2 PENINSULA REGIONAL MEDICAL CENTER IN COOPERATION WITH THE WICOMICO COUNTY HEALTH DEPARTMENT, HAS BEEN CONDUCTING COMMUNITY HEALTH SURVEYS OF THE TRI-COUNTY AREA SINCE 1995 PENINSULA REGIONAL MEDICAL CENTER FUNCTIONS AS THE PRIMARY HOSPITAL FOR THE RURAL SOUTHERNMOST THREE COUNTIES OF THE EASTERN SHORE OF MARYLAND, WHICH INCLUDES SOMERSET, WICOMICO, AND WORCESTER COMMUNITY HEALTH NEEDS ARE WOVEN THROUGHOUT PENINSULA REGIONALS STRATEGIC PLAN AND ARE INTEGRAL TO EACH ONE OF THEIR STRATEGIC TENETS, WHICH ENCOMPASS THE FOLLOWING THEMES PATIENT-CENTERED CARE, POPULATION HEALTH MANAGEMENT, AND EXPANDING ACCESS THROUGH GROWTH OF AN AMBULATORY PRESENCE PENINSULA REGIONAL'S MISSION STATEMENT IS TO "IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE " IN JUNE 2016, PENINSULA REGIONAL MEDICAL CENTER (PRMC) PUBLISHED THEIR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THIS CHNA REPORT WAS DEVELOPED TO PROVIDE AN OVERVIEW OF THE HEALTH NEEDS IN THE PRMC TRI-COUNTY SERVICE AREA, INCLUDING SOMERSET, WICOMICO, AND WORCESTER COUNTIES PRMC PARTNERED WITH HEALTHY COMMUNITIES INSTITUTE (HCI), A XEROX COMPANY, TO CONDUCT THE CHNA THE GOAL OF THIS REPORT WAS TO OFFER A MEANINGFUL UNDERSTANDING OF THE GREATEST HEALTH NEEDS ACROSS THE PRMC SERVICE AREA, AS WELL AS TO GUIDE PLANNING EFFORTS TO ADDRESS THOSE NEEDS SPECIAL ATTENTION WAS GIVEN TO IDENTIFY HEALTH DISPARITIES, NEEDS OF VULNERABLE POPULATIONS, UNMET HEALTH NEEDS OR GAPS IN SERVICES, AND INPUT FROM THE COMMUNITY THE CHNA FINDINGS WERE DRAWN FROM AN ANALYSIS OF AN EXTENSIVE SET OF SECONDARY DATA (OVER 100 INDICATORS FROM NATIONAL AND STATE DATA SOURCES) AND IN-DEPTH PRIMARY DATA FROM COMMUNITY HEALTH LEADERS (INCLUDING THE HEALTH OFFICERS FROM THE THREE HEALTH DEPARTMENTS) AND ORGANIZATIONS THAT SERVE THE COMMUNITY AT LARGE, AS WELL AS NON-HEALTH PROFESSIONALS AND COMMUNITY MEMBERS THE MAIN SOURCE FOR THE SECONDARY DATA, OR DATA THAT HAS BEEN PREVIOUSLY COLLECTED, WAS THE PENINSULA REGIONAL MEDICAL CENTER CREATING HEALTHY COMMUNITIES PLATFORM, A PUBLICLY AVAILABLE DATA PLATFORM THAT IS EMBEDDED ON THE MAIN PRMC WEBSITE ON JUNE 8, 2016, PRMC'S COMMUNITY BENEFIT TEAM AND OTHER MEMBERS FROM VARIOUS DEPARTMENTS IN THE HOSPITAL CAME TOGETHER TO PRIORITIZE THE SIGNIFICANT HEALTH NEEDS IN A SESSION LED BY CONSULTANTS FROM HCI THE TEAM REVIEWED THE SIGNIFICANT HEALTH NEEDS USING THE FOLLOWING PRIORITIZATION CRITERIA - IMPORTANCE OF PROBLEM TO THE COMMUNITY - ALIGNMENT WITH 2017 MD SHIP OBJECTIVES - OPPORTUNITY FOR PARTNERSHIP - ADDRESSES DISPARITIES OF SUBGROUPS - EXISTING RESOURCES/PROGRAMS TO ADDRESS THE PROBLEM USING THE PRIORITIZATION MATRIX METHOD, THE FOLLOWING THREE TOPICS WERE IDENTIFIED AS PRIORITIES TO ADDRESS - DIABETES - EXERCISE, NUTRITION, AND WEIGHT - BEHAVIORAL HEALTH (FOCUSING ON THE TOPIC AREAS OF MENTAL HEALTH AND MENTAL DISORDERS AS WELL AS SUBSTANCE ABUSE) OTHER SIGNIFICANT HEALTH NEEDS NOT CHOSEN WERE ACCESS TO HEALTH SERVICES, CANCER, HEART DISEASE AND STROKE, AND PREVENTION AND SAFETY THESE NEEDS WERE NOT SELECTED BECAUSE THEY DID NOT MEET THE PRIORITIZATION CRITERIA AS STRONGLY AS THE SELECTED TOPICS PRMC HAS OTHER PROGRAMS IN THESE AREAS, BUT THEY ARE NOT THE FOCUS OF THIS REPORT THE COMMUNITY HEALTH ASSESSMENT SURVEY IS A SYSTEMATIC, DATA-DRIVEN APPROACH TO DETERMINING THE HEALTH STATUS, BEHAVIORS AND NEEDS OF OUR COMMUNITY RESIDENTS SURVEY RESULTS ARE SHARED WITH THE COMMUNITY AND ARE POSTED TO THE PARTICIPANTS' WEBSITES THIS COMMUNITY HEALTH ASSESSMENT SERVES AS A TOOL TOWARDS REACHING THE FOLLOWING THREE GOALS 1 TO IMPROVE RESIDENTS' HEALTH STATUS, INCREASE THEIR LIFE SPANS, AND ELEVATE THEIR OVERALL QUALITY OF LIFE 2 REDUCE THE HEALTH DISPARITIES AMONG RESIDENTS BY GATHERING DEMOGRAPHIC INFORMATION ALONG WITH HEALTH STATUS AND BEHAVIOR DATA 3 TO INCREASE ACCESSIBILITY TO PREVENTIVE SERVICES FOR ALL COMMUNITY RESIDENTS RESULTS OF THESE SURVEYS ARE USED BY THE PARTICIPANTS TO ASSESS COMMUNITY HEALTH NEEDS AND PLAN FUTURE SERVICES WITHIN THE REGION THE RESULTS OF THE LATEST SURVEY WAS THE DEVELOPMENT OF AN IMPLEMENTATION STRATEGY PLAN THAT WAS APPROVED BY PENINSULA REGIONAL'S BOARD OF DIRECTORS THE IMPLEMENTATION PLAN DESCRIBES HOW PENINSULA REGIONAL COLLABORATES AND CREATES COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THE PRECEDING IDENTIFIED PRIORITIZED NEEDS REFERENCING THE 2016 CHNA THIS IMPLEMENTATION PLAN CAN BE ACCESSED THROUGH PENINSULA REGIONAL'S WEBSITE LANDING PAGE AT WWW.PENINSULA.ORG CLICK ON COMMUNITY TAB AND SUBSEQUENTLY CLICK ON COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN</p>

