

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134045061

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Upper Chesapeake Medical Center Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
500 Upper Chesapeake Drive

City or town, state or province, country, and ZIP or foreign postal code
Bel Air, MD 21014

F Name and address of principal officer:
LYLE E SHELDON
500 Upper Chesapeake Drive
Bel Air, MD 21014

D Employer identification number
52-1253920

E Telephone number
(443) 643-1000

G Gross receipts \$ 357,940,741

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.UMMS.ORG/UCH

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1997

M State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O.

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

b Net unrelated business taxable income from Form 990-T, line 39

3 21

4 14

5 2,958

6 812

7a 0

7b 0

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

Current Year

1,022,573

19,124,993

287,188,861

279,471,856

3,118,263

2,566,675

491,632

-271,036

291,821,329

300,892,488

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) 0

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

19,306,465

200,000

0

0

127,889,638

134,972,772

0

0

129,457,166

147,906,765

276,653,269

283,079,537

15,168,060

17,812,951

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

End of Year

729,972,196

785,805,376

251,057,720

285,326,521

478,914,476

500,478,855

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

Marco Priolo SVP

Type or print name and title

2021-05-14

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01866796

Firm's name ERNST & YOUNG US LLP

Firm's EIN 34-6565596

Firm's address 1101 NEW YORK AVE NW

Washington, DC 20005

Phone no. (202) 327-6000

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 (2019)

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:

See Schedule O.

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 \$ 204,971,363 including grants of \$ 200,000) (Revenue \$ 279,486,792)
	See Additional Data









4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-----------	--

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-----------	--

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

4e	Total program service expenses ▶ 204,971,363
-----------	---

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
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? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	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	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
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	1a	8
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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	1a 21		
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	1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	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?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
Marco Priolo 520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014 (443) 643-1000

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

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

a 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.

See instructions for the order in which to list the persons above.

☐ 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)								1,191,930	7,679,624	397,721

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 ► 177

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation

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 ► 0

Form 990 (2019)										Page 9				
Part VIII Statement of Revenue														
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>														
										(A)	(B)	(C)	(D)	
										Total revenue	Related or exempt function revenue	Unrelated business revenue	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	963,238										
	e	Government grants (contributions)	1e	18,161,755										
	f	All other contributions, gifts, grants, and similar amounts not included above	1f											
	g	Noncash contributions included in lines 1a - 1f:\$	1g											
	h Total.	Add lines 1a-1f ▶			19,124,993									
Program Service Revenue				Business Code										
	2a	NET PATIENT SERVICE REVENUE		621110	274,683,128	274,683,128	0	0						
	b	ENDOCRINOLOGY		621110	4,317,630	4,317,630	0	0						
	c	COMP CARE CENTER/REHAB		621110	471,098	471,098	0	0						
	d													
	e													
	f	All other program service revenue.			0	0	0	0						
	g Total.	Add lines 2a-2f. ▶			279,471,856									
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶				1,409,344	0	0	1,409,344						
	4 Income from investment of tax-exempt bond proceeds ▶													
	5 Royalties ▶													
			(i) Real	(ii) Personal										
	6a	Gross rents	6a	1,775,282	0									
	b	Less: rental expenses	6b	3,278,204	0									
	c	Rental income or (loss)	6c	-1,502,922	0									
	d Net rental income or (loss) ▶				-1,502,922	0	0	-1,502,922						
			(i) Securities	(ii) Other										
	7a	Gross amount from sales of assets other than inventory	7a	54,927,380	0									
	b	Less: cost or other basis and sales expenses	7b	53,770,049	0									
	c	Gain or (loss)	7c	1,157,331	0									
	d Net gain or (loss) ▶				1,157,331	0	0	1,157,331						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18				8a									
	b Less: direct expenses				8b									
	c Net income or (loss) from fundraising events . . . ▶													
	9a Gross income from gaming activities. See Part IV, line 19				9a									
	b Less: direct expenses				9b									
	c Net income or (loss) from gaming activities . . . ▶													
	10a Gross sales of inventory, less returns and allowances . . .				10a									
	b Less: cost of goods sold . . .				10b									
	c Net income or (loss) from sales of inventory . . . ▶													
Miscellaneous Revenue				Business Code										
11a CAFETERIA/VENDING				722514	1,148,873	0	0	1,148,873						
b PARKING GARAGE				812930	32,666	0	0	32,666						
c PURCHASE DISCOUNTS				621999	35,411	0	0	35,411						
d All other revenue					14,936	14,936	0	0						
e Total.				Add lines 11a-11d ▶			1,231,886							
12 Total revenue.				See instructions ▶			300,892,488							
							279,486,792							
							0							
							2,280,703							

Form 990 (2019)

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	200,000	200,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	115,010,748	84,318,803	30,691,945	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,420,940	3,974,300	1,446,640	0
9 Other employee benefits	3,863,304	2,832,337	1,030,967	0
10 Payroll taxes	10,677,780	7,828,291	2,849,489	0
11 Fees for services (non-employees):				
a Management	3,922,030	2,401,389	1,520,641	0
b Legal				
c Accounting				
d Lobbying	4,176	0	4,176	0
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,060,878	2,196,610	4,864,268	0
12 Advertising and promotion	80,920	10,388	70,532	0
13 Office expenses	497,077	357,896	139,181	0
14 Information technology				
15 Royalties				
16 Occupancy	3,119,938	2,246,355	873,583	0
17 Travel	61,533	6,154	55,379	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	76,560	19,906	56,654	0
20 Interest	6,422,817	4,624,428	1,798,389	0
21 Payments to affiliates	12,603,686	604,803	11,998,883	0
22 Depreciation, depletion, and amortization	20,239,489	14,572,432	5,667,057	0
23 Insurance	3,657,712	2,633,553	1,024,159	0
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 MEDICAL SUPPLIES	36,278,657	36,278,657	0	0
b PURCHASED SERVICES	15,510,568	4,513,169	10,997,399	0
c BAD DEBT	14,903,377	14,903,377	0	0
d PHYSICIAN FEES	13,104,455	13,104,455	0	0
e All other expenses	10,362,892	7,344,060	3,018,832	0
25 Total functional expenses. Add lines 1 through 24e	283,079,537	204,971,363	78,108,174	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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		13,654,953	1	50,596,451	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		28,096,947	4	31,416,071	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		33,903,898	7	78,100,317	
	8	Inventories for sale or use		5,305,129	8	5,898,055	
	9	Prepaid expenses and deferred charges		2,703,854	9	3,560,533	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	308,463,729			
	b	Less: accumulated depreciation	10b	97,238,774	207,759,361	10c	211,224,955
	11	Investments—publicly traded securities		169,188,418	11	170,962,636	
	12	Investments—other securities. See Part IV, line 11		15,112,604	12	30,000,000	
	13	Investments—program-related. See Part IV, line 11		0	13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		254,247,032	15	204,046,358	
16	Total assets. Add lines 1 through 15 (must equal line 34)		729,972,196	16	785,805,376		
Liabilities	17	Accounts payable and accrued expenses		34,523,816	17	34,912,892	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		216,533,904	25	250,413,629	
	26	Total liabilities. Add lines 17 through 25		251,057,720	26	285,326,521	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		303,937,121	27	353,818,739	
	28	Net assets with donor restrictions		174,977,355	28	146,660,116	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		478,914,476	32	500,478,855	
33	Total liabilities and net assets/fund balances		729,972,196	33	785,805,376		

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	300,892,488
2	Total expenses (must equal Part IX, column (A), line 25)	2	283,079,537
3	Revenue less expenses. Subtract line 2 from line 1	3	17,812,951
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	478,914,476
5	Net unrealized gains (losses) on investments	5	-842,534
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	4,593,962
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	500,478,855

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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 52-1253920
Name: Upper Chesapeake Medical Center Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

PROVIDING HEALTHCARE SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH SERVICES. FOR MORE THAN 90 YEARS, UPPER CHESAPEAKE HEALTH HAS BEEN PROVIDING COMPREHENSIVE, HIGH QUALITY HEALTHCARE. ITS TWO HOSPITALS, HARFORD MEMORIAL HOSPITAL AND UPPER CHESAPEAKE MEDICAL CENTER OFFER SOME OF THE AREA'S MOST ADVANCED INPATIENT AND OUTPATIENT SERVICES SO THAT PATIENTS CAN ENJOY THE SUPERIOR WELLNESS RESOURCES A HEALTHY LIFESTYLE NEEDS, WITHOUT LEAVING THEIR NEIGHBORHOOD. UPPER CHESAPEAKE HEALTH IS A COMMUNITY-BASED, NON-PROFIT HEALTH SYSTEM LOCATED IN HARFORD COUNTY, MARYLAND. OUR VISION IS BASED ON CREATING THE HEALTHIEST COMMUNITY IN MARYLAND. BUILDING ON THAT VISION, WE HAVE A STRONG COMMITMENT TO SERVICE EXCELLENCE. SO MUCH SO THAT IT HAS BECOME PART OF THE FABRIC OF THE HEALTHCARE EXPERIENCE AT UPPER CHESAPEAKE HEALTH. UPPER CHESAPEAKE HEALTH HAS OVER 2,500 PHYSICIANS AND HEALTHCARE PROFESSIONALS WHO ARE DELIVERING CARE FOR THE MIND, BODY, AND SPIRIT IN SETTINGS FROM OFFICES, TO OUTPATIENT CENTERS, TO HOSPITALS, TO SHOPPING CENTERS, TO BUSINESSES, AND TO HOMES. UPPER CHESAPEAKE MEDICAL CENTER IS A MEMBER OF THE UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM. UPPER CHESAPEAKE MEDICAL CENTER (THE MEDICAL CENTER) IS AN ACUTE CARE, NON-PROFIT FACILITY OFFERING A FULL COMPLEMENT OF MEDICAL, DIAGNOSTIC AND EMERGENCY CARE SERVICES. THE MEDICAL CENTER IS FULLY ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO). THIS PREMIER HEALTH CARE FACILITY INCORPORATES SEVERAL TRENDS THAT REFLECT HOW HEALTH CARE IS CHANGING, INCLUDING REORIENTATION TOWARDS OUTPATIENT CARE, MORE ACUTELY ILL PATIENTS IN THE HOSPITAL AND FLEXIBILITY FOR GROWTH AND CHANGE TO MEET OUR COMMUNITY'S FUTURE HEALTH CARE NEEDS. LOCATED ON THE MEDICAL CAMPUS IS THE UPPER CHESAPEAKE MEDICAL CENTER WITH 194 ACUTE CARE BEDS. ADJACENT TO THE MEDICAL CENTER IS THE AMBULATORY CARE CENTER OF HARFORD COUNTY, CONTAINING PHYSICIAN OFFICES, OUTPATIENT IMAGING AND LABORATORY PROCEDURES, OUTPATIENT PRE-ASSESSMENT TESTING AND ASSESSMENT, UPPER CHESAPEAKE CARDIOVASCULAR INSTITUTE, AND THE ADMINISTRATIVE OFFICES OF THE UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM. ALSO LOCATED NEXT TO THE MEDICAL CENTER, IS A PRE-EXISTING MEDICAL OFFICE BUILDING WITH PHYSICIAN OFFICES AND OTHER HEALTHCARE RELATED SERVICES, A PARKING GARAGE AND A SECOND MEDICAL OFFICE BUILDING WHICH INCLUDES OUTPATIENT SERVICES AND PHYSICIAN OFFICES. HARFORD MEMORIAL HOSPITAL AND UPPER CHESAPEAKE MEDICAL CENTER MAINTAIN CHARITY CARE PROGRAMS AND, IN ADDITION, CONDUCT MANY COMMUNITY OUTREACH AND COMMUNITY BUILDING ACTIVITIES INCLUDING: - COMMUNITY HEALTH EDUCATION PROGRAMS WHICH INCLUDE NEWBORN BABY CARE, SITTER SAFETY PROGRAM, INFANT CPR, INFANT SAFETY, STOP SMOKING CLASS, KIDS SAFETY CLASS, AND PRENATAL BREAST FEEDING CLASS - SUPPORT GROUPS INCLUDING BREAST FEEDING SUPPORT, BREAST CANCER AWARENESS GROUPS, PERINATAL BEREAVEMENT, ASTHMA SUPPORT GROUP, WIDOW AND WIDOWERS SUPPORT GROUP, GRIEF SUPPORT GROUP, PROSTATE CANCER SUPPORT GROUP, AMPUTEE NETWORK, BRAIN INJURY SUPPORT GROUP, STROKE CLUB, LUPUS SUPPORT GROUP, AND OTHERS - HEALTH SCREENINGS INCLUDING SCREENINGS FOR OSTEOPOROSIS, CARDIAC PROBLEMS, BLOOD PRESSURE, AND OTHER ISSUES - FREE AND MOBILE CLINIC