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Form and Line Reference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	<p>SCHEDULE H, PART VI, LINE 3 PENINSULA REGIONAL MEDICAL CENTER MAKES AVAILABLE TO ALL PATIENTS THE HIGHEST QUALITY OF MEDICAL CARE POSSIBLE WITHIN THE RESOURCES AVAILABLE IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, ALL EFFORTS WILL BE MADE TO HELP THE PATIENT OBTAIN ASSISTANCE THROUGH APPROPRIATE AGENCIES, OR, IF HELP IS NOT AVAILABLE, TO PROVIDE CARE AT REDUCED OR ZERO COST ONE OF PENINSULA REGIONAL'S OVERALL GUIDING PRINCIPLES IS THAT CONCERN OVER A HOSPITAL BILL SHOULD NEVER PREVENT ANY INDIVIDUAL FROM RECEIVING EMERGENCY HEALTH SERVICES THE MEDICAL CENTER WILL COMMUNICATE THIS MESSAGE CLEARLY TO PROSPECTIVE PATIENTS AND TO LOCAL COMMUNITY SERVICE AGENCIES AND MAKE IT CLEAR THAT EMERGENCY SERVICES WILL BE PROVIDED WITHOUT REGARD TO ABILITY TO PAY THE MEDICAL CENTER WILL ENSURE THAT AN EMERGENCY ADMISSION OR TREATMENT IS NOT DELAYED OR DENIED PENDING DETERMINATION OF COVERAGE OR REQUIREMENT FOR PREPAYMENT OR DEPOSIT THE MEDICAL CENTER WILL POST ADEQUATE NOTICE OF THE AVAILABILITY OF MEDICAL SERVICES, AND THE GENERAL OBLIGATION OF THE HOSPITAL TO PROVIDE CHARITY CARE PENINSULA REGIONAL'S "FINANCIAL ASSISTANCE POLICY" INCLUDES THE REQUIRED LANGUAGE OF DETERMINATION OF PROBABLE ELIGIBILITY WITHIN TWO BUSINESS DAYS ON PAGE 2, THE "FINANCIAL ASSISTANCE POLICY" STATES THAT UPON RECEIPT OF THE FINANCIAL ASSISTANCE REQUEST, THE REPRESENTATIVE WILL REVIEW INCOME AND ALL DOCUMENTATION THE PATIENT MUST BE NOTIFIED WITHIN TWO BUSINESS DAYS OF THEIR PROBABLE ELIGIBILITY IN ACCORDANCE WITH SECTION 1, 2 AND 3, PENINSULA REGIONAL PROVIDES PUBLIC NOTICE AND INFORMATION REGARDING ITS CHARITY CARE POLICY IN DELMARVA'S LARGEST PAPER "THE DAILY TIMES", POSTED SIGNS IN THE ADMISSION, BUSINESS OFFICE EMERGENCY ROOM AND OTHER MAJOR SERVICE AREAS OF THE MEDICAL CENTER, ADDITIONALLY INDIVIDUAL NOTICE IS provided to each self-pay account who seeks services in the medical center at the time of pre-admission, admission, or upon request A copy of the financial assistance policy is provided during intake and discharge process upon request, and a financial assistance information brochure is provided to all selfpay patients during intake The availability of financial assistance is printed on billing statements sent to patients PRMC notifies the patient or potential patient of government programs, including providing them with initial assistance to apply for such programs</p>

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Form and Line Reference	Explanation
COMMUNITY INFORMATION	<p>SCHEDULE H, PART VI, LINE 4 PENINSULA REGIONAL IS LOCATED IN SALISBURY, MARYLAND THE HOSPITAL'S SERVICE AREA IS PREDOMINATELY RURAL AND COVERS 6 COUNTIES LOCATED IN THREE DIFFERENT STATES MARYLAND, DELAWARE AND VIRGINIA SOME OF THE UNIQUE HEALTHCARE CHARACTERISTICS OF THESE COUNTIES INCLUDE A HIGH PREVALENCE OF DIABETES WHICH IS APPROXIMATELY TWICE THAT OF THE STATE OF MARYLAND THERE IS A HIGHER INCIDENCE OF SKIN CANCER AND THE INCIDENCE RATE FOR HEART DISEASE IS STATISTICALLY SIGNIFICANTLY HIGHER THAN MARYLAND IN FY 2017, APPROXIMATELY 77% OF THE PATIENTS DISCHARGED FROM THE MEDICAL CENTER WERE RESIDENTS OF THE PRIMARY SERVICE AREA, WHICH HAS AN ESTIMATED POPULATION OF APPROXIMATELY 180,533 IN 2017 AND IS EXPECTED TO INCREASE TO 184,828 IN 2022, OR BY 2.4% THE PRIMARY SERVICE AREA POPULATION HAS GROWN BY AN ESTIMATED 5% SINCE 2010 THE FASTEST GROWING AND LARGEST AGE COHORT IN OUR PRIMARY SERVICE AREA IS REPRESENTED BY THOSE 55 AND OLDER THIS SENIORS AGE CATEGORY REPRESENTS 32% OF OUR POPULATION WHICH IS 4% HIGHER THAN THE NATIONAL DISTRIBUTION RATE OF 28% THIS AGE-COHORT HAS A PER CAPITA CONSUMPTION OF HEALTH SERVICES 3 TIMES MORE THAN YOUNGER ADULTS THE OLDER ADULTS ALSO HAVE VASTLY DIFFERENT NEEDS AND NEARLY 80% OF SENIORS HAVE BEEN DIAGNOSED WITH ONE CHRONIC CONDITION, AND HALF HAVE BEEN DIAGNOSED WITH AT LEAST TWO THE MEDICAL CENTER ALSO SERVICES DORCHESTER COUNTY, MARYLAND, THE SOUTHERN PORTION OF SUSSEX COUNTY, DELAWARE AND THE NORTHERN PORTION OF ACCOMACK COUNTY, VIRGINIA THESE COUNTIES COMPRISED AN ADDITIONAL 21 PERCENT OF THE MEDICAL CENTER'S TOTAL DISCHARGES DURING THE SAME TIME PERIOD PATIENTS DISCHARGED FROM THE FOLLOWING GEOGRAPHICAL AREAS AREA 2017 DISCHARGES % ----- WICOMICO 9,664 50.4% WORCESTER 3,097 16.2% SOMERSET 2,032 10.6% DORCHESTER, TALBOT, CAROLINE 593 3.1% DELAWARE 2,072 10.8% VIRGINIA 1,218 6.4% ALL OTHERS 488 2.6% ----- TOTAL 19,164 100.0%</p> <p>SOURCE PENINSULA REGIONAL MEDICAL CENTER, FINANCIAL AND STATISTICAL REPORT, JUNE 30, 2017 At 281 licensed beds and multi-specialty service lines, Peninsula Regional Medical Center serves as the largest regional tertiary care referral center on the Eastern Shore of Delmarva Our primary service area consists of Wicomico, Worcester, and Somerset Counties of which several smaller hospital facilities also serve these rural residents Atlantic General Hospital is located 25 miles east of PRMC and is a 45 licensed bed community hospital located in the city of Berlin, Worcester County, MD Edward W McCready Memorial hospital is licensed for 3 beds and is located 30 miles South of PRMC in the town of Crisfield adjacent to the Chesapeake Bay Somerset County, MD All three Hospital have partnered on various emergent and urgent community health and wellness issues as identified through the Community Health Needs Assessment and have developed actionable programs to improve the health of the residents Located in Peninsula Regionals primary service area is Somerset County, this county is one of the neediest counties in the State of Maryland according to (www.countyhealthrankings.org/maryland) Maryland County Health Rankings 2017 asserts Somerset County is second to last for health factors Marylands summary ranks health factors based on weighted scores for socio-economic factors, health behaviors, physical environment and clinical care According to Department of Health & Human Services/HRSA the Somerset service area is listed as a Medically Underserved Area (MUA) as is Worcester County, in addition to certain census tracts in Wicomico County that PRMC serves MUA is a designation that indicates a population having to few primary care providers and having higher socio-determinants of health such as poverty health illiteracy that prevent optimum health outcomes There is also a shortage of primary care physicians in various geographic pockets of this three county region areas as supported by a Medical Staff Development Plan Report completed by consultants and substantiated by HPSA (Health Professional Shortage Area) designation</p>