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			
Bryan E Kelly CHAIRMAN	1.0 6.0	X		X				0	0	0
Dennis Kurgansky MD SECRETARY	1.0 6.0	X		X				0	0	0
Franklin J Hajek TREASURER	1.0 5.0	X		X				0	0	0
James M Harkins VICE CHAIRMAN	1.0 8.5	X		X				0	0	0
Lyle E Sheldon President/CEO	1.0 48.0	X		X				0	1,151,844	40,384
Adele A Wilzack RN MS DIRECTOR	1.0 7.0	X						0	0	0
ALBERT J A YOUNG ESQ DIRECTOR	1.0 5.0	X						0	0	0
DONALD W MATHIS DIRECTOR (ENDED 11/19)	1.0 5.0	X						0	0	0
JASON BIRNBAUM MD DIRECTOR	1.0 4.0	X						0	0	0
John W Ashworth III DIRECTOR (ENDED 11/19)	1.0 60.0	X						0	1,717,490	37,155

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			
LAWRENCE SCANLAN	1.0									
DIRECTOR	4.0	X						0	0	0
Lisa Thomas MD	1.0									
EX-OFFICIO, PHYSICIAN	4.0	X						0	0	0
MELINDA L CRAIG	1.0									
DIRECTOR	6.0	X						0	0	0
MICHAEL F ALLEN	1.0									
DIRECTOR	3.0	X						0	0	0
Mohan Suntha MD	1.0									
President/CEO, UMMS	60.0	X						0	2,102,885	40,902
MUHAMMAD K JOKHADAR MD	1.0									
EX-OFFICIO, PHYSICIAN	43.0	X						0	403,997	41,289
R Bryan Kilby	1.0									
DIRECTOR	5.0	X						0	0	0
RAJIV GOEL ESQ	1.0									
DIRECTOR (ENDED 06/20)	5.0	X						0	0	0
Richard P Streett JR VMD	1.0									
DIRECTOR	6.0	X						0	0	0
S Michelle Lee	1.0									
Director	46.0	X						0	889,963	27,792

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			
SHARON M LIPFORD	1.0									
DIRECTOR	3.0	X						0	0	0
TOBIAS MUSSER	1.0									
DIRECTOR	3.0	X						0	0	0
WILLIAM B ALLEN PHD	1.0									
DIRECTOR	6.0	X						0	0	0
WILLIAM J WARD JR	1.0									
DIRECTOR	5.0	X						0	0	0
STEPHEN V WITMAN	1.0									
SR VP/CFO	47.0			X				0	426,001	76,756
ANGELA M KAITIS	40.0									
PHARMACIST	0					X		193,717	0	23,220
DIANE C FITZGERALD	40.0									
EXECUTIVE DIR - ONCOLOGY SERVICE LINE	1.0					X		175,577	0	14,841
KAYUR R BHAVSAR	40.0									
PHYSICIAN	0					X		266,669	0	12,203
OLUFUNMILAYO ONOBRAKPEYA	40.0									
PHYSICIAN	0					X		250,113	0	30,817
ROY H PHILLIPS	40.0									
PHYSICIAN	0					X		305,854	0	22,082

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			
Joseph E Hoffman III Former CFO	0.0 43.0						X	0	987,444	30,280

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Upper Chesapeake Medical Center Inc

Employer identification number
52-1253920

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, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2018. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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>	Yes	No
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 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 52-1253920
Name: Upper Chesapeake Medical Center Inc

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 Upper Chesapeake Medical Center Inc	Employer identification number 52-1253920
---	--

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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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-.
1					
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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		4,176
j	Total. Add lines 1c through 1i			4,176
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
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	The organization pays membership dues to the Maryland Hospital Association (MHA). MHA engages in many support activities including lobbying and advocating for their member hospitals. The MHA reported that 3.08% of member dues were used for lobbying purposes and as such, the organization has reported this amount on Schedule C, part II-B as other lobbying activities.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493134045061

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Upper Chesapeake Medical Center Inc

Employer identification number
52-1253920

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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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?

☐ Yes ☐ 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)?

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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) 2019

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.

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		10,700,000		10,700,000
b Buildings		204,471,127	35,934,177	168,536,950
c Leasehold improvements		1,161,060	545,719	615,341
d Equipment		86,133,336	60,758,878	25,374,458
e Other		5,998,206	0	5,998,206
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				211,224,955

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)UCMC FIXED ASSET FMV	55,686,000
(2)ECONOMIC INT - UC FOUNDATION	24,230,432
(3)ECONOMIC INT - UCH LEGACY FUND	122,429,683
(4)RETROSPECTIVE PREM RECEIVABLE	
(5)TERRAPIN REINSURANCE	
(6)MALPRACTICE ASSET	
(7)CAPTIVE EQUITY	
(8)RIGHT OF USE ASSET	1,700,243
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	204,046,358

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	250,413,629

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 52-1253920
Name: Upper Chesapeake Medical Center Inc

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
NOTES PAYABLE TO UMMS	157,073,899
LONG TERM CAPITAL LEASE	19,002,740
ADVANCES FROM THIRD PARTY PAYORS	62,754,563
CURRENT PORTION OF LT LIABILITY	5,885,919
OTHER CURRENT LIABILITIES	2,656,508
PATIENT AR CREDIT BALANCES	
ST PORTION OF MALPRACTICE	
TERRAPIN REINSURANCE	
AUDIT RJE - DEFERRED FICA	3,040,000

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>FIN 48 (ASC 740) FOOTNOTE THE ORGANIZATION IS A SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE CORPORATION). THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN THE INCOME TAXES (FIN 48) ON JULY 1, 2007. THE FOOTNOTE RELATED TO ASC 740 IN THE CORPORATION'S AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS: THE CORPORATION FOLLOWS A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX LIABILITIES OR BENEFITS THAT SHOULD BE RECOGNIZED.</p>

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Upper Chesapeake Medical Center Inc

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Employer identification number
52-1253920

OMB No. 1545-0047

2019

Open to Public Inspection

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted 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 _____ % 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 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? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	No
		5c	
		6a	Yes
		6b	Yes

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)			2,829,624		2,829,624	1.06 %
b Medicaid (from Worksheet 3, column a)					0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	2,829,624	0	2,829,624	1.06 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			2,122,072	303,839	1,818,233	0.68 %
f Health professions education (from Worksheet 5)			833,568		833,568	0.31 %
g Subsidized health services (from Worksheet 6)			6,498,992	2,610,635	3,888,357	1.45 %
h Research (from Worksheet 7)			846,332		846,332	0.32 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			92,951		92,951	0.03 %
j Total. Other Benefits	0	0	10,393,915	2,914,474	7,479,441	2.79 %
k Total. Add lines 7d and 7j	0	0	13,223,539	2,914,474	10,309,065	3.84 %

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					0	0 %
2 Economic development			7,046		7,046	0 %
3 Community support			10,530,133	1,358,679	9,171,454	3.42 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			78,655		78,655	0.03 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	10,615,834	1,358,679	9,257,155	3.45 %

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	10,764,709	
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	0	
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	108,886,494
6 Enter Medicare allowable costs of care relating to payments on line 5	6	104,619,601
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	4,266,893
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

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

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

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

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

Name of hospital facility or letter of facility reporting group 1

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 checked="" 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 checked="" 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 checked="" 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>18</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	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.umms.org/uch/community</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>WWW.HARFORDCOUNTYHEALTH.COM</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input 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>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://www.umms.org/uch/community</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? \$ <u> </u>		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

1

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
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:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>300.0</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>https://www.umms.org/uch/community</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://www.umms.org/uch/community</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://www.umms.org/uch/community</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

1

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 nonpayment?	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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" 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)**

1

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, 20a, 20b, 20c, 20d, 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? 0

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c CRITERIA FOR FREE OR DISCOUNTED CARE	UCMC IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS. THE FAP ALSO USES A FINANCIAL HARDSHIP THRESHOLD WHEN DETERMINING ELIGIBILITY. A PATIENT WITH MEDICAL DEBT EXCEEDING 25% OF FAMILY ANNUAL HOUSEHOLD INCOME MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6b COMMUNITY BENEFIT REPORT	THE ORGANIZATION ANNUALLY FILES A COMMUNITY BENEFIT REPORT AS REQUIRED BY THE MARYLAND HSCRC. THE REPORT CAN BE FOUND AT: HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX .

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>The following is a summary description of the community that UMUCH serves as described in our Community Health Needs Assessment and Community Benefit Implementation Plan. A more detailed description, including maps and data tables, can be found in our Community Health Needs Assessment available at: https://www.umms.org/uch/community/assessment-and-implementation-plan In 2017, the total population of Harford County was estimated to be 250,132, which was an increase of 2.16% from 2010 (244,826). The county is located in the northeastern part of the state, with the towns and cities of varying sizes, wealth, and diversity. Bel Air is Harford's county seat, home to roughly 10,139 residents, or 4% of the county's population. The cities of Aberdeen and Havre de Grace each make up approximately 9% and 7%, respectively. The remaining 80% of the county's population is mostly distributed along the Route 40 corridor and in rural parts of the county. The median age in Harford County is 40.6 overall, with the age category containing the largest percentage of the population being adults ages 50-54. The distribution of the population is close to the distribution of age and sex in the United States, although the county has a slightly lower percentage of younger people and a higher percentage of middle-aged adults. There is substantial variation in the levels of racial and ethnic diversity across Harford County. While whites make up the majority of Harford County's population, the percentages of African Americans and Hispanic/Latino residents are increasing in both Edgewood and Aberdeen. Since 2010, the populations of these two zip codes have started to more closely reflect the demographics found across the state of Maryland, while the racial composition of Havre de Grace has remained relatively stable over time. Seven percent of Harford County residents reported speaking a language other than English at home. When compared to the United States, Maryland is a wealthy state, with a median household income (\$78,916), well above the nation's (\$61,372). Harford County is one of Maryland's wealthier jurisdictions, with a median household income of \$83,445. However, the county's higher income is not distributed equally across the county: the three municipalities in Harford County have vastly different median incomes, with the city of Aberdeen having the lowest (\$60,489), followed by Havre de Grace (\$76,416) and Bel Air (\$85,798) (U.S. Census Bureau, 2017 American Community Survey 5-year estimates). Percentages provided in the 2008-2010 American Community Survey, 3-year estimates (U.S. Census Bureau) indicate that the poverty rate in Harford County families has increased, climbing from 4% to 5.4%, in line with an increase in Maryland's poverty rate (5.7% to the recent estimate of 6.6%) (U.S. Census Bureau, 2017 American Community Survey 5-year estimates). Harford County poverty rates for White and Black families are starkly different: the percentage of families with a householder who is White has an estimated poverty level of 5.1% while families with a Black or African American householder has a poverty level of 14.3% (U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates). The disparity in household incomes in Harford County and the cities of Aberdeen and Havre de Grace is consistent with the percentage of families whose income is below the poverty level. Both in Maryland and in Harford County, poverty rates are highest in families headed by a female and for families with related children under 18 years of age. Harford County has a slightly higher poverty rate among families with a female head when compared to Maryland, and a slightly lower rate for people age 65 and over. Poverty rates for families are distributed unequally across the county, with almost a third of families with a female head and close to one quarter of related children below the poverty level in Aberdeen. The poverty rates in Harford County are reflected in the percentage of families receiving food stamps, with Aberdeen having the highest percentage of families and the town of Bel Air having the lowest. The percentage of households in Harford County receiving food stamps has increased by 3% since the 2008-2010 American Community Survey; 3-year estimates (U.S. Census Bureau) reported that 5% of Harford County households were food stamp recipients, consistent with the increase in the poverty level in the County. Harford County Public School District has 54 schools, including seven Title I elementary schools, with the mission to ensure academic achievement for at-risk students attending schools in high poverty areas. All seven are located in the southern portion of the County: three in Aberdeen, and one each in Edgewood, Havre de Grace, Joppa, and Abingdon (http://www.hcps.org/schools/). Harford County Public Schools had a total of 37,780 students in the 2017-2018 school year. The high school graduation rate was 88.94%, slightly higher than Maryland.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>and's rate of 87.12% (http://reportcard.msde.maryland.gov/). According to Schooldigger, an organization that calculates school rankings based on test scores released by the Maryland Department of Education, Harford County Public Schools ranked 11th best out of the 24 public school systems in Maryland in 2017. This was a drop from 5th best in 2015 (https://www.schooldigger.com/go/MD/districtrank.aspx). In 2017, 92.9% of people 25 years and over in Harford County had at least graduated from high school and 35.2% had a bachelor's degree or higher. An estimated 7.1% did not complete high school. In comparison, in the town with the highest level of poverty, Aberdeen, an estimated 11.9% did not complete high school, and only 14.2% had bachelor's degree. In Harford County, 64.4% of the population age 16 and over was employed; 31.2% were not currently in the labor force. An estimated 74.9% of the people employed were private wage and salary workers; 20.9% were federal, state, or local government workers; and 2.7% were self-employed in their own (not incorporated) business (U.S. Census Bureau, 2013-2017 American Community Survey). While the median value of homes in Harford County (\$281,400) is only slightly less than Maryland's (\$296,500), the difference when considering housing prices by zip code is dramatic. Prices range from below the state value in the Edgewood area, where the median home value is \$163,300, to well above the state in the Monkton area, where the median home costs \$517,400. Transportation is also a concern in many parts of the county, especially for seniors, youth, and low-income individuals in the rural areas of northern Harford County. Amenities such as shopping, entertainment, and health services are often far away, and there are few public transportation options. The bus service has limited hours and routes making it difficult for those without cars to access them. Data show that 1.6% of residents in the county have no access to a vehicle, with that number reaching 3.4% in Havre de Grace. In 2015, Harford County had an annual violent crime rate of 239 per 100,000 people, which is much lower than Maryland's rate of 471. Similarly, the rate of property crime in Harford County was lower than the state's at 1,257 per 100,000 when compared to Maryland's rate of 2,395. While the overall crimes rates in both Harford County and Maryland have decreased since 2011, it is important to note that the violent crime rate in Aberdeen (503.1) is significantly higher than the county's as a whole, illustrating the inequity in living conditions for families residing in this area. Despite the dramatic decreases in both violent crime and property crime in Harford County and throughout the state, the number of drug-related incidents reported by the Harford County Sheriff's Office has increased by 80% from 2011 to 2017. This growing trend has shifted the focus of law enforcement to combat the drug crisis in Harford County. In Harford County, most residents have access to grocery stores where healthy foods are available. According to the 2017 County Health Rankings, which provides a measure of "Limited Access to Healthy Foods," 97% of residents live close to a grocery store, with only 4% or an estimated 10,041 people having limited access to healthy food.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information Cont	<p>This measure is based on the percentage of the population that is low income and does not live close to a grocery store. While access to grocery stores is not a problem for most Harford County residents, many families require assistance in purchasing foods: 8.3 % or 20, 760 of households in Harford County received food stamps from the Supplemental Nutrition Assistance Program in 2017 (U.S. Census, Fact Finder). A more pressing issue for a small percentage of Harford County residents is having an inadequate amount of food or "food insecurity" at some time during each year. Food insecurity is the USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Per the USDA Food Environment Atlas, households experiencing food insecurity experience this condition, on average, in seven months of the year. It is estimated that in 2017 the food insecurity rate for the Harford County population was 8% or 20,082 people. This is less than Maryland's rate of 11%. In Harford County, the weekly food budget shortfall for food insecure people was \$17.38 per person, per week in 2015. In summary, most Harford County residents have access to grocery stores to purchase healthy foods. However, a number of these residents face food insecurity at some time during the year, with healthy foods out of reach. According to the 2014-2016 Behavioral Risk Factor Surveillance Survey (BRFSS), 17.3% of Harford County adults reported that they currently smoked cigarettes every day or some days. Adults with annual incomes less than \$15,000 were 5.7 times more likely to smoke than those with income at or above \$75,000 in 2014. Educational attainment also correlated to smoking rates: adults without a high school diploma were 9.7 times more likely to smoke than college graduates according to the 2014 BRFSS. School-aged students were considered smokers if they smoked at least 1 cigarette or cigar in the past 30 days. The 2016 Youth Risk Behavior Surveillance System Survey (YRBS) found that the percentage of current smokers in Harford County high schools was 9.3% when compared to 16.9% in 2014. While this rate has decreased over time, the percentage of students reporting that they currently use electronic vapor products exceeded the number of current smokers at 14.3% according to the 2016 YRBS. The percentage of students using any type of tobacco products (cigarette, smokeless tobacco, cigar, or electronic vapor products) was 21.9% (2016 YRBS). Since 2007, the number of drug and alcohol-related intoxication deaths has more than doubled in both Maryland and Harford County. Notably, heroin and fentanyl have caused the largest increase in intoxication deaths due to the increasingly volatile nature of the chemicals being mixed into the local drug supply. The numbers of drug-related law enforcement incidents increased by 79% since 2011. In BRFSS data for 2014-2016, 15.04% of Harford County adults reported binge drinking in the past month and 4.0% reported being chronic drinkers (1-2 or more drinks per day), both of which are close to the state percentages. The percentage of high school students reporting binge drinking was higher than the adult's: 15.6% of Harford County high school students reported being binge drinkers in 2016. According to the 2016 BRFSS, Harford County's obesity rate was 34.9%, which was higher than the state's (28.6%). Several factors were shown to increase a person's chance of obesity including income, race, and educational attainment. Black adults were almost twice as likely to be obese when compared to white adults, a disparity that is much more evident in Harford County than the state as a whole in the 2015 BRFSS, but this gap had been significantly reduced in the 2016 assessment. In the 2015 BRFSS assessment, adults without a high school diploma were also almost twice as likely to be obese than their college graduate counterparts. Adults making over \$75,000 annually were slightly less likely to be obese than adults making less than \$15,000. Data from the Maryland Vital Statistics Administration indicate that the top three leading causes of death in Maryland include heart disease, cancer, and cerebrovascular disease (stroke). The role of accidents as the fourth leading cause of death is a relatively new phenomenon that could likely be attributed to the growing opioid epidemic and accidental overdoses. Harford County's leading causes of death do not mirror the state's. The county's three leading causes of death include heart disease, cancer, and chronic obstructive pulmonary disease (COPD). The state's three leading causes of death include heart disease, cancer, and cerebrovascular disease. In addition, between 2014 and 2016 the number of years of potential life lost in Harford County was 5,800 per 100,000 population when compared to 6,500 for the state of Maryland. For African Americans in Harford County, that</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information Cont	<p>number increased to 7,600 years of life lost. The rate for emergency department (ED) visits in Maryland was 353.2 per 1,000 residents in 2016. Harford County's rate was slightly lower at 316.1. When each zip code was examined individually, it was found that the zip codes with the highest ED visit rates were Aberdeen (580), Edgewood (502), and Havre de Grace (460), all of which were well above the state and county averages. Using the Centers for Medicare and Medicaid Service's definition of chronic conditions, 2016 data for Harford County indicated that the three most common conditions associated with ED visits were hypertension, tobacco use, and hyperlipidemia (high concentration of fats or lipids in a patient's blood). Havre de Grace's top three chronic disease indicators were the same as those recorded for the county. However, while Aberdeen and Edgewood had tobacco use and hypertension as their leading indicators, the third and fourth highest indicators were depressive disorders and asthma, respectively, which suggest that these conditions were not being successfully treated on an outpatient basis. Cancer mortality rates are also worse in Harford County than for the State of Maryland. While the state's mortality rates have steadily declined over time, Harford County's rate has only slightly decreased. Harford County rates are the same or worse for every cancer type when compared both locally and nationally. In addition to higher rates of cancer in the county, racial disparities among whites and blacks exist for three types of cancers; lung cancer, colorectal cancer, and prostate cancer that have positive outcomes when screening occurs regularly. Harford County adults have been shown to have a higher percentage of several vascular diseases when compared to Maryland adults. The percentage of Harford County adults diagnosed with stroke is slightly higher than the state's percentage. For other chronic conditions such as diabetes, asthma, Chronic Obstructive Pulmonary Disease (COPD), hypertension, and high cholesterol, the prevalence of each of these conditions is higher in Harford County than in the state, with the exception of diabetes. A notifiable disease is any condition that, when identified in a patient, is required to be reported to the government so that its incidence can be monitored for potential outbreaks and clustering. In Maryland, there are 86 notifiable diseases that are reported to the Centers for Disease Control (CDC). Of those diseases, the highest case rates in Harford County were observed for chlamydia, Lyme disease, gonorrhea, salmonellosis (salmonella), and aseptic meningitis. Harford County's Lyme disease rate is much higher than the state rate. In addition, 24 Harford County residents were diagnosed with HIV in 2017. In 2017 there were 2,623 live births in Harford County. Maternal characteristics and birth outcomes in Harford County vary by race, indicating health disparities exist for mothers and babies for racial and ethnic minorities. The infant mortality rate for blacks in the county is more than three times higher than the rate for all races combined. Mother's well-being before, during, and after pregnancy can affect the health of a child from infancy to adulthood. The percentage of births to mothers receiving prenatal care in the first trimester of pregnancy was 74.9%, which was high when compared to Maryland's (66.2%). Births to mothers under the age of 20 made up only 2.6% of births in the county, while births to unmarried mothers made up 32.0% of births.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information Cont	<p>According to County Health Rankings data for 2018, the overall death rate from injuries in Harford County per 100,000 population was 66, which was slightly higher than the rate for Maryland (64). The rate of motor vehicle crash deaths was 10 per 100,000 in Harford County and 9 in Maryland. In addition, the percentage of motor vehicle deaths in which alcohol- impairment was the primary factor was higher in Maryland at 30%, than the 21% for Harford County deaths. Intentional injuries from suicide and homicide accounted for 1.6% of deaths in Harford County in 2017 and unintentional injury deaths accounted for 7.4%. While injury deaths from motor vehicle accidents have decreased over the past ten years, deaths from intentional self-harm (suicide), poisoning, and falls have continued to increase throughout the state. The Maryland BRFSS data for 2014-2016 indicates that 21.4% of Harford County residents have been diagnosed with depressive disorder, compared to 15.6% for the state. In addition, hospital data made available by the Chesapeake Regional Information System for our Patients (CRISP) reporting system, which serves as a regional health information exchange for Maryland, Virginia, West Virginia, and the District of Columbia, indicates that the rates of hospitalizations and emergency department visits for mental health-related conditions are similar in Harford County and the state of Maryland, but geographic disparities appear in the three zip codes with the highest need index for the county. The need index is based on the Community Need Index developed by Dignity Health in 2004. According to the 2014 and 2016 Maryland Youth Risk Behavior Survey, the percentage of students who reported feeling sad or hopeless for more than two weeks in a row climbed 33.3% between the first year of middle school and the senior year of high school. The percentage of high school students who seriously considered committing suicide was 18.2 % while 14.4% made a plan for how they would commit suicide. Access to health insurance coverage has remained strong in Harford County with the expansion of Medicaid eligibility and implementation of the Maryland Health Exchange for Qualified Health Plans under the Affordable Care Act. In 2017, the percentage of uninsured adults was just 3.9% compared to Maryland's 9% according to the U.S. Census Bureau. However, the following disparities arise by zip code, age, sex, race, and educational attainment. Notice that the following characteristics make adults less likely to have health insurance coverage: 18 to 24 years of age, male, Hispanic, and less than a high school degree. Populations with the highest uninsured rates live in Aberdeen (21001) and Edgewood (21040). In the 2014-2016 BRFSS, 88.5% of Harford County residents reported having a person that they think of as their personal doctor or health care provider, higher than the state percentage of 85.05%. Responses to the 2016 BRFSS indicate that more Harford County residents have had routine health checkups in the last year (79.05%) than Maryland residents (75.79%). However, in the 2014-2016 BRFSS, 9.1% of Harford County residents reported needing to see a doctor but not being able to because of a cost barrier. In 2014 the two most reported reasons for delaying medical care included not being able to get an appointment soon enough (9.1%) and not having transportation to reach an appointment (8.3%), according to the Maryland BRFSS. Data below shows that Hispanics were almost 10 times more likely than whites to report transportation as a barrier to receiving care. According to the Maryland Department of Health's Health Resources and Services Administration, a portion in Edgewood, Harford County is considered a Health Professional Shortage Areas (HPSA) for primary care. While most mental health and substance use disorders can be treated successfully, many who suffer from these diseases do not receive the care they need. The Health Resources and Services Administration designated all of Harford County as a Health Professional Shortage Area (HPSA) for mental health services. This designation means that the need for mental health services far outweighs their availability. The Maryland Department of Health's Behavioral Health Administration compares each Maryland County's Opioid Treatment Program (OTP) capacity to the estimated need in that county. In 2015 Harford County's estimated need was 2,570 patients. In comparison, existing capacity could only serve 1,687 patients, leaving about 883 persons in need. In addition, data from County Health Rankings show that in 2016, Harford County's mental health provider ratio was 740:1. This is much higher than Maryland's ratio of 490:1. United States counties in the 90th percentile for this measure report ratios closer to 360:1 for mental health providers. Another indicator that suggests limited access to substance abuse treatment is the rate of substance-exposed newborns. Data shows a 677% increase in the rate</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information Cont	<p>te of hospital encounters for newborns with maternal drug/alcohol exposure for Harford Cou nty and Maryland between 2000 and 2017. Access to affordable dental care is critical to en suring good oral health. The ratio of dentists to population is lower in Harford County in 2017 than for the state as a whole: 1 dentist for every 1,590 people in the county as com pared to 1 to 1,320 in the state. Harford County has a lack of dentists in the southern ar ea, which has been designated as a Health Professional Shortage Area (HPSA) for dental hea lth. Data for 2014-2016 from the Maryland BRFSS showed that 70.6% of adults in Harford Cou nty reported visiting the dentist in the past year, a figure that was in line with the sta te (70.3%). In addition, 6.7% reported that their last dental visit was over 5 years ago.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>UMUCH aims to strengthen our community through promoting health and wellness with our outreach program, Community Outreach. Community Outreach is dedicated to promoting health and wellness outside of the hospital and to increasing the quality of life in Harford County. Focusing on prevention and improving health outcomes, we provide an expansive variety of health education, screenings, lifestyle management classes and information on referrals and local resources. We promote our programs through various social media outlets, including Facebook, Instagram and Twitter. In addition, we distribute a quarterly publication, "Maryland Health Matters", have an up-to-date calendar of events on our website, targeted direct mailing and emails and distribute flyers throughout Harford County focusing on areas of interest such as, senior centers, libraries, churches, grocery stores to name a few. In 2019, Community Outreach had over 19,000 community-wide contacts through their screening and educational programs, flu vaccination clinics, and support groups. Harford County is a diverse community with approximately 25% of the population being 55 years old or older. With senior citizens making up a quarter of the community and being the population that utilizes a large proportion of health care services, our community programs are centered around their specific needs, helping to ensure successful and healthy senior living. Senior Center/Senior Housing/Assisted Living Programs Community Outreach provided 1,663 screenings to Harford County seniors at five senior activity center locations to include Edgewood, Fallston, Havre de Grace, Highland and Bel Air. In addition, to all senior housing centers including Aberdeen Court, Abingdon Gardens, Fairbrooke, St. Johns Commons, St. Johns Towers, A Berdeen and Perryman as well as Parkview at Box Hill, Parkview at Bel Air and Avondale Assisted Living Facilities. Throughout the year, many different health screenings were held during certain months at each senior location and provided: - 763 blood pressure screenings - 147 cholesterol screenings. - 22 diabetes risk assessments - 2 Hemoglobin A1c screenings - 30 osteoporosis screenings - 25 sleep disorder screenings - 68 fall risk education - 91 skin analyzer machine screenings - 95 nutrition education - 628 flu vaccinations - Stepping On classes - An evidence based program for people 65 and over was offered at 4 senior activity centers. The program offers older people a way of reducing falls and at the same time increasing self confidence in situations where they are at risk for falling. Each class had approximately 11 participants for a total of 30 participants. - Stepping Up Your Nutrition classes - a one-time 2.5-hour session for people who are interested in improving their nutrition and strength. This session is designed to help people understand the connection between nutrition and preventing falls. These classes took place before each of the 3 Stepping On classes with a total of 36 participants. - Diabetes Support Group - monthly support groups took place in two senior activity centers: Edgewood and Bel Air with a total of 61 participants. Children's Programs Some of the best habits are established when we are young, making childhood a great time to educate kids about the importance of caring for themselves. We know that good health and nutrition are important, but they are also essential to children's overall development and well-being. At UM Upper Chesapeake Health, our Community Outreach team provides many educational programs to promote healthy lifestyles and encourage our county's youngest population to develop good habits and live healthier lives. * A total of 289 children were involved with our Glo Germ Program. This is a program teaches children how to prevent the spread of germs by showing them how, when and why it is so important to wash their hands. Approximately 702 children were exposed to one of our programs that teaches children and young adults about the dangers of smoking and secondhand smoke. These programs provide educational materials, hands-on exhibits and realistic examples of how tobacco use harms their health. These programs include KATU (Kids Against Tobacco Use), Smoking Out the Truth, Toxic Soup, and Vaping Education There were approximately 186 children who attended our Teddy Bear Clinics at many of the Harford County elementary public schools. This is an interactive program that familiarizes children with the hospital experience and presents information on child safety. Another popular program, How Sweet It Is, was taken out into the community and over 240 children and adults were exposed to this program. The focus of this program is to educate children and adults on the sugar content in many of their favorite drinks including juice boxes, sports drinks, soda, flavored water, and popular coffee drinks A total of 163 children participated in the Activity Wheel and Health Wheel, which are education tools</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>developed by community outreach that allows participants to test their knowledge on health, exercise and activity. Vision and Hearing screenings were provided to approximately 585 pre-school and school aged children. One of the most important jobs parents have is keeping their child safe while riding in a car. Tragically, thousands of young children are killed or injured every year in car accidents. Proper use of car safety seats can help keep children safe - but with so many different car seat options on the market, parents can quickly become overwhelmed. Not only does the community outreach team at UMUH provide education on choosing the correct seat, they teach parents and caregivers how to properly install the seat as well. UMUH has five team members who are nationally certified car safety technicians and one who has been specially trained to fit children with disabilities to the proper safety seat. At bi-monthly car safety seat checks, technicians review installation of infant, child and booster seats. Proper seat fitting and use is crucial, and safety checks are the best way to ensure seats are being used correctly. Our technicians also support Maryland's Kids in Safety Seats (KISS) program at their installation checks offered throughout Harford County. In FY20, UMUH technicians have participated in over 165 car seat safety checks. The UMUH program continues to grow and has become one of our busiest and most sought after community offerings. In addition to car seat safety, our community outreach team also manages Harford County's car seat assistance program that helps low-income families purchase car safety seats. Based on income, families with demonstrated need are able to receive a new car safety seat for little to no money. The program requires each family to have 60 minutes of car safety seat education which covers proper seat installation and Maryland car seat laws.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health cont	<p>Chronic Disease and Wellness Evidence Based Programs With the ever-growing number of people who suffer from chronic diseases, the search for more effective strategies to both prevent and manage these conditions is essential. The use of evidence-based chronic disease self-management programs (CDSMP) is helping people with chronic conditions and their caregivers gain better control over and improve their health. These programs focus on overall health, quality of life and well-being and are designed for both the ill and healthy, empowering them to manage the many factors that affect their health. Facilitators introduce tools needed for daily life when an individual is battling a chronic condition or illness. Participants practice using self-management skills, focus on goal setting and share experiences which can help promote mutual support. Highly interactive, these programs serve as an adjunct to the care provided by primary care doctors and specialists. At UMUH, a variety of self-management programs are offered by the experts in our Community Outreach department:</p> <ul style="list-style-type: none"> * Diabetes Prevention Program - A lifestyle change yearlong program facilitated by trained lifestyle coaches to help individuals lose weight, eat healthier, increase physical activity and manage stress. The program consists of weekly and monthly sessions. The goal of the program is to have participants lose 5 to 7% of their body weight and increase their activity to 150 minutes per week. Two classes took place with approximately 11 adults attending each class. * Living Well with Chronic Disease Self-Management - Arthritis, high blood pressure, asthma, diabetes, fatigue and heart disease are just some of the chronic conditions many of us live with every day. Our free six-week program is designed to motivate participants and caregivers to make changes that will improve quality of life and help better manage these conditions. Two classes took place in libraries throughout the county to include Bel Air, Abingdon and Fallston. A total of 16 adults participated in these classes. * Living Well with Diabetes Self-Management - designed for people with Type 1, Type 2, or Pre diabetes, It is a free six-week program that teaches individuals how to manage their diabetes, ways to maintain or increase their activity level and how the food they eat can affect their blood sugar. Three classes were provided and included locations at a library, church and senior activity center. Approximately 13 adults participated in each location for a total of 39 participants. * Living Well with Chronic Pain Self-Management - This free six-week program helps participants better manage their chronic pain and help them feel better, move better and improve their quality of life. Two classes took place with 10 participants in each class for a total of 20 participants. <p>Project Healthy Connect For the second year, UM Upper Chesapeake Health and Healthy Harford/Healthy Cecil partnered to launch Project Healthy Connect, an innovative program dedicated to reaching people in our communities who are isolated or who are at an elevated risk for health issues and social challenges. The goal is to move health care beyond the four walls of a hospital or a doctor's office and out into the community-connecting with people 'where they are.' Designed as a one-stop-shop offering multiple services, Project Healthy Connect hosts wellness sessions with free health assessments including blood pressure checks, depression, diabetes and stroke screenings as well as assistance with Medicaid enrollment. Sessions were hosted in approximately 11 easy to access community locations where people already go if they are facing eviction, have temporary shelter needs or need assistance with energy programs and job searches, this increased our ability to reach underprivileged individuals who may really be struggling. In addition to the wellness sessions, Project Healthy Connect includes a team of nurses, social workers and resource experts who travel in the HealthLink medical mobile van to specifically identified locations to conduct targeted outreach and health engagement. Through the program, we have been able to provide supportive health and wellness assistance to over 246 people and connected approximately 11 individuals with concrete resources, such as eye-glasses, hearing aids, dentures, medications and more. Project Healthy Connect is making a positive and meaningful contact with those who need it most, helping to build self-care skills and inspire better health and wellness. Underserved Area Program UMUH's Community Outreach is dedicated to reaching out and providing services to our most vulnerable populations. On a monthly basis, we visit 8 separate locations and provide screenings, free flu shots and health education. These locations include soup kitchens and food pantries. In FY20, we served over 480 individuals. HealthLink Community Wellness Center In FY20, the HealthLink Community Wellness Center, which operates</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health cont	<p>ates from the HealthLink Medical Mobile van had 25 residents participate in one of the available health screenings offered once a month. Health screenings offered are blood pressure, BMI and body fat analysis, cholesterol and heart disease risk assessment, stroke risk assessment, cancer screenings, diabetes risk assessments and hemoglobin (A1c), osteoporosis, sleep disorders, vascular, depression and vision and hearing. Flu Clinic Program UMUCH's longstanding flu clinic program was offered throughout the county free of charge or for a nominal fee. In FY20, community outreach administered 793 vaccines at 32 different locations. HealthLink Call Center The HealthLink Call Center is responsible for successfully managing large amounts of inbound and outbound calls focusing on physician referrals and registration for community outreach events and programs. In FY20, our call center handled approximately 3,160 calls. Breast-iful Plus+ Community Outreach and the Breast Center at UMUCH, in partnership with the National Coalition of 100 Black Women, Inc. (Anne Arundel Chapter), hosted Breast-iful Plus+, a special event in October empowering women of color to take charge of their breast health and more. While white women and women of color are diagnosed with breast cancer at about the same rate, black women have as much as a 40% higher risk of dying from the disease. Studies have also shown that women of color are prone to being diagnosed with more aggressive forms of breast cancer or may not be receiving a diagnosis until the disease has reached a more advanced stage. There are many reasons why breast cancer risks can vary by race and ethnicity: genetics, type of breast cancer and accessibility to care to name a few. Breast cancer affects more women in the U.S. than any other type of cancer, but all women can take steps to keep their risk as low as possible. The goal of our Breast Center team is reinforcing the message that regardless of race-it's important to be screened for breast cancer as recommended by your doctor. Breast-iful Plus+ is one of the ways we support that goal and address the breast health needs of our community. Over 60 women of color attended this event. Healthy Harford Healthy Harford/Healthy Cecil is the healthy communities' initiative of Harford and Cecil Counties, dedicated to the health and wellness of the northern Chesapeake community - in mind body and spirit. It was formed by leaders from UMUCH, the Harford County Health Department, and Harford County Government - Healthy Harford/Healthy Cecil is a coalition of local government agencies, businesses, nonprofits, and citizens dedicated to improving the health of Harford and Cecil County residents through education, policy changes, improvements in the built environment, increased access to care, and improved care coordination for people with chronic illness. Healthy Harford/Healthy Cecil is financially supported by UMUCH. * The Klein Family Harford Crisis Center - provides 24/7 care for mental health and addiction issues. From our hotline (1- 800-NEXT-STEP) and mobile crisis team to the urgent care walk-in clinic and residential services, we offer immediate access to services in a safe and comfortable environment. This model is the first of its kind in the State. Cancer LifeNet Program UMUCH also provides a free support system for anyone in Harford County with cancer, no matter where they seek treatment with the Cancer LifeNet program.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health cont	<p>Offering navigation and support, Cancer LifeNet helps people cope with the physical, financial, psychological and emotional aspects of having cancer. Nurse navigators, social workers and other specialists work alongside people diagnosed with cancer to create a safe and nurturing environment and help them cope with each stage of their cancer journey. Specially trained and with years of experience, this incredible group of professionals really is a lifeline to many, caring not only for patients, but for their families as well. Through support groups, educational programs or just being nearby to talk, listen and comfort, they have supported over 718 individuals.</p> <p>Cancer Classes and Therapies:</p> <ul style="list-style-type: none"> * Yoga - the practice of physical, mental and spiritual discipline that combines physical postures, breathing techniques and relaxation. 113 individuals participated in weekly 60-minute classes that was offered and is open to patients and survivors of all fitness levels. * Meditation - meditation and mindfulness training can make you feel better and have host of well-documented health benefits. 86 individuals attended a 30-minute drop-in meditation class, which is held weekly and is open to everyone. * Reiki - a healing method during which specially trained practitioners place their hands lightly upon or just above an individual with the goal of facilitating his or her own healing response. 34 individuals attended six free sessions. * Fresh + Local = Health - a healthy cooking demonstration using locally grown, organic and in-season produce. Held quarterly and offered to patients and caregivers, the demonstration is designed to introduce new and healthy ways to improve nutrition during and after cancer treatment. Approximately 51 participants attended each quarterly session. * Stay Fit & Active - exercise is a wonderful way to keep mobility and energy levels at their best while decreasing the side effects often related to cancer treatments and recovery. To maintain your energy and combat the side effects, we offer Stay Fit & Active, a low-impact fitness program for those undergoing or recently completing cancer treatment. The program is taught by an exercise specialist certified in oncology and includes goal planning, relaxation techniques and stretching exercises. These classes are offered monthly with approximately 126 individuals participating in FY20. * Gardening Classes - in participation with the University of Maryland Extension, Harford County Master Gardeners offer gardening classes that are fun, educational and hands-on. 51 individuals attended classes and learned about growing vegetables, flowers, herbs, and participated in many other fun and healthy gardening activities. * Expressive Arts and other programs - throughout the year, we offer a variety of classes and fun experiences that are geared towards helping those impacted by cancer relax, experience joy and share a spirit of wellness. Classes include: Zentangles, Laugh Club and our Drumming Circle. * Acupuncture - acupuncture helps enhance your immune system and works to restore your body's natural functioning. It can be very helpful with a variety of conditions and symptoms that are often experienced in the course of cancer treatment. Offered through our partnership with Maryland University of Integrated Health (MUIH), 9 1 free acupuncture treatments were provided to individuals undergoing or recovering from cancer therapies. <p>Cancer Support Groups and Programs:</p> <ul style="list-style-type: none"> * Breast Cancer Support Group - support, information and understanding for women or men coping with breast cancer. Approximately 6 participants attended each monthly session. * Prostate Cancer Support Group - men and their partners discuss medical information, experiences and coping strategies in this professionally facilitated support group. Approximately 11 participants attended each monthly session. * Blood Cancer (Leukemia, Lymphoma and Myeloma) Support Group - monthly support group provided in collaboration with the Leukemia & Lymphoma Society, this group is open to adults and their family members affected by leukemia, lymphoma, myeloma and myelodysplastic syndrome. Approximately 7 participants attended each monthly session. * Head and Neck Cancer Support Group - offering the opportunity to share experiences and hear from health professionals specially trained in head, neck and/or oral cancers. Approximately 8 participants attended each monthly session. * Healing through Support - a supportive group for individuals coping with cancer and their caregivers, family and friends. Light dinner provided and registration is required. Approximately 9 participants attended each monthly session. * CLIMB - Children's Lives Include Moments of Bravery - a free six-week support program for children to help them cope when a family member has cancer. One class was provided in FY20 with 7 participants. * Look Good Feel Better - helping people with cancer cope with the appearance-related side effects of their treatment