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Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	<p>SCHEDULE H, PART VI, LINE 5 PENINSULA REGIONAL MEDICAL CENTER IS COMMITTED TO THE HEALTH OF THE RURAL COMMUNITIES IT SERVES IN FY 2017, THE HOSPITAL'S CHARITY CARE WAS \$9,225,353, COMBINED CHARITY AND BAD DEBT FOR FY 2017 WAS \$20,898,390 AS PART OF PENINSULA REGIONAL'S ONGOING COMMITMENT AND MISSION STATEMENT "TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE," WE CONTINUE TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY WE ATTEND TRI-COUNTY COMMUNITY HEALTH IMPROVEMENT (T-CHIP) PROCESS MEETINGS THESE MEETINGS ARE MADE UP OF WICOMICO, WORCESTER AND SOMERSET'S HEALTH DEPARTMENT, LOCAL HOSPITALS, LOCAL AND NATIONAL COMMUNITY HEALTH ORGANIZATIONS AND OTHER LOCAL HEALTHY LIFESTYLE PROGRAMS WE SYNERGIZE AS A GROUP WORKING TOWARD OUR IDENTIFIED SHIP (STATE HEALTH IMPROVEMENT PROCESS INITIATIVES) IN ADDITION TO SHARING WITH EACH OTHER OUR PROGRAM SUCCESSSES AND SOMETIMES FAILURES THE DIVERSITY OF THE PARTICIPANTS AND THE DYNAMICS OF THIS PARTICULAR GROUP ALLOW US TO KEEP A BETTER PULSE IN THE NEEDS OF THE COMMUNITY WHICH CONTRIBUTES TO PLANNING AND FORMULATION OF TACTICS TO MEET LOCAL HEALTH OBJECTIVES PENINSULA REGIONAL CLINICIANS AND EXECUTIVES ATTEND VARIOUS PUBLIC MEETINGS AS REQUESTED BY EITHER ENTITY AS WE EXCHANGE COMMUNITY HEALTH IDEAS, DATA OR BRING RESOURCES TO BEAR THAT BOTH PARTIES CAN BENEFIT FROM AS MENTIONED EARLIER, IN JUNE 2016, PENINSULA REGIONAL MEDICAL CENTER PUBLISHED THEIR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT THE CHNA WAS DEVELOPED AFTER CAREFUL REVIEW OF EXTENSIVE SECONDARY DATA, INPUT FROM KEY INFORMANTS INCLUDING THE HEALTH OFFICERS FROM WICOMICO, WORCESTER AND SOMMERSET COUNTIES AS PART OF MARYLAND'S SHIP INITIATIVE, THE T-CHIP IS ADOPTING SHIP OBJECTIVE 27 REDUCE DIABETES COMPLICATIONS AND REDUCE DIABETES RELATED EMERGENCY DEPARTMENT VISITS, AND SHIP OBJECTIVE 31 REDUCE THE PROPORTION OF CHILDREN AND ADOLESCENTS WHO ARE CONSIDERED OBESE OR OVERWEIGHT PENINSULA REGIONAL WILL CONTINUE TO PARTNER WITH T-CHIP AND WICOMICO COUNTY HEALTH DEPARTMENT TO CREATE STRATEGIES AND TACTICS AROUND SHIP OBJECTIVE 27 AND 31 BY ADOPTING THE SAME HEALTH IMPROVEMENT OBJECTIVES WE HOPE TO CREATE ALIGNMENT, SYNERGY, AND EFFICIENT RESOURCE ALLOCATION FOR ESTABLISHING AND PROMOTING THESE COMMUNITY HEALTHCARE IMPROVEMENT OBJECTIVES IN FY15 PENINSULA REGIONAL KICKED OFF A "LIVE WELL" COMMUNITY CAMPAIGN THAT SPANS SEVERAL YEARS AND WILL ADDRESS AND PROMOTE HEALTH LIFESTYLE CHOICES WITH A NEW MONTHLY THEME A LIVE WELL DELMARVA WEBSITE WAS LAUNCHED THAT EMBODIES THE SPIRIT OF CARE/COACH/CONNECT, WHERE PRMC WILL CARE FOR YOU, COACH YOU TO WELLNESS AND CONNECT YOU WITH THE RIGHT PROVIDERS THE SITE PROVIDES INFORMATION ON HEALTHY LIFESTYLE CHOICES WITH LOCAL AND REGIONAL INFORMATION SUCH AS "FARM TO TABLE" IN-SEASON FRESH FRUITS AND VEGETABLES, INCLUDING NUTRITIONAL RECIPES THE IMPORTANCE OF EXERCISE AND NUTRITION IS A THEME THAT IS WOVEN THROUGHOUT, WITH LISTINGS OF FREE SCREENINGS AND EVENTS FOR THE COMMUNITY THAT INCLUDE FREE SKIN CANCER SCREENINGS, LIVE WELL HEALTH FEST EVENT, FREE HEART SCREENINGS, BABIES HEALTH STARTS, DRIVE-THRU FLU CLINIC, HEALTH TIPS AND CANCER SURVIVORSHIP CELEBRATIONS THE WEBSITE ALSO ADDRESSES REGIONAL HEALTH ISSUES NATIVE TO THE EASTERN SHORE A majority of PRMC's Board is comprised of representatives of the community served by PRMC Further, A majority of the Board are not employees, independent contractors or family members of such persons of PRMC or its related entities PRMC extends staff privileges to qualified physicians following a credentialing process</p>

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Form and Line Reference	Explanation
AFFILIATED HEALTH CARE SYSTEM ROLES	SCHEDULE H, PART VI, LINE 6 PENINSULA REGIONAL MEDICAL CENTER IS PART OF THE PENINSULA REGIONAL HEALTH SYSTEM THE SYSTEM INCLUDES A FOUNDATION AND FOR-PROFIT ENTITIES WITH INTERESTS IN VARIOUS HEALTH CARE JOINT VENTURES IN ADDITION TO THE COMMUNITY BENEFITS PROVIDED BY THE MEDICAL CENTER, THE HEALTH SYSTEM EVALUATES THE NEEDS OF THE COMMUNITY AND WILL PARTICIPATE IN COMMUNITY BENEFIT PROGRAMS AS NEEDED

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Form and Line Reference	Explanation
COMMUNITY BENEFIT REPORT STATE FILINGS	SCHEDULE H, PART VI, LINE 7 STATE(S) WITH WHICH THE ORGANIZATION FILES A COMMUNITY BENEFIT REPORT MARYLAND

Additional Data

Software ID:

Software Version:

EIN: 52-0591628

Name: Peninsula Regional Medical Center

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

Section A. Hospital Facilities		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
(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											
1	Peninsula Regional Medical Center 100 E Carroll Street Salisbury, MD 21801 WWW.PENINSULA.ORG 210019	X	X					X			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
CONSULTING A REPRESENTATIVE OF THE COMMUNITY SERVED BY THE HOSPITAL	SCHEDULE H, PART V, LINE 5 HEALTH COMMUNITIES INSTITUTE (HCI), A XEROX COMPANY, WAS RETAINED BY PENINSULA REGIONAL MEDICAL CENTER TO CONDUCT THE 2016 COMMUNITY NEEDS ASSESSMENT HCI PROVIDES CUSTOMIZABLE, WEB-BASED INFORMATION SYSTEMS THAT OFFER A FULL RANGE OF TOOLS AND CONTENT TO IMPROVE COMMUNITY HEALTH HCI AND PRMC HAVE COLLABORATED SINCE 2012 TO DEVELOP THE PRMC CREATING HEALTH COMMUNITIES PLATFORM HCI CONSULTANTS CONDUCTED KEY INFORMANT INTERVIEWS IN ORDER TO COLLECT COMMUNITY INPUT INTERVIEWEES WHO WERE ASKED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS AND/OR REPRESENTED THE BROAD INTEREST OF THE COMMUNITY SERVED BY THE HOSPITAL, AND/OR COULD SPEAK TO THE NEEDS OF THE MEDICALLY UNDERSERVED OR VULNERABLE POPULATIONS THE FOLLOWING ORGANIZATIONS ARE REPRESENTATIVE OF THE INDIVIDUALS WHO PARTICIPATED IN THE INTERVIEWS CHESAPEAKE YMCA, COMMUNITY FOUNDATION OF THE EASTERN SHORE, LOWER SHORE CLINIC, MARYLAND STATE POLICE, SALISBURY UNIVERSITY, SOMERSET COUNTY HEALTH DEPARTMENT, ST PAUL AME ZION EPISCOPAL CHURCH, THREE LOWER COUNTIES COMMUNITIES SERVICES, INC , UNITED WAY AND THE WICOMICO COUNTY HEALTH DEPARTMENT IN ADDITION, THERE WAS INPUT FROM PENINSULA REGIONAL'S CLINICAL TEAM, EXECUTIVE STAFF AND BOARD IN THE OVERALL REVIEW AND IDENTIFICATION OF VULNERABLE POPULATIONS, CRITICAL COMMUNITY HEALTH NEEDS AND THE MEDICALLY UNDERSERVED