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health cont	<p>nt. This program was offered bi-monthly with a total of 18 participants. * Cancer: Thriving and Surviving - a six-week class for cancer survivors with information on how to eat healthy, stay active, manage stress and emotions and much more. One class took place in FY20 with 11 participants. * Tobacco Cessation - six-session classes were offered two times in FY20 and patches given at no charge. Approximately 13 individuals attended each class. UM UCH OPERATES UNDER A UNIQUE REGULATORY SYSTEM THAT CAPS HOSPITAL REVENUES AND PROVIDES ADJUSTMENTS TO ALLOW FOR POPULATION HEALTH IMPROVEMENT INVESTMENTS. UNDER MARYLAND'S GLOBAL BUDGET REVENUE MODEL, UM UCH REPORTS ON A REGULAR BASIS HOW IT IS INVESTING IN EFFORTS TO IMPROVE POPULATION HEALTH. UM UCH PROVIDES ON-GOING SERVICES THAT ARE FUNDAMENTAL TO ADDRESSING THE IDENTIFIED COMMUNITY HEALTH NEEDS THAT DEMONSTRATE THE EXTENT TO WHICH OUR COMMITMENT TO SERVE OUR COMMUNITY IS INTEGRATED INTO OUR CARE DELIVERY MODEL. WE HAVE A STRONG FOCUS ON TREATING PATIENTS WITH CHRONIC CONDITIONS. UM UPPER CHESAPEAKE HEALTH WORKS TO COORDINATE CARE, ENSURE SMOOTH TRANSITIONS AND PROMOTE DISEASE SELFMANAGEMENT STRATEGIES AT EVERY STEP OF A PATIENT'S JOURNEY - WHETHER AT HOME, IN THE COMMUNITY, OR WITHIN OUR HOSPITAL. WE OPERATE SPECIALIZED CLINICS TO ENABLE ACCESS TO ROUTINE OUTPATIENT CARE. OUR TRANSITIONAL CARE SERVICES HELP PATIENTS NEWLY DIAGNOSED OR THOSE THAT HAVE HAD A RECENT HOSPITALIZATION TRANSITION SAFELY BACK TO THE COMMUNITY. TRANSITIONAL NURSE NAVIGATORS PROVIDE PATIENTS WITH DISEASE EDUCATION AND SELF-MANAGEMENT STRATEGIES, CONNECT THEM TO PRIMARY CARE PROVIDERS AND SPECIALISTS, AND HELP THEM OVERCOME ANY BARRIERS TO MAKING FOLLOW UP APPOINTMENTS. AN URGENT CARE CENTER TO ADDRESS OFF HOURS VISITS AND LOW ACUITY EMERGENCIES IS ALSO AVAILABLE. OUR COUDAMIN CLINIC PROVIDES ANTICOAGULATION MEDICATION MANAGEMENT, SPECIFICALLY MANAGING AND MONITORING WARFARIN (COUMADIN) THERAPY UPON PHYSICIAN REFERRAL. IT ALSO PROVIDES PATIENTS WITH ONGOING MONITORING OF THEIR ANTICOAGULATION THERAPY TO ENSURE DESIRED OUTCOMES AND DECREASE ADVERSE EVENTS. UM UCH'S CONGESTIVE HEART FAILURE CLINIC PROVIDES SIMILAR DISEASE-SPECIFIC SERVICES. OUR CRISIS CENTER FOR BEHAVIORAL HEALTH WAS ESTABLISHED WITH THE KNOWLEDGE THAT MANY OF THE SERVICES ARE NOT REIMBURSABLE, BUT THAT THIS IS A CRITICAL NEED IN OUR COMMUNITIES. THIS CENTER PROVIDES A COMMUNITY ACCESS POINT FOR THOSE IN NEED OF OUTPATIENT MENTAL HEALTH SERVICES, SUBSTANCE ABUSE CARE AND RESIDENTIAL CRISIS BEDS. IT ALSO ALLOWS FOR SAFE AND WARM HANDOFFS FROM LAW ENFORCEMENT PERSONNEL. RESOURCES ARE EMBEDDED THROUGHOUT THE HOSPITAL AND IN THE COMMUNITY SO THAT EVERY PATIENT RECEIVES THE SAME LEVEL OF CARE COORDINATION. CARE MANAGERS ARE EMBEDDED WITHIN OUR EMERGENCY DEPARTMENT, COMMUNITY AND HOSPITAL, AND PROVIDE IN-HOME VISITS AS NEEDED. COMMUNITY HEALTH WORKERS REACH OUT TO PATIENTS WHO ARE IDENTIFIED AS BEING HIGH RISK FOR READMISSION OR IN NEED OF CRITICAL RESOURCES. CLOSE RELATIONSHIPS ARE MAINTAINED WITH SKILLED NURSING FACILITIES AND HOME HEALTH AGENCIES SO THAT TRANSFERS FROM THE HOSPITAL TO THESE FACILITIES ARE SMOOTH, AND THE HIGHEST QUALITY OF CARE IS CONSTANTLY DELIVERED. ADDITIONALLY, WE RECOGNIZE TRANSPORTATION ASSISTANCE IS A COMMON BARRIER FOR PATIENTS. WE ARE PROUDLY PARTNERED WITH LYFT, PROVIDING RIDES TO PATIENT FOLLOW UP APPOINTMENTS. WE ARE PROUD TO SERVE OUR COMMUNITY AND APPRECIATE OUR PARTNERS WHO ALLOW US TO FULFILL OUR MISSION. WE WILL ALWAYS DO WHAT IS RIGHT FOR THE PATIENT, NO MATTER WHERE THEY ARE IN THEIR HEALTH JOURNEY, AND WILL ALWAYS STRIVE TO HAVE OUR PATIENTS RECEIVE CARE IN THE COMMUNITY THEY RESIDE. AS A PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) WE ARE SHAPING A NEW PARADIGM IN CARE DELIVERY THAT WE BELIEVE SHOULD BE THE FUTURE STANDARD OF CARE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	14903377