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
OTHER WAYS THE HOSPITAL MAKES ITS CHNA REPORT AVAILABLE TO THE PUBLIC	SCHEDULE H, PART V, LINE 7D PENINSULA REGIONALS CHNA PLAN IS AVAILABLE TO THE PUBLIC, THROUGH OUR WEBSITE UNDER QUICK LINKS - COMMUNITY HEALTH NEEDS ASSESSMENT AT (www.peninsula.org/community/community-health-needs-assessment-and-implementation-plan) AVAILABLE TO THE PUBLIC IS THE CURRENT AND COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE IMPLEMENTATION STRATEGY IN ADDITION, THERE IS A COMMUNITY HEALTH DATA AND RESOURCES SECTION THAT CAN BE ACCESSED BY THE PUBLIC, COLLABORATION BETWEEN PENINSULA REGIONAL MEDICAL CENTER AND WICOMICO COUNTY AS PART OF THIS CREATING HEALTHY COMMUNITIES MODULE AVAILABLE TO THE PUBLIC IS DISPARITY DASHBOARD, DEMOGRAPHICS, HEALTHY PEOPLE 2020 TRACKER, MARYLAND SHIP TRACKER AND PROMISING PARTNERS

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
HOW NEEDS IDENTIFIED IN CHNA ARE ADDRESSED	<p>SCHEDULE H, PART V, LINE 11 PENINSULA REGIONAL MEDICAL CENTER HAS A FIXED VALUE OF RESOURC ES AVAILABLE AND THE HOSPITAL FOCUSES THOSE RESOURCES TO THE AREAS WITH THE GREATEST IMPAC T, THEREFORE NOT ALL NEEDS IDENTIFIED IN THE CHNA WERE ABLE TO BE ADDRESSED TO DATE BASED ON THE SIGNIFICANT NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT, THE FOLLOWI NG IMPLEMENTATION INITIATIVES WERE DEVELOPED AND OUTLINED BELOW</p> <p>1) REDUCE DIABETES COMPLI CATIONS A PROVIDE AWARENESS, EDUCATION AND DIABETES MANAGEMENT TO THE COMMUNITY I CONT INUE TO CREATE GENERAL PUBLIC AWARENESS AROUND THE HIGH PREVALENCE OF DIABETES IN THIS REG ION II CREATE AND CONTINUE A "DIABETES SUPPORT GROUP FOR TEENS AND KIDS" THAT MEETS THE MEDICAL, EDUCATIONAL AND SOCIAL NEEDS OF THIS GROUP III "EDUCATING THE EDUCATORS " WORK WITH MULTIPLE EDUCATORS TO PROMOTE ADOLESCENT AND ADULT DIABETES AWARENESS IV SUPPORT AN D PARTNER WITH THE TRI-COUNTY DIABETES ALLIANCE TO CREATE AWARENESS, EDUCATION AND MANAGEM ENT OF THE DIABETES POPULATION IN THE LOWER THREE COUNTIES V DISEASE SELF- MANAGEMENT PR OGRAM PARTNER WITH MAINTAINING ACTIVE CITIZENS IN THE STATEWIDE LICENSE FOR CHRONIC DISEA SE SELF-MANAGEMENT EDUCATION THE PRIMARY OBJECTIVE IS TO DELIVER CHRONIC DISEASE SELF-MAN AGEMENT SERVICES TO COMMUNITY RESIDENTS THE PROGRAM WILL PROMOTE INCREASED PATIENT COMPET ENCE AND COPING THROUGH TREATMENT PLANS THAT INCLUDE EDUCATION AND REFERRALS TO NECESSARY RESOURCES, PROVIDE COMPREHENSIVE ASSESSMENTS AND HELP THE PATIENT UTILIZE THE HEALTH SYSTE M APPROPRIATELY HEALTHY LIVING WITH DIABETES A DIABETES SELF-MANAGEMENT EDUCATION PROGRA M AT MAC HEALTHY LIVING WITH DIABETES IS A 6-8 WEEK WORKSHOP DEVELOPED AT STANFORD UNIVER SITY, BASED ON SELF-MANAGEMENT VI PARTNER WITH LOCAL HEALTH DEPARTMENTS UNDER THE 1422 G RANT TO PREVENT OBESITY AND DIABETES</p> <p>2) REDUCE OBESITY A REDUCE THE NUMBER OF CHILD AND ADOLESCENTS IN WICOMICO, WORCESTER AND SOMERSET COUNTIES WHO ARE CONSIDERED OVERWEIGHT B DEVELOP EDUCATIONAL MODULES AND INCREASE EDUCATIONAL AWARENESS AROUND CHILDHOOD AND ADOL ESCENT OBESITY TO REDUCE THE TOTAL NUMBER OF CHILDREN WHO ARE OVERWEIGHT C THE PRIMARY O BJECTIVE IS TO EDUCATE OUR CHILDREN ON HOW TO MAKE BETTER HEALTHY LIFESTYLE CHOICES AT A Y OUNG AGE, AND TO INVOLVE THE PARENTS IN HEALTHY LIFESTYLE ACTIVITIES SO THEY WILL START TO COMMIT TO A HEALTHIER LIFESTYLE AND REINFORCE THIS WITH THEIR CHILDREN D CREATE DIABETE S COMMUNITY AWARENESS AND PROVIDE EDUCATION REGARDING HEALTHY LIFESTYLES WITHIN THE TRI-CO UNTY REGION (WICOMICO, WORCESTER & SOMERSET) E PROVIDE SCREENINGS AND EDUCATION FOR UNDE RSERVED AND UNINSURED MEMBERS OF THE COMMUNITY THROUGH HEALTHFEST, AN ANNUAL HEALTH EXPO F PROVIDE PEDIATRIC OBESITY SCREENINGS AND EDUCATION FOR UNDER AND UNINSURED COMMUNITY ME MBERS INCREASE BREAST FEEDING RATES TO HELP LOWER PEDIATRIC OBESITY PROMOTE PHYSICAL ACT IVITY G PROVIDE HEALTHY HEART SCREENINGS TO RESIDENTS OF DELMARVA USING A MOBILE VAN TO REACH COMMUNITIES THAT HAVE LI</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
HOW NEEDS IDENTIFIED IN CHNA ARE ADDRESSED	MITED ACCESS TO HEALTHCARE THE TWO HEALTHY HEART INITIATIVES INCLUDE - CCC-COASTAL CARD IAC CHECKS - WOMEN'S HEART SCREENINGS OBESITY COMPONENT AN INTEGRAL COMPONENT OF THESE HEA RT SCREENINGS INCLUDES AN EDUCATIONAL SESSION THAT HIGHLIGHTS REDUCING OBESITY, EXERCISING AND HEALTHY FOOD CHOICES - ALL OF WHICH CONTRIBUTE TO A HEALTHY HEART - OBESITY SCREENIN G COMPONENT INCLUDES - HEIGHT - WEIGHT - BMI - BODY FAT % - EDUCATIONAL SESSION ON NUTRIT ION AND HEALTHY LIFESTYLES - RESOURCES AVAILABLE - POTENTIAL REFERRAL IF NEEDED

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE	SCHEDULE H, PART V, LINE 13 PENINSULA REGIONAL MEDICAL CENTER OFFERS FINANCIAL ASSISTANCE TO PATIENTS WHOSE INCOME IS AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES PRMC ALSO PROVIDES FINANCIAL ASSISTANCE BASED UPON SEVERAL SPECIAL EXCEPTIONS 1) FINANCIAL ASSISTANCE WILL BE CONSIDERED IF PATIENT IS OVER INCOME CRITERION, BUT HAVE A FINANCIAL HARDSHIP A FINANCIAL HARDSHIP EXISTS WHEN THE AMOUNT OF MEDICAL DEBT AT PENINSULA REGIONAL MEDICAL CENTER EXCEEDS 25% OF THE FAMILY'S INCOME IN A YEAR 2) A PATIENT THAT HAS QUALIFIED FOR MARYLAND MEDICAL ASSISTANCE IS DEEMED TO AUTOMATICALLY QUALIFY FOR PRMC'S FINANCIAL ASSISTANCE PROGRAM THE AMOUNT DUE FROM A PATIENT ON THESE ACCOUNTS MAY BE WRITTEN OFF TO FINANCIAL ASSISTANCE WITH VERIFICATION OF MEDICAID ELIGIBILITY NORMAL DOCUMENTATION REQUIREMENTS ARE WAIVED FOR FINANCIAL ASSISTANCE GRANTED UPON THE BASIS OF MARYLAND MEDICAL ASSISTANCE ELIGIBILITY 3) PATIENTS WHO ARE BENEFICIARIES/RECIPIENTS OF CERTAIN MEANS-TESTED SOCIAL SERVICES PROGRAMS ADMINISTERED BY THE STATE OF MARYLAND ARE DEEMED TO HAVE PRESUMPTIVE ELIGIBILITY FOR PRMC'S FINANCIAL ASSISTANCE PROGRAM THE AMOUNT DUE FROM A PATIENT ON THESE ACCOUNTS MAY BE WRITTEN OFF TO FINANCIAL ASSISTANCE WITH VERIFICATION OF ELIGIBILITY FOR ONE OF THESE PROGRAMS NORMAL DOCUMENTATION REQUIREMENTS ARE WAIVED FOR FINANCIAL ASSISTANCE GRANTED UPON THE BASIS OF PRESUMPTIVE ELIGIBILITY IT IS THE RESPONSIBILITY OF PATIENTS TO NOTIFY THE HOSPITAL THEY ARE IN A MEANS TESTED PROGRAM AND PROVIDE THE DOCUMENTATION

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
PUBLICIZING THE FINANCIAL ASSISTANCE POLICY	<p>SCHEDULE H, PART V, LINE 15 IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, ALL EFFORTS WILL BE MADE TO HELP THE PATIENT OBTAIN ASSISTANCE THROUGH APPROPRIATE AGENCIES I N THE EVENT THAT THE PATIENT HAS APPLIED FOR AND KEPT ALL NECESSARY APPOINTMENTS AND THIRD PARTY ASSISTANCE IS NOT AVAILABLE, PENINSULA REGIONAL MEDICAL CENTER WILL PROVIDE CARE AT REDUCED OR ZERO COST WHEN NO THIRD PARTY ASSISTANCE IS AVAILABLE TO COVER THE TOTAL BILL AND THE PATIENT INDICATES THAT THEY HAVE INSUFFICIENT FUNDS, THE FOLLOWING PROCEDURE WILL OCCUR 1) THE MARYLAND STATE UNIFORM FINANCIAL ASSISTANCE APPLICATION SHOULD BE REVIEWED BY STAFF, IN CONSULTATION WITH THE PATIENT, TO MAKE INITIAL ASSESSMENT OF ELIGIBILITY 2) COMPARE PATIENT'S INCOME TO CURRENT FEDERAL POVERTY GUIDELINES 3) IF PRELIMINARILY ELIGIB LE PER GUIDELINES, SEND MARYLAND STATE UNIFORM FINANCIAL ASSISTANCE APPLICATION TO PATIENT /GUARANTOR FOR COMPLETION AND SIGNATURE PATIENT SHOULD ATTACH APPROPRIATE DOCUMENTATION A ND RETURN TO REPRESENTATIVE WITHIN 10 DAYS UPON RECEIPT OF THE FINANCIAL ASSISTANCE REQUE ST, THE REPRESENTATIVE WILL REVIEW INCOME AND ALL DOCUMENTATION THE PATIENT MUST BE NOTIF IED WITHIN TWO BUSINESS DAYS OF THEIR PROBABLE ELIGIBILITY AND INFORMED THAT THE FINAL DET ERMINATION WILL BE MADE ONCE THE COMPLETED FORM AND ALL SUPPORTING DOCUMENTS ARE RECEIVED, REVIEWED, AND THE INFORMATION VERIFIED INCOME INFORMATION WILL BE VERIFIED USING THE DOC UMENTATION PROVIDED BY THE PATIENT AND EXTERNAL RESOURCES WHEN AVAILABLE A FINANCIAL ASSI STANCE DISCOUNT WILL BE APPLIED TO THE PATIENT'S RESPONSIBILITY ACCORDINGLY 4) IF INELIGI BLE, THE REPRESENTATIVE WILL NOTIFY THE PATIENT AND RESUME NORMAL DUNNING PROCESS AND FILE DENIAL WITH THE ACCOUNT THE DENIALS WILL BE KEPT ON FILE IN THE COLLECTION OFFICE ALL D ENIALS WILL BE REVIEWED BY THE COLLECTION COORDINATOR LEVEL OR ABOVE THE PATIENT MAY REQU EST RECONSIDERATION BY SUBMITTING A LETTER TO THE DIRECTOR OF PATIENT FINANCIAL SERVICES I NDICATING THE REASON FOR THE REQUEST ONLY INCOME AND FAMILY SIZE WILL BE CONSIDERED IN AP PROVING APPLICATIONS FOR FINANCIAL ASSISTANCE UNLESS ONE OF THE FOLLOWING THREE SCENARIOS OCCURS - THE AMOUNT REQUESTED IS GREATER THAN \$50,000 - THE TAX RETURN SHOWS A SIGNIFICA NT AMOUNT OF INTEREST INCOME, OR THE PATIENT STATES THEY HAVE BEEN LIVING OFF OF THEIR SAV INGS ACCOUNTS - DOCUMENTATION INDICATES SIGNIFICANT WEALTH IF ONE OF THE ABOVE THREE SCE NARIOS ARE APPLICABLE IN THE APPLICATION, LIQUID ASSETS MAY BE CONSIDERED INCLUDING CHECK ING AND SAVINGS ACCOUNTS, STOCKS, BONDS, CD'S, MONEY MARKET OR ANY OTHER ACCOUNTS FOR THE PAST THREE MONTHS ALONG WITH THE PAST YEAR'S TAX RETURN, AND A CREDIT REPORT MAY BE REVIEW ED THE FOLLOWING ASSETS ARE EXCLUDED - THE FIRST \$10,000 OF MONETARY ASSETS - UP TO \$15 0,000 IN A PRIMARY RESIDENCE CERTAIN RETIREMENT BENEFITS (SUCH AS A 401-K WHERE THE IRS H AS GRANTED PREFERENTIAL TAX TREATMENT AS A RETIREMENT ACCOUNT INCLUDING BUT NOT LIMITED TO DEFERRED-COMPENSATION PLANS Q</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
PUBLICIZING THE FINANCIAL ASSISTANCE POLICY	<p>QUALIFIED UNDER THE INTERNAL REVENUE CODE, OR NONQUALIFIED DEFERRED-COMPENSATION PLANS) WHERE THE PATIENT POTENTIALLY COULD PAY TAXES AND/OR PENALTIES BY CASHING IN THE BENEFIT IF THE BALANCE DUE IS SUFFICIENT TO WARRANT IT AND THE ASSETS ARE SUITABLE, A LIEN WILL BE PLACED ON THE ASSETS FOR THE AMOUNT OF THE BILL COLLECTION EFFORTS WILL CONSIST OF PLACEMENT OF THE LIEN WHICH WILL RESULT IN PAYMENT TO THE HOSPITAL UPON SALE OR TRANSFER OF THE ASSET 5) COLLECTION COORDINATOR WILL REVIEW DOCUMENTATION IF ELIGIBLE, THE ACCOUNT WILL BE WRITTEN OFF TO FINANCIAL ASSISTANCE AND THE "REQUEST FOR FINANCIAL ASSISTANCE" FORM FINALIZED A COPY IS RETAINED IN THE PATIENT'S FILE THE REPRESENTATIVE WILL CALL THE PATIENT AND NOTIFY HIM/HER OF THE FINAL DETERMINATION OF ELIGIBILITY 6) PENINSULA REGIONAL MEDICAL CENTER WILL REVIEW ONLY THOSE ACCOUNTS WHERE THE PATIENT OR GUARANTOR INQUIRE ABOUT FINANCIAL ASSISTANCE, MAILES IN AN APPLICATION, OR IN THE NORMAL WORKING OF THE ACCOUNT THERE IS INDICATION THAT THE PATIENT MAY BE ELIGIBLE ANY PATIENT/CUSTOMER SERVICE REPRESENTATIVE, FINANCIAL COUNSELOR, OR COLLECTION REPRESENTATIVE MAY BEGIN THE REQUEST PROCESS PRE-PLANED SERVICE MAY ONLY BE CONSIDERED FOR FINANCIAL ASSISTANCE WHEN THE SERVICE IS MEDICALLY NECESSARY FOR EXAMPLE, NO COSMETIC SURGERY WILL BE ELIGIBLE INPATIENT, OUTPATIENT, EMERGENCY, AND PENINSULA REGIONAL MEDICAL GROUP PHYSICIAN CHARGES ARE ALL ELIGIBLE</p>