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>Through a variety of community building activities, UMUH promotes health and wellness in the communities it serves. These activities include community support, coalition building and community health improvement advocacy. UMUH provides leadership to many community coalitions and collaborative partnerships to improve community health, which include, but are not limited to: Healthy Harford - the healthy communities initiative of Harford County, dedicated to the health and wellness of the northern Chesapeake community. Founded in 1993 as a non-profit 501c3 by leaders from University of Maryland Upper Chesapeake Health, the Harford County Health Department, and Harford County Government, Healthy Harford is a coalition of local government agencies, businesses, non-profits, and citizens dedicated to improving the health of Harford County residents through education, policy changes, improvements in the built environment, increased access to care, and improved care coordination for people with chronic illness. Healthy Harford's mission is to inspire and empower healthy people, healthy families, and healthy communities in mind, body, and spirit, with a focus of improving health and wellness in the Harford County region by promoting healthy lifestyles, building community partnerships, and proving care coordination. The Harford County Local Health Improvement Coalition (LHIC) - jointly led by the Harford County Health Department and UMUH. This Coalition brings together representatives from the community every October to exam the health of our community and determine a plan for moving forward. Primary health improvement priorities for this Coalition include behavioral health, chronic disease prevention & wellness and family health & resiliency. The charge for each priority is then lead by a community workgroup. Each workgroup has strategic initiatives, action plans, and measurable goals. They meet either monthly or quarterly and report out at the Annual LHIC meeting. Other community coalitions that UMUH plays an active role in include: Harford County Cancer Coalition, Suicide Prevention Workgroup, Overdose Fatality Review Team, Citizen Review Board for Children, and Harford County Child Fatality Review Board. All of these committees and coalition are collaborative efforts to address health issues and advocate for policies and programs that improve health in the communities we serve.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL. IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO REFLECT THE CURRENT HEALTHCARE ENVIRONMENT. UNDER THIS NEW WAIVER, SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF: 1. REVENUE GROWTH PER CAPITA 2. MEDICARE HOSPITAL REVENUE PER BENEFICIARY 3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY 4. MEDICARE READMISSION RATES 5. HOSPITAL ACQUIRED CONDITION RATE BECAUSE OF THIS SYSTEM, THE HOSPITAL IS UNABLE TO ESTIMATE HOW MUCH OF THE AMOUNT REPORTED IN LINE 2 IS ATTRIBUTED TO PATIENTS WHO WOULD APPLY UNDER THE FAP.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>THE CORPORATION RECORDS REVENUES AND ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT THEIR ESTIMATED NET REALIZABLE VALUE. REVENUE IS REDUCED FOR ANTICIPATED DISCOUNTS UNDER CONTRACTUAL ARRANGEMENTS AND FOR CHARITY CARE. AN ESTIMATED PROVISION FOR BAD DEBTS IS RECORDED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED BASED UPON ANTICIPATED UNCOMPENSATED CARE, AND IS ADJUSTED AS ADDITIONAL INFORMATION BECOMES AVAILABLE. THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAD ALREADY PAID, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT MANY PATIENTS ULTIMATELY DO NOT PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	THE ORGANIZATION FILES ANNUALLY A COMMUNITY BENEFIT REPORT WITH THE STATE OF MARYLAND'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). THE HSCRC, WHICH OPERATES UNDER A MEDICARE WAIVER, DOES NOT CONSIDER MEDICARE SHORTFALL AS COMMUNITY BENEFIT. THE COSTING METHODOLOGY USED BY THE ORGANIZATION IS A COST-TO-CHARGE RATIO.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	<p>THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY. PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS, EVEN IN EXCESS OF 240 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS. NO EXTRAORDINARY COLLECTION ACTIONS (ECAS) WILL OCCUR EARLIER THAN 120 DAYS FROM SUBMISSION OF FIRST BILL TO THE PATIENT AND WILL BE PRECEDED BY NOTICE 30 DAYS PRIOR TO COMMENCEMENT OF THE ACTION. AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE COMMUNICATED TO THE PATIENT AND A PRESUMPTIVE ELIGIBILITY REVIEW WILL OCCUR PRIOR TO ANY ACTION BEING TAKEN. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AFTER AN ECA IS INITIATED, THE ORGANIZATION WILL TAKE REASONABLE MEASURES TO REVERSE THE ECAS AGAINST THE PATIENT ACCOUNT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	1 - UPPER CHESAPEAKE MEDICAL CENTER, INC.: Line 16a URL: https://www.umms.org/uch/community ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	1 - UPPER CHESAPEAKE MEDICAL CENTER, INC.: Line 16b URL: https://www.umms.org/uch/community ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	1 - UPPER CHESAPEAKE MEDICAL CENTER, INC.: Line 16c URL: https://www.umms.org/uch/community ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>UMUCH assessed the health status of Harford County residents, as individuals and as population groups, and provided population comparisons to residents of Maryland and to the nation as a whole. We examined trends in health indicators of County residents over time, highlighting racial and geographic disparities, and identified areas of poverty and at-risk populations which provided a basis for our public health planning. Data in our assessment came from a variety of National and State sources, including, but not limited to, the United States Census Bureau, Maryland State Health Improvement Plan, Maryland Vital Statistics, the Maryland Behavioral Risk Factor Surveillance survey, the Injuries in Maryland report, and national County Health Rankings. The CHNA includes each of Harford County's 21 zip codes. In keeping with the UMUCH mission of maintaining and improving the health of the people in its communities and providing high quality care to all, the community benefit service area (CBSA) was identified as all of Harford County. The zip codes where the most vulnerable populations reside (21009, 21040, 21001, & 21078) were included in the assessment and represent the most concentrated areas of poverty within the county. It is important to note that pockets of concentrated poverty also exist within rural northern zip codes in Harford County. Identifying all of Harford County as the CBSA provides the opportunity to better address the needs of the vulnerable residents of Harford County.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>Information regarding the Financial Assistance program/policy and the number for our patients to contact someone with questions or concerns are as follows: -Posted in registration areas (inpatient, emergency department, Kaufman Cancer Center, Family Birth Place, outpatient testing), waiting areas and by Cashier's offices -Offered to all Self Pay patients at the time of registration -Printed on the back of all patient financial statements -Posted on the UMUCH website -Offered by Billing Department when patients call inquiring about their hospital bill A Financial Counselor is available onsite to assist patients with applying for Financial Assistance. A representative from Hospital Support Services contacts all Self-Pay ED patients and Self Pay inpatients to assist the patient with applying for Medical Assistance. Our Financial Assistance policy is available in English and Spanish. The financial assistance policy for UMUCH is regularly reviewed and to make sure it is available to our patients in a variety of formats and that it is available in culturally/linguistically sensitive manner and at a reading comprehensive level appropriate to the population of our Community Benefit Service Area.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>The University of Maryland Medical System Corporation (UMMS) is a private, not-for-profit corporation providing comprehensive healthcare services through an integrated regional network of hospitals and related clinical enterprises. UMMS was created in 1984 when its founding hospital was privatized by the State of Maryland. Over its 30-year history, UMMS evolved into a multi-hospital system with academic, community and specialty service missions reaching primarily across Maryland. As part of the University of Maryland Medical System (UMMS), UMOCH understands that health care goes beyond the walls of the hospital and into the community it serves. UMMS hospitals are committed to strengthening their neighboring communities. In doing so, UMOCH assesses the community's health needs, identifies key priorities, and responds with services, programs and initiatives which make a positive, sustained impact on the health of the community. With representation from all UMMS hospitals, the Medical System's Community Health Improvement Council coordinates the effective and efficient utilization and deployment of resources for community-based activities and evaluates how services and activities meet targeted community needs within defined geographic areas. UMOCH is committed to health education, advocacy, community partnerships, and engaging programs which focus on health and wellness with the goal of eliminating health care disparities in the Harford County.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	MD