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
MAXIMUM CHARGE AMOUNTS FOR FAP-ELIGIBLE INDIVIDUALS	SCHEDULE H, PART V, LINE 22D PENINSULA REGIONAL MEDICAL CENTER IS A MARYLAND HOSPITAL AS SUCH PATIENTS AND ALL INSURANCE COMPANIES, INCLUDING MEDICARE & MEDICAID, PAY THE SAME RATE THIS RATE IS DETERMINED BY THE STATE AGENCY, THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Peninsula Regional Medical Center	Employer identification number 52-0591628
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Part I

Questions Regarding Compensation

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

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

For each individual whose compensation must be reported 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
Travel for Companions	Schedule J, Part I, Line 1a PRMC provides travel for companions of Board members and reports the value of the compensation provided as taxable to the recipient. This policy has been approved by the Board. RECEIVE PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. SCHEDULE J, PART I, LINE 4B PRMC HAS A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN (UNDER SECTION 457 (F)). THIS PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE PRMC BOARD OF DIRECTORS TO SUPPLEMENT THE EXECUTIVE'S RETIREMENT INCOME. THE SUPPLEMENTAL RETIREMENT PLAN WAS DEVELOPED BASED ON AN INDEPENDENT CONSULTANT REPORT ON MARKET-BASED PRACTICES FOR SUPPLEMENTAL RETIREMENT PLANS. THE PERCENTAGE OF FINAL AVERAGE PAY, THE REQUIREMENTS FOR VESTING, PARTICIPANTS, AND PAY-OUT PROVISIONS WERE ESTABLISHED, REVIEWED, AND APPROVED BY THE COMPENSATION COMMITTEE. THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN C OR IN SCHEDULE J, PART II, COLUMN B(III) AS PART OF DEFERRED COMPENSATION. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THIS SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: Margaret Naleppa \$76,923; Lura Lunsford \$40,000; Bruce I. Ritchie \$40,000; Steven Leonard \$40,000; James Todd, M.D. \$50,000; Kurt Wehberg, M.D. \$50,000. PRMC provided \$69,000 in funding to Dr. Naleppa's Plan on 10/15/2016.
CONTINGENT COMPENSATION	SCHEDULE J, PART I, LINE 6A AND 6B OFFICERS AND KEY EMPLOYEES OF PENINSULA REGIONAL MEDICAL CENTER ARE PAID COMPENSATION DETERMINED BY A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOALS AS WELL AS ORGANIZATION OPERATIONAL ACHIEVEMENTS IN SERVICE, QUALITY, SAFETY, EMPLOYEE SATISFACTION, AND COST. THE FINAL DETERMINATION OF THE CONTINGENT COMPENSATION AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF OFFICERS AND KEY EMPLOYEES. Variable compensation payments are reported in Schedule J, Part II, Column B(ii) and reflect attainment of certain goals. Also included in that column are productivity payments of \$415,312 (Charbel) and \$284,221 (Daniels).

Additional Data

Software ID:

Software Version:

EIN: 52-0591628

Name: Peninsula Regional Medical Center

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				
1MARGARET NALEPPA PRESIDENT/CEO	(i)	721,779	195,776	15,136	189,389	13,855	1,135,935	0
	(ii)	0	0	0	0	- 0	- 0	0
1LURA LUNSFORD VP OF OPERATIONS	(i)	418,696	76,492	1,218	80,737	7,160	584,303	0
	(ii)	0	0	0	0	- 0	- 0	0
2BRUCE I RITCHIECFO	(i)	443,316	87,249	1,218	96,707	22,256	650,746	0
	(ii)	0	0	0	0	- 0	- 0	0
3CHARLES SILVIA JR MD VP - CHIEF MEDICAL OFFICER	(i)	400,683	52,075	1,218	41,225	20,754	515,955	0
	(ii)	0	0	0	0	- 0	- 0	0
4SARA SCOTT VP PEOPLE & ORGANIZATION DEV	(i)	210,857	19,140	1,218	34,909	20,306	286,430	0
	(ii)	0	0	0	0	- 0	- 0	0
5STEVEN LEONARD VP OPERATION OPTIMIZATION & IN	(i)	274,849	25,882	1,218	61,067	25,936	388,952	0
	(ii)	0	0	0	0	- 0	- 0	0
6KAREN POISKER VP POPULATION HEALTH	(i)	304,256	14,585	1,218	105,539	16,405	442,003	0
	(ii)	0	0	0	0	- 0	- 0	0
7THOMAS DEMARCO MD VP - PRMG	(i)	335,458	35,280	1,218	11,063	18,790	401,809	0
	(ii)	0	0	0	0	- 0	- 0	0
8SHERI MATTER V P PATIENT CARE SERVICES	(i)	246,644	15,595	984	28,291	750	292,264	0
	(ii)	0	0	0	0	- 0	- 0	0
9KATHRYN FIDDLER EXECUTIVE DIRECTOR-POP HEALTH	(i)	165,723	7,015	0	5,702	300	178,740	0
	(ii)	0	0	0	0	- 0	- 0	0
10JAMES TODD MD PHYSICIAN	(i)	803,193	62,500	1,218	75,308	17,592	959,811	0
	(ii)	0	0	0	0	- 0	- 0	0
11KURT WEHBERG MD PHYSICIAN	(i)	787,099	62,500	1,218	74,970	19,092	944,879	0
	(ii)	0	0	0	0	- 0	- 0	0
12DANIEL DANIELS MD PHYSICIAN	(i)	489,514	314,221	39,538	14,696	8,524	866,493	0
	(ii)	0	0	0	0	- 0	- 0	0
13HALIM CHARBEL MD PHYSICIAN	(i)	370,238	451,312	19,258	15,592	260	856,660	0
	(ii)	0	0	0	0	- 0	- 0	0
14KARIM ARNAOUT MD PHYSICIAN	(i)	737,629	53,468	1,218	10,987	13,674	816,976	0
	(ii)	0	0	0	0	- 0	- 0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Peninsula Regional Medical Center