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 52-1253920

Name: Upper Chesapeake Medical Center Inc

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	UPPER CHESAPEAKE MEDICAL CENTER INC 500 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014 WWW.UMMS.ORG/UCH 12-006	X	X					X			1

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs are a prioritized description of the significant health needs of the community and identified through the CHNA.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility 1, 1	Facility 1, 1 - UPPER CHESAPEAKE MEDICAL CENTER, INC.. In order to gain a better understanding of the Harford County community, qualitative data was collected via the Local Health Improvement Coalition (LHIC) Community Forum meeting, as well as through a series of targeted focus groups. At the October 2017 LHIC Community Forum meeting twenty-eight stakeholder organizations representing diverse community interests discussed health and social determinants. These stakeholders provided particular insight into the challenges facing the medically underserved, low income, marginalized, and minority populations. LHIC Stakeholder Organizations A.M.E. Church ARS Health Bel Air Volunteer Fire Company Cancer Coalition Harford Community Action Agency Harford County Council Harford County Department of Community Services Harford County Department of Social Services Harford County Health Department Harford County Housing & Community Development Harford County Office on Aging Harford County Office on Drug Control Policy Harford County Office on Mental Health/Core Service Agency Harford County Planning & Zoning Harford County Public Schools Harford County Sheriff's Office Healthy Harford/ Healthy Cecil Inner County Outreach Maryland Department of Health Office of Cancer Prevention St. James A.M.E. Church St. Margaret's Parish Health Ministry Town of Bel Air Towson University University of Maryland Upper Chesapeake Health University of Maryland School of Law Legal Resource Center The Ward Y in Abingdon Y in Central Maryland In addition, four focus groups were convened to gather the input of targeted groups. These focus groups included members of faith-based organization, Emergency Medical System (EMS) personnel, participants from the EpiCenter (a community center in an impoverished and low-income minority community), and residents living with chronic disease. An online Community Survey of Harford County residents was conducted between October 2017 and February 2018. The survey was designed to assess health status, health risk and behaviors, preventative health practices, and health care access primarily related to chronic disease and injury. A total of 1,741 resident surveys were completed, representing the geographical, gender, and ethnic diversity of the community. Following the completion of the CHNA research, the health issues were prioritized and implementation plans were drafted with the help of 21 partners including health care providers, public health experts, health and human service agencies, and other community representatives. Prioritization Session Participants Nate Albright, UMUH Clinical Service Line Patsy Astarita, UMUH Kaufman Cancer Center Vickie Bards, UMUH Community Health Improvement Erin Brown, UMUH Stroke Center Mallory Canami, Harford County Health Department Leslie Clark, UMUH Comprehensive Care Center Karen Hensley, UMUH Women & Children Gary Hicks, UMUH Education Bari Klein, Healthy Harford/Healthy Cecil Rod Kornrumpf, UMUH Beha

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility 1, 1	vioral Health Mark Lewis, UMOCH Heart & Vascular Institute Sharon Lipford, Healthy Harford /Healthy Cecil Russ Moy, Harford County Health Department Debbie Ostrowski, UMOCH Diabetes & Endocrine Christina Pedini, UMOCH Rehab Services Jerry Reyerson, Harford County Government Amber Shrodes, Harford County Community Services Julie Siejack, UMOCH Community Outreach Kimberly Theis, UMOCH Community Benefit Dina Willard, UMOCH Healthy Harford/Healthy Cecil Byron Young, Harford County Faith Based Community

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility 1, 1	Facility 1, 1 - UPPER CHESAPEAKE MEDICAL CENTER, INC.. UCMC'S CHNA WAS CONDUCTED IN CONJUNCTION WITH ITS RELATED AFFILIATE HOSPITAL, HARFORD MEMORIAL HOSPITAL.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility 1, 1	Facility 1, 1 - UPPER CHESAPEAKE MEDICAL CENTER, INC.. THE HOSPITAL'S CHNA WAS CONDUCTED WITH ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES AS FOLLOWS: HEALTHY HARFORD (A 501(C)(3) ORGANIZATION) AND HARFORD COUNTY HEALTH DEPARTMENT.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility 1, 1	<p>Facility 1, 1 - UPPER CHESAPEAKE MEDICAL CENTER, INC.. University of Maryland Upper Chesapeake Health (UMUCH) have prioritized the following health concerns in order of importance: Behavioral Health, Prevention and Wellness, and Family Stability and Wellness. Key Findings Regarding the Prioritization of Behavioral Health, Prevention and Wellness, and Family Stability and Wellness Behavioral Health (Mental Health/Addictions): The suicide rate of a community is considered to be a key indicator of its mental health status. Harford County's rate of 12.3 per 100,000 population far exceeds the 9.2 rate for the state of Maryland. According to the Maryland Behavioral Risk Factor Surveillance System (BRFSS) for 2013-2015, 21% of Harford County residents have been diagnosed with depressive disorder, compared to 16.1% for the state. In addition, 18.2% of high school students reported that they have seriously considered attempting suicide. While approximately 96% of Harford County residents are insured, there is a notable lack of mental health care providers to meet community needs. As such, the Health Resources and Service Administration has designated all of Harford County as a Health Professional Shortage Area (HPSA) for mental health services. Since 2007, the number of drug and alcohol related intoxication deaths has more than doubled in both Maryland and Harford County. The numbers of drug related law enforcement incidents and overdose calls have also increased dramatically since 2011, by 57% and 95% respectively. Another indicator of the severity of the addiction problem in Harford County is the number of substance exposed newborns (SEN) born in the community. Between 2000 and 2016, Harford County has experienced an eight-fold increase in the rate of hospital encounters for newborns with maternal drug/alcohol exposure. This not only indicates an increase in substance abuse, but also a lack of treatment access. In response to Behavioral Health, the following actions are being taken: * Open Outpatient Behavioral Health Clinic * Open Behavioral Health Urgent Care Center * Open Behavioral Health Crisis Residential Beds * Wellness Action Teams of Cecil and Harford County (WATCH Program) to screen patients and their families for behavioral health issues and make appropriate referrals. * Develop clinical pathways for patients entering crisis center * Provide behavioral health support groups and Chronic Pain Self-Management classes * Provide education to internal team and Ashley Addiction Treatment on lateral violence (abuse in workplace by one employee to another, it includes both overt and covert acts of verbal and non-verbal aggression). * Provide education on co-occurring behavioral health/substance abuse issues and trauma informed care. * Provide educational classes specific to behavioral health: Mental Health First Aid, Question, Persuade, Refer (QPR) * Work with the Harford County Sheriff's Office to provide crisis management assistance as part of their</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility 1, 1	<p>Crisis Intervention and Crisis Negotiation Teams. * Participate on the Substance Exposed Newborn (SEN) Taskforce to develop policies and implementation plans to link pregnant women with substance use disorder to treatment. * Provide depression screenings (PHQ-9) at certain health events.</p> <p>Prevention and Wellness: As a whole, Harford County residents have access to a better food environment and greater access to exercise opportunities when compared to the state and the nation. Despite greater opportunities to engage in healthy behaviors regarding nutrition and exercise, Harford County adults are just as likely or more likely to be obese or overweight (72.4%) and physically inactive (26.3%) as the rest of the State. In addition, tobacco use is high among both adults (20.7%) and youth (16.9%) which correlates with high rates of chronic obstructive pulmonary disease (COPD) and lung cancer. Even more concerning is the high rate of students reporting they currently use electronic vapor products (24.6%), and the total percentage of students (32.1%) using any type of tobacco product (burned, smokeless, or electronic). Obesity, insufficient physical exercise, and tobacco use are some of the biggest drivers of preventable chronic diseases and increased risk for many health conditions. Obesity, often a symptom of diet and exercise, can have a tremendous impact on health and wellbeing. Black adults were almost twice as likely to be obese than White adults, and adults without a high school diploma were almost twice as likely to be obese than their college graduate counterparts. As such, minority and low income families are disproportionately negatively affected. The top five causes of death in Harford County are heart disease, cancer, chronic obstructive pulmonary disease, stroke, and accidents, which are consistent with the state and the nation. The role of accidents as the fifth leading cause of death is a relatively new phenomenon that could likely be attributed to the growing opioid epidemic and accidental overdoses, as well as an aging population. In response to Prevention and Wellness, the following actions are being taken: General: * Comprehensive CARE Center (CCC): Transition Nurse Navigation and Social Worker - to ensure continuity of care through education, disease management, medication and symptom review, and coordinate care with appropriate community resources including arrangement of transportation. CARE Center patients are assessed for needed services such as palliative care, Advance Directive and Maryland Medical Orders for Life-sustaining Treatment (MOLST) for ms. * Cardiac Heart Failure (CHF) Shoprite Store Tour- Provides enhanced education on dietary needs and challenges to patients with CHF in our community. * Provide Chronic Disease Self-Management Program (CDSMP) * Provide community health and wellness education, health screenings, and outreach throughout the County. * Project Healthy Connect - a mobile screening and care coordination clinic</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility 1, 1	ic for at-risk populations who are screened for depression, stroke, blood pressure and dia betes. * Work with local partners to create a more walkable, bikeable community. * Create and sustain access to Community gardens. Tobacco Use: * Provide tobacco cessation informat ion to Harford County residents through Maryland Health Matters, UM CH website and social media, HealthLink Call Center, and Kaufman Cancer Center (KCC). * KCC will offer 4 six-wee k educational class series led by a certified Tobacco Cessation expert. These free classes are open to the community at large. The Harford County Health Department will provide nic otine replacement products to participants. * Provide education on smoking, tobacco use, a nd vaping at health events, business, schools and the faith based community throughout the County * Provide continual educational to the HealthLink Community Outreach nurses on exi sting programs, best practices and evidence based tobacco programs. Cancer: * Offer nurse navigation and social work services to assist all Harford County residents, with a diagnos es of cancer, free of charge with obtaining access to care for clinical services, diagnost ic procedures, treatment and distress management due to their cancer, regardless of where they plan to receive their treatment. Cancer LifeNet Social Worker & Program Assistant coo rdinates scheduling of patients receiving care at the KCC and UMUCMC. * Provide annual can cer screenings (skin, adolescent melanoma, lung, colorectal, and oral head and neck). * Pr ovide access to HPV vaccines to low income and uninsured age appropriate children (11-17) through school vaccine clinics. * Provide limited funding for those who do not have access to public transportation, MA transportation services, or when timely arrangement with Har ford Transit or MA Transportation services is a barrier to patients receiving timely treat ment. Provide free taxi and Harford Transit vouchers for buses as needed for those in fina ncial need to assure access to care. * Provide coordinated care for patients in our commun ity admitted to other acute care facilities and sub-acute care facilities to assure contin uation of cancer treatment and minimize patients need for hospitalization and emergency de partment care. * Provide monthly support group meetings for the patient populations listed below. These programs are open to community regardless of where the patient is receiving treatment. The purpose of these groups are to provide expert speakers, education and suppo rt. * Blood Cancer Support Group * Breast Cancer Support Group * CLIMB-Children's Support Group * Head & Neck Cancer Support Group * Prostate Cancer Support Group * Look Good, Feel Better support group * Healing Through Support * Sponsor yearly free celebratory cancer s urvivor event. * Provide Cancer Thriving & Surviving Program - a six-week evidence based c hronic disease management program for cancer survivors and their caregivers.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility 1, 2	<p>Facility 1, 2 - UPPER CHESAPEAKE MEDICAL CENTER, INC.. * Provide Stay Fit & Active Program - The purpose of this program is to provide a modified exercise program for patients undergoing and recovering from cancer treatment. Class held 2x/week or 100 classes per year. Free and open to anyone impacted by cancer. * Provide Fresh + Local = Health Cooking demonstrations with nutrition education classes - 4x per year we will have a healthy cooking demonstration provided by a MD and Registered Dietician to teach the community new and healthy ways to prepare fresh fruits and vegetables to promote healthy eating. * Provide Health & Wellness Coaching and Delivery of Survivorship Care Plans - Patients will have any opportunity to receive assistance of health & wellness coaches. At the end of cancer treatment, patients will also receive a written summary of their treatment along with a plan for surveillance, follow up and wellness self-care plan. * Provide services to assist patients undergoing cancer treatment with reducing distress and managing their wellness with the goal of overall wellbeing. * Meditation Classes * Mindfulness-based stress reduction classes * Yoga Classes * Master Gardening Classes for relaxation and wellness * Massage Therapy * Provide a free acupuncture clinic in which doctorate student interns, under the supervision of faculty from MUIH will provide free evidence-based acupuncture care to support patients in their distress-emotionally, symptom and side effect management. This clinic will be operational 2 or 3 days per week and provide approximately 15-20 treatments per week. * Provide HPV education to parents and age appropriate children regarding the need for HPV vaccination and that the vaccine prevents six types of cancer. * Provide HPV education to age appropriate college students (18-26) and the importance of receiving the HPV vaccination series for cancer prevention. * Provide physician pediatric, OB/GYN, and primary care physician offices with HPV vaccination information. Stroke: * Provide countywide Stroke Risk Assessments and Blood Pressure Screenings * Implement evidence-based clinical guidelines from American Heart Association/American Stroke Association in concert with State MIMS requirements at both UCMC and HMH. * Provide Stroke Survivors Support Group "Stroke Club". * Provide stroke education to EMS providers at UCMC First Friday's education hosted by the Emergency Department. * Provide on-site stroke training sessions with EMS providers at local Harford County fire companies. * Provide community stroke education sessions at UCH. Diabetes : * Provide care and monitoring of glucose levels to diabetic patients identified as having unrecognized Hypoglycemia, nocturnal hypoglycemia or frequent episodes of hypoglycemia at no charge. * Provide countywide Diabetes Risk Assessments and HbA1c screenings * Provide annual diabetes health fair * Provide care management to uninsured diabetic patients to assure access to diabetic medic</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility 1, 2	<p>ations and needed diabetic services. * Provide follow-up phone calls after discharge from in-patient stay, to diabetic patients who have been identified during their in-patient stay as a high-risk patient in need of further education and support. * Provide patients at risk for unrecognized hypoglycemia a referral to a continuous glucose monitoring company. * Provide education regarding safety when hypoglycemia is unrecognized and information regarding continuous glucose monitoring for home use. * Provide access to diabetes support groups at local Senior Centers. * Provide evidence based chronic disease and diabetes self-management program to Harford County residents with diabetes and/or patients referred to Community Outreach for this program. * Provide diabetes support at UM UCH Diabetes Endocrine Center * Provide CDC evidence based Diabetes Prevention Program for Harford County residents at risk for diabetes. * Provide diabetes education and Diabetes Risk Assessments to community residents, community organizations and community partners. * Provide diabetes education and survival skill programs to identified at-risk diabetic patients. Heart Disease: * CHF program - individuals recently diagnosed with or re-hospitalized for Congestive Heart Failure (CHF) are referred to the CCC for management of their disease including medication education and review, disease process education, appointment coordination, and identification of other needed community services. * Monthly STEMI Process Action Team meeting - discussion of topics related to improvement of the procedures and care for the STEMI patient. Includes discussion of pre-hospital issues and involves representatives from Cecil, Harford, and Baltimore Counties EMS, as well as representatives from Hart to Heart, and the University of Maryland Express Care ambulance services. * Purchase LIFENET EKG transmitters for all ambulances in Harford and Cecil counties, for sending EKGs from the scene to the ED for interpretation by a physician and early activation of the STEMI team to reduce door to balloon time. * Provide monitored cardiac rehabilitation program for newly recovering heart attack patients. * Provide a maintenance program for Cardiac and Pulmonary Rehabilitation patients to provide a transitional program as patients move from their more closely monitored Rehab program to exercising on their own to maintain their health. * Coordinate UMUCH's participation in the Greater Baltimore American Heart Association (AHA) Heart and Stroke Walk, raising funds for research and education regarding reducing heart disease risk and mortality. * Heart Club - Monthly educational and support meetings for cardiac patients. * Lung Rangers- Monthly educational and support meetings for pulmonary patients. * Check, Change, Control program- In partnership with American Heart and Stroke Association, assist community members to sign up online for this program that promotes following blood pressure measurements, to be sure members</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility 1, 2	<p>know what their blood pressure is so that they can determine the need to make lifestyle changes to improve their blood pressure and/or to see their physician. * Evidence based classes: CDSMP * Provide spring trauma symposium for Harford and Cecil County EMS personnel. Education is provided on specific diseases and/or clinical issues of interest and need so EMS is educated and remain competent and trained to manage emergencies. * Provide and manage website, which includes the HeartAware risk assessment tool, as well as information on signs of a heart attack, shopping guide for heart healthy foods and tips on preventing heart disease. * Provide community health and wellness education addressing risk factors for cardiovascular disease. * Provide community health screenings, including blood pressure, cholesterol, HbA1c, and vascular, throughout the County. Respiratory Diseases: * Chronic Obstructed Pulmonary Disease (COPD) Disease program- individuals recently diagnosed with or re-hospitalized for COPD are referred to the CCC for disease management including medication education and review, symptom management, MDI and nebulizer education, disease education, appointments coordination and identification of additional needed services in the community. * Create Asthma treatment algorithm using Meter Dose Inhaler (MDI) * Provide Pulmonary Rehabilitation Program for patients with a diagnoses of chronic lung disease. * Provide MDI vs. Nebulizer education for patients, families, community Pediatricians, and the school system. * Evidence based program: CDSMP Injury and Prevention/Falls: * Provide Community Falls Risk Screenings * Provide evidence based falls prevention program: Stepping On Program. * Provide fall risk education during Community fall risk screenings. * Physical Therapist in the Emergency Department at UCMC (NEW position April 2018) * Development of Osteoporosis Program to enhance follow up for bone density screenings for patients with osteopenia or osteoporosis. * Increase advertising for car seat check events. * Provide monthly car seat checks.</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility 1, 3	Facility 1, 3 - UPPER CHESAPEAKE MEDICAL CENTER, INC.. * Identify opportunities and provide car seat safety education in the community. * Explore the possibility of adding a car seat check event each month * Offer Child Passenger Technician training to those interested. * Support current technicians in maintaining their certifications. * Host bike rodeos and bike/helmet giveaways events. * Provide annual flu vaccinations throughout the County at various locations with a focus on the senior population. Family Stability and Wellness: While the majority of babies in Harford County are born into married families (69.4%) to mothers over the age of 20 (96.5%), there are significant ethnic and racial disparities. Most concerning is the significantly higher number of low birth weight babies born to Black women (12.1%) as compared to White (7.6%), and the 2.5 times higher rate of infant mortality for Black babies (14.4 per 1,000 births) as compared to White (4.8 per 1,000 births). The percentage of mothers receiving prenatal care in the first trimester in Harford County is 71.%, however when broken down along racial and ethnic lines the percentage of non-White mothers receiving prenatal care in the first trimester is significantly lower. According to 2016 Maryland Vital Statistics, 74.8% of White women received prenatal care in the first trimester, while only 59.7% of Black women and 60.3% of Hispanic women did. The lack of prenatal care and the potentially negative health outcomes for newborns can have long lasting detrimental developmental effects, including school readiness and long-term health complications. While Harford County's violent crime and property crime rate are much lower than the state rate, crime and the resulting incarceration disproportionately affect low-income areas. In Harford County, the city of Aberdeen, one of the community's lowest income areas, has a significantly higher rate of overall and violent crime rate than the surrounding municipalities. In response to Family Health and Resiliency, the following actions are being taken: * Link pregnant patients to needed resources (i.e. Treatment Facilities, Care Coordination Programs, and DSS). * Provide education regarding substance exposed newborn postnatal treatment needs and experiences to treatment providers. Engage Harford County Health Department, Peer Recovery Specialists, OB Providers * Increased access to clinical and psycho/social services for uninsured, homeless, and marginal populations throughout the County as participant in Project Homeless Connect. * Improve health and wellbeing of high risk and rising risk Medicare population through intense care coordination and home visiting through WATCH team. * Provide ACEs training throughout Harford County. * Provide Advance Directive classes, linkages, education and assistance. * Participate in Cherish the Child, Trauma Conference * Provide community educational presentations related to nutrition and lifestyles and how they can im