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
52-0591628

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 & HIGHER EDUCATION FACILITIES	52-0936091	574217UF8	02-05-2015	122,212,727	Refer to part VI	X			X		X
B Maryland Health & Higher Education Facilities	52-0936091	574218UE1	02-05-2015	25,222,024	Refer to part VI	X			X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	525,000		250,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	122,212,727		25,222,024					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	121,024,047		0					
7	Issuance costs from proceeds	1,188,680		222,024					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		25,000,000					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?	X			X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 850 %		0 850 %					
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 ▶	0 810 %		0 810 %					
6 Total of lines 4 and 5	1 660 %		1 660 %					
7 Does the bond issue meet the private security or payment test? . . .		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				
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?		X		X				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

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

Return Reference	Explanation
DESCRIPTION OF PURPOSE	SCHEDULE K, PART I, COLUMN F PROCEEDS OF PUBLICLY-OFFERED, FIXED RATE SERIES 2015 BONDS, TOGETHER WITH FUNDS HELD IN AN EXISTING DEBT SERVICE RESERVE FUND ACCOUNT AND THE EXISTING PRINCIPAL AND INTEREST ACCOUNTS, HAVE BEEN USED TO 1) ADVANCE REFUND ALL OF PENINSULA REGIONAL MEDICAL CENTER'S ("PRMC") OUTSTANDING SERIES 2006 BONDS (ISSUED 2/09/06) FOR SAVINGS, 2) FUND VARIOUS CAPITAL EXPENDITURES (INCLUDING EQUIPMENT PURCHASES) (THE "PROJECT"), AND 3) PAY ALL BOND ISSUANCE EXPENSES

Return Reference	Explanation
SCHEDULE K, PART I, LINE A (F)	REFUNDING OF BONDS ISSUED ON 02/09/2006

Return Reference	Explanation
SCHEDULE K, PART II, LINE 13	YEAR OF SUBSTANTIAL COMPLETION A - 2006 PROJECTS - 2009, 1993 PROJECTS - 1998 B - 2015 PROJECTS - 2017

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Peninsula Regional Medical Center

Employer identification number
52-0591628

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

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

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) David Kerrigan MD	Trustee	123,621	Medical Staff Fees		No
(2) David Kerrigan MD	Trustee	424,913	Medical Director Fees		No
(3) David Rommel	Trustee	1,646,760	Electrical/Mechanical Service		No
(4) Vel Natsan MD	Trustee	43,507	Real Estate Rental		No
(5) William McCain	Trustee	10,326	Real Estate Valuation Fees		No

Part V Supplemental Information

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

Return Reference	Explanation
DESCRIPTION OF TRANSACTIONS WITH INTERESTED PERSONS	SCHEDULE L, PART IV EACH OF THE ABOVE-NAMED TRUSTEES ARE OWNERS OF BUSINESSES WHICH PROVIDE SERVICES TO PRMC THE SERVICES PROVIDED WERE APPROVED BY INDEPENDENT MEMBERS OF THE GOVERNING BODY AND ARE CHARGED AT FAIR MARKET VALUE RATES

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493130011198
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2016
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization Peninsula Regional Medical Center	Employer identification number 52-0591628		

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>FORM 990, PART III, LINE 4 PENINSULA REGIONAL MEDICAL CENTER IS A NOT-FOR-PROFIT 501(C)(3) NON-STOCK CORPORATION FOUNDED IN 1897 TO SERVE THE HEALTH CARE NEEDS OF THE COMMUNITY THE HOSPITALS PRIMARY PURPOSE IS TO PROVIDE THE HIGHEST PRIMARY, SECONDARY, AND SELECTED TERTIARY HEALTH CARE SERVICES TO RESIDENTS OF AND VISITORS TO THE MID-DELMARVA PENINSULA IN A COMPETENT, COMPASSIONATE, AND COST-EFFECTIVE MANNER DESIGNED TO ELICIT A HIGH DEGREE OF CUSTOMER SATISFACTION THE HOSPITALS MISSION IS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE BY PROVIDING QUALITY MEDICAL CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, EFFORTS WILL BE TAKEN TO ASSURE CARE AT AN AFFORDABLE COST, OR OBTAINED ASSISTANCE THROUGH APPROPRIATE AGENCIES ON THE PATIENTS BEHALF EMERGENCY SERVICES CARE WILL BE PROVIDED TO EVERYONE REGARDLESS OF ABILITY TO PAY PENINSULA REGIONAL MEDICAL CENTER SERVED OVER 19,000 INPATIENTS AND PROVIDED MORE THAN 560,000 OUTPATIENT SERVICES DURING FISCAL 2017 FOOD SERVICE PROVIDED MORE THAN 479,000 MEALS TO PATIENTS AND EMPLOYEES ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF PENINSULA REGIONAL MEDICAL CENTER, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PAY FOR ESSENTIAL MEDICAL SERVICES THE HOSPITAL, IN KEEPING WITH THE COMMITMENT TO SERVE ALL MEMBERS OF THE COMMUNITY, DURING FISCAL 2017 PROVIDED - CHARITY AND OTHER ALLOWANCES TOTALING \$43,622,628 - DISCOUNTS TO THIRD PARTY PAYORS INCLUDING GOVERNMENT PROGRAMS SUCH AS MEDICARE AND MEDICAID \$ 56,579,762 - WRITE-OFF OF UNCOLLECTIBLE ACCOUNTS \$11,673,037 - THE TOTAL UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS IS \$111,875,427 ALSO PROVIDED ARE MANY WELLNESS PROGRAMS, COMMUNITY EDUCATION AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT PENINSULA REGIONAL MEDICAL CENTER BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED SOME OF THE PROGRAMS ARE AS FOLLOWS - A VARIETY OF BROCHURES ARE DISPLAYED IN ALL HOSPITAL WAITING AREAS TO EDUCATE MEMBERS OF THE COMMUNITY REGARDING PROGRAMS AND SERVICES - PARTICIPATION IN HEALTH FAIRS DURING FY 2017 IN ORDER TO FOSTER HEALTH EDUCATION IN THE COMMUNITY - BEING CALLED UPON TO SPEAK BEFORE COMMUNITY ORGANIZATIONS ON A VARIETY OF HEALTHCARE TOPICS WE PROVIDE CHILDBIRTH PREPARATION CLASSES, EXERCISE CLASSES FOR PRENATAL AND POSTPARTUM WOMEN AND CPR CLASSES - WE PROVIDE ASSISTANCE TO EDUCATORS THROUGH OUR WORK WITH STUDENT NURSES, RADIOLOGY, RESPIRATORY AND LABORATORY TECHNICIANS DURING FY 2017, PENINSULA REGIONAL MEDICAL CENTER VOLUNTEERS CONTRIBUTED OVER 27,500 HOURS TOWARD THE COMMON PURPOSE OF SERVICING THE HEALTH CARE OF THE COMMUNITY DURING FY 2017, PENINSULA REGIONAL MEDICAL CENTER PERFORMED OVER 550 COMMUNITY OUTREACH ACTIVITIES SPECIFIC EXAMPLES OF EDUCATION AND OUTREACH PROGRAMS, SUPPORT GROUPS, COMMUNITY HEALTH SCREENINGS, AND FITNESS AND WELLNESS ACT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	IVITIES SUPPORTED BY PENINSULA REGIONAL MEDICAL CENTER ARE AS FOLLOWS COMMUNITY EDUCATION AL AND OUTREACH PROGRAMS - CPR - CHILDBIRTH PREPARATION CLASSES - REFRESHER COURSE - CHIL DBIRTH - INFANT CARE CLASSES - SAFE SITTER PROGRAM - WOMENS HEALTH EDUCATION SUPPORT GROUP S - DIABETES SUPPORT GROUP - HEAD AND NECK CANCER SUPPORT GROUP - CAREGIVER SUPPORT GROUP EVENTS - COMMUNITY SCREENINGS - HEIGHT/WEIGHT, BLOOD PRESSURE - SKIN CANCER SCREENINGS - ORAL, HEAD AND NECK CANCER SCREENINGS - HEARING SCREENINGS - FLU CLINIC - EDUCATIONAL EXH IBITS TO PROMOTE HEALTHY LIFESTYLES BENEFITS - UNITED WAY - HEALTHFEST - MARCH OF DIMES F ITNESS/EXERCISE PROGRAMMING - CARDIAC REHABILITATION - INDOOR CYCLING AND WEIGHTS BUSINES S RELATIONSHIPS FORM 990, PART VI, LINE 2 MARGARET NALEPPA, MARTIN NEAT, RYAN MCLAUGHLIN, HERBERT GEARY III, AND MONTY SAYLER ARE MEMBERS OF THE BOARD OF DIRECTORS OF PENINSULA HEA LTH VENTURES, A WHOLLY-OWNED TAXABLE SUBSIDIARY OF PENINSULA REGIONAL HEALTH SYSTEM BRUCE I RITCHIE, PRMC'S CFO, ALSO SERVES AS SECRETARY/TREASURER OF PENINSULA HEALTH VENTURES