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility 1, 3	<p>prove family health and resiliency. * Improve linkages for appropriate housing and housing renovations through Habitat for Humanity Housing Partnership * Improve trauma response fo r reduced ACE scores through Handle with Care policy for children who have experienced tra uma return to school. For the full implementation strategy, please visit https://www.umms.org/uch/community/assessment-and-implementation-plan Drug exposed newborns (Behavioral Hea lth) and mental health and additional are identified needs that are addressed collaborativ ely with numerous community partners. While U MUCH has taken the lead in addressing mental health and addition, numerous county organizations partnered with U MUCH to address these i nitiatives.</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility 1, 1	Facility 1, 1 - UPPER CHESAPEAKE MEDICAL CENTER, INC.. THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
Upper Chesapeake Medical Center Inc

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number
52-1253920

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Upper Chesapeake Residential Hospice House Inc 520 Upper Chesapeake Drive STE 405 Bel Air, MD 21014	26-4737028	501(c)(3)	200,000				Operating Subsidy

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	FOR THE CURRENT YEAR, THE FILING ORGANIZATION MADE GRANTS TO ITS RELATED ORGANIZATIONS. THERE IS NO SPECIFIC MONITORING OF THE GRANT FUNDS; HOWEVER, THE FILING ORGANIZATION HAS ADOPTED BEST PRACTICES FOR INTERNAL CONTROLS. WHEN GRANTS ARE MADE TO UNRELATED ORGANIZATIONS, THE FILING ORGANIZATION DOES HAVE A WRITTEN AND APPROVED CHARITABLE GIVING POLICY AND PROCEDURE. THERE IS WRITTEN CRITERIA REGARDING THE RECOMMENDATIONS FOR CONSIDERATION WHEN EVALUATING CONTRIBUTION REQUESTS SUCH AS FOLLOWS: (1) THAT CONTRIBUTIONS WILL BE MADE ONLY TO ORGANIZATIONS FOR PURPOSES CONSISTENT WITH UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM'S (PARENT ENTITY) VISION AND MISSION. (2) CONTRIBUTIONS WILL BE MADE ONLY TO NOT-FOR-PROFIT ORGANIZATIONS. (3) CONTRIBUTIONS WILL PREFERABLY BE MADE TO ORGANIZATIONS WHICH DIRECTLY SERVE THE CITIZENS OF HARFORD AND CECIL COUNTIES. (4) CONTRIBUTIONS WILL NOT BE GIVEN TO INDIVIDUALS (EXCLUDING SCHOLARSHIPS). (5) CONTRIBUTIONS WILL NOT BE MADE FOR RELIGIOUS PURPOSES; HOWEVER, THERE MAY BE CONTRIBUTIONS GIVEN FOR A SPECIFIC EFFORT OR PROGRAM WITHIN A CHURCH OR RELIGIOUS FACILITY WHICH PROVIDES HEALTH RELATED SERVICES TO THE BROADER COMMUNITY. (6) CONTRIBUTIONS WILL NOT BE MADE IN SUPPORT OF POLITICAL ADVOCACY. (7) UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM WILL STRIVE TO DONATE TO ORGANIZATIONS WHERE THE MAJORITY OF THE FUNDS RECEIVED ARE APPLIED DIRECTLY TO THE NEED THE ORGANIZATION IS DESIGNED TO MEET. *** REQUESTS FOR \$5,000 AND UNDER ARE REFERRED TO THE PRESIDENT/CEO FOR REVIEW *** REQUESTS FOR GREATER THAN \$5,000 ARE REFERRED TO THE COMMUNITY DEVELOPMENT COMMITTEE FOR DISCUSSION AND APPROVAL.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Upper Chesapeake Medical Center Inc		Employer identification number 52-1253920

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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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		1b	
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 on Line 1a?		2	
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.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
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?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 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?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
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?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

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
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	THIS ORGANIZATION DOES NOT HAVE A PAID CHIEF EXECUTIVE OFFICER. ALL COMPENSATION TO THE CHIEF EXECUTIVE OFFICER REPORTED ON PART VII OF THE FORM 990 WAS PAID BY A RELATED ORGANIZATION, UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM, INC. UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM, INC. UNDERTAKES A THOROUGH PROCESS TO ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIALS IS REASONABLE GIVEN THE MARKET IN WHICH THE ORGANIZATION OPERATES. UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM, INC. CHECKS THE FOLLOWING BOXES FOR SCHEDULE J, PART I, QUESTION 3 ON ITS FORM 990: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION, CONSULTANT COMPENSATION SURVEY OR STUDY APPROVAL BY THE BOARD OF COMPENSATION COMMITTEE.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	DURING THE FISCAL YEAR- ENDED JUNE 30, 2020, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UMMS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUAL LISTED BELOW HAS NOT VESTED IN THE PLAN THEREFORE THE ACCRUED CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED ON SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION: STEPHEN WITMAN DURING THE FISCAL YEAR- ENDED JUNE 30, 2020, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE CONTRIBUTIONS TO THE PLAN FOR THE FISCAL YEAR ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B (III), OTHER REPORTABLE COMPENSATION: LYLE E. SHELDON JOHN W ASHWORTH, III S. MICHELLE LEE MOHAN SUNTHA, MD JOSEPH E. HOFFMAN, III
Schedule J, Part I, Line 7 Non-fixed payments	BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS AND KEY EMPLOYEES.

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 52-1253920

Name: Upper Chesapeake Medical Center Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Lyle E Sheldon President/CEO	(i)	0	0	0	0	0	0	0
	(ii)	669,455	193,883	288,506	11,200	29,184	1,192,228	0
1John W Ashworth III DIRECTOR (ENDED 11/19)	(i)	0	0	0	0	0	0	0
	(ii)	899,601	664,660	153,229	11,200	25,955	1,754,645	0
2S Michelle Lee Director	(i)	0	0	0	0	0	0	0
	(ii)	647,308	119,498	123,157	11,200	16,592	917,755	0
3Mohan Suntha MD President/CEO, UMMS	(i)	0	0	0	0	0	0	0
	(ii)	1,414,919	421,551	266,415	11,200	29,702	2,143,787	0
4MUHAMMAD K JOKHADAR MD EX-OFFICIO, PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	358,056	45,426	515	14,000	27,289	445,286	0
5Joseph E Hoffman III Former CFO	(i)	0	0	0	0	0	0	0
	(ii)	509,025	139,023	339,396	11,200	19,080	1,017,724	0
6STEPHEN V WITMAN SR VP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	330,389	79,764	15,848	50,754	26,002	502,757	0
7KAYUR R BHAVSAR PHYSICIAN	(i)	202,241	64,280	148	3,612	8,591	278,872	0
	(ii)	0	0	0	0	0	0	0
8DIANE C FITZGERALD EXECUTIVE DIR - ONCOLOGY SERVICE LINE	(i)	156,470	15,509	3,598	3,769	11,072	190,418	0
	(ii)	0	0	0	0	0	0	0
9ANGELA M KAITIS PHARMACIST	(i)	175,125	12,195	6,397	11,794	11,426	216,937	0
	(ii)	0	0	0	0	0	0	0
10OLUFUNMILAYO ONOBRAKPEYA PHYSICIAN	(i)	208,047	41,610	456	9,593	21,224	280,930	0
	(ii)	0	0	0	0	0	0	0
11ROY H PHILLIPS PHYSICIAN	(i)	237,920	65,000	2,934	10,379	11,703	327,936	0
	(ii)	0	0	0	0	0	0	0

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Upper Chesapeake Medical Center Inc

Employer identification number
52-1253920

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-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) Matthew Thomas MD	Matthew Thomas, MD is a family member of Lisa Thomas, MD, a director of the filing organization	184,023	Matthew Thomas, MD was paid reasonable compensation as an employee of the filing organization		No

Part V Supplemental Information

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Upper Chesapeake Medical Center Inc

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection****Employer identification number**

52-1253920

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 1 Organization Mission	DEDICATION TO MAINTAINING AND IMPROVING THE HEALTH OF THE PEOPLE IN ITS COMMUNITIES THROUGH AN INTEGRATED HEALTH DELIVERY SYSTEM THAT PROVIDES HIGH QUALITY CARE TO ALL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1 Organization's Mission	UPPER CHESAPEAKE MEDICAL CENTER IS DEDICATED TO MAINTAINING AND IMPROVING THE HEALTH OF THE PEOPLE IN ITS COMMUNITIES THROUGH AN INTEGRATED HEALTH DELIVERY SYSTEM THAT PROVIDES HIGH QUALITY CARE TO ALL. UCMC IS COMMITTED TO SERVICE EXCELLENCE AS IT OFFERS A BROAD RANGE OF HEALTH CARE SERVICES, TECHNOLOGY AND FACILITIES. UCMC WORKS COLLABORATIVELY WITH ITS COMMUNITIES AND OTHER HEALTH ORGANIZATIONS TO SERVE AS A RESOURCE FOR HEALTH PROMOTION AND EDUCATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 24a Tax Exempt Bonds	<p>PURSUANT TO A MASTER LOAN AGREEMENT DATED DECEMBER 1, 2017 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, UMMS AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE "AUTHORITY"). AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS. THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES UMMS, ROI, MGH, UM BALTIMORE WASHINGTON, SHORE HEALTH (UM MEMORIAL AND UM DORCHESTER), UM CHESTER RIVER, UM CHARLES REGIONAL, UM ST. JOSEPH, UM UPPER CHESAPEAKE, UM HARFORD MEMORIAL, UM LAUREL, UM PRICE GEORGE'S, BOWIE HEALTH CENTER (BOWIE), AND THE UMMS FOUNDATION. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S \$1,637,683,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2020. ALL OF THE BONDS WERE ISSUED IN THE NAME OF UMMS AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15 PROCESS FOR DETERMINING COMPENSATION	<p>THE ORGANIZATION DID NOT COMPENSATE ITS EXECUTIVES, BUT RATHER, THE EXECUTIVES RECEIVED COMPENSATION FROM A RELATED ORGANIZATION. ACCORDINGLY, THE ORGANIZATION'S PARENT COMPANY DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS: EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIVERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING. THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THE PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM, INC. (UMUCHS) IS THE SOLE MEMBER OF UPPER CHESAPEAKE MEDICAL CENTER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	UMUCHS