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, LINE 6 PENINSULA REGIONAL HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF THE MEDICAL CENTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEMBERS OR STOCKHOLDERS WHO MAY ELECT	FORM 990, PART VI, LINE 7A MEMBER'S ABILITY TO ELECT MEMBERS OF THE GOVERNING BODY IN ITS CAPACITY AS THE SOLE CORPORATE MEMBER OF THE MEDICAL CENTER, PENINSULA REGIONAL HEALTH SYSTEM HAS THE ABILITY TO ELECT MEMBERS OF THE MEDICAL CENTER'S GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL	FORM 990, PART VI, LINE 7B DECISIONS SUBJECT TO APPROVAL BY MEMBERS AS THE SOLE CORPORATE MEMBER, PENINSULA REGIONAL HEALTH SYSTEM HAS THE ABILITY TO APPROVE MAJOR EXPENDITURES AND LONG TERM BORROWINGS OF THE MEDICAL CENTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 11B OVERSIGHT OF THE COMPLETION OF THE ORGANIZATION'S FORM 990 HAS BEEN DELEGATED TO THE CHIEF FINANCIAL OFFICER OF PENINSULA REGIONAL MEDICAL CENTER BY THE PRESIDENT OF THE ORGANIZATION. ONCE THE FORM 990 AND ALL SCHEDULES HAVE BEEN PREPARED BY THE ORGANIZATION'S INDEPENDENT TAX SERVICES PROVIDER, THEY ARE REVIEWED BY THE PRESIDENT PRIOR TO FILING. THE RETURN IS PRESENTED TO THE BOARD OF TRUSTEES BY THE ORGANIZATION'S INDEPENDENT TAX ADVISORS FROM GRANT THORNTON LLP AND APPROVED FOR SUBMISSION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	FORM 990, PART VI, LINE 12C THE BOARD OF TRUSTEES ARE REQUIRED TO DISCLOSE ANNUALLY, IN WRITING, ANY AND ALL INTEREST WHICH THEY OR ANY IMMEDIATE MEMBER OF THEIR FAMILY MAY HAVE IN ANY BUSINESS ENTITY WHICH HAS OR SEEKS A CONTRACTUAL OR COMPETITIVE RELATIONSHIP WITH THE ORGANIZATION THE BOARD HAS THE AUTHORITY TO DETERMINE IF A VIOLATION HAS OCCURED AND WHETHER ANY INTEREST WHICH SHOULD BE DISCLOSED SHOULD DISQUALIFY A DIRECTOR FROM PARTICIPATING IN ANY SPECIFIC BOARD DISCUSSION OR BOARD MEMBERSHIP ALL DISCLOSURES ARE REVIEWED BY THE ORGANIZATION'S CHIEF COMPLIANCE OFFICER ANY CONFLICTS ARE PRESENTED TO THE BOARD IF A PERSON IS CONFLICTED, THEY WILL RECUSE THEMSELVES FROM ALL DISCUSSIONS AND DELIBERATIONS TO WHICH THEY WOULD APPEAR TO BE CONFLICTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINES 15A & 15B THE ORGANIZATION USES A COMPENSATION COMMITTEE TO DETERMINE THE COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES THE CEO OF THE ORGANIZATION HAS A WRITTEN EMPLOYMENT CONTRACT THE COMPENSATION COMMITTEE USES AN INDEPENDENT CONSULTANT, COMPENSATION SURVEYS AND OTHER ORGANIZATION'S FORM 990 IN THE DETERMINATION PROCESS THE MEMBERS OF THE COMPENSATION COMMITTEE ARE INDEPENDENT AND RELY ON THIS COMPARABILITY DATA WHEN THEY DISCUSS AND DETERMINE THE INDIVIDUAL'S COMPENSATION CONTEMPORANEOUS MINUTES OF SUCH DISCUSSIONS ARE KEPT AND MAINTAINED IN THE ORGANIZATION'S FILES

990 Schedule O, Supplemental Information

Return Reference	Explanation
HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC	FORM 990, PART VI, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE PUBLIC INFORMATION OFFICE OF PENINSULA REGIONAL MEDICAL CENTER AT 100 EAST CARROLL STREET, SALISBURY, MD 21801

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 PENSION ADJUSTMENT - FAS 158 \$10,703,964 Partnership Income - Tax Adjustment \$(194,407) Contribution from Foundation \$(3,507,208) Other Contributions \$(700,000) Increase in Capital \$3,675,588 ----- TOTAL \$9,977,937

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TECHNICAL PROFESSIONAL FEES TOTAL FEES 9692736

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REFERENCE LAB WORK TOTAL FEES 1779834

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL STAFF ADMINISTRATION TOTAL FEES 75000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED SERVICES TOTAL FEES 30526366

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LICENSES TAXES TOTAL FEES 971834

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 920063

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY LABOR TOTAL FEES 5221437

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PEST CONTROL TOTAL FEES 49104

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TRASH PICKUP TOTAL FEES 270981

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CANDIDATE EXPENSE TOTAL FEES 296562

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION EMPLOYEE MOVING EXPENSE TOTAL FEES 22957

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN CONTRACTED SERVICES TOTAL FEES 10674668

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Peninsula Regional Medical Center

Employer identification number
52-0591628

Part I Identification of Disregarded Entities

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

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

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Peninsula Regional Medical Center Fdn 100 East Carroll Street Salisbury, MD 21801 52-1851935	Fundraising	MD	501(c)(3)	12 TYPE I	PRHS		No
(2) Peninsula Regional Health System (PRHS) 100 East Carroll Street Salisbury, MD 21801 52-2132761	Parent	MD	501(c)(3)	12 type II	NA		No
(3) Peninsula General Hospital INS Trust 100 East Carroll Street Salisbury, MD 21801 52-6321234	Insurance	MD	501(c)(3)	12 TYPE III	PRHS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Delmarva Surg Ctr 641 S Salisbury Blvd Salisbury, MD 21801 52-2251436	Healthcare	MD	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Peninsula Health Ventures (PHV) 100 East Carroll Street Salisbury, MD 21801 52-2250012	P'SHIP INV	MD	NA	C Corp					
(2) PRLTC Inc 100 East Carroll Street Salisbury, MD 21801 52-2190588	LT Care	MD	NA	C Corp					
(3) Delmarva Peninsula Insurance Company PO Box 1159 KY1-1102 Grand Cayman CJ 98-1110617	Insurance	CJ	PRMC	C Corp	1	22,893,088	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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DELMARVA PENINSULA INSURANCE COMPANY	R	4,109,125	FMV

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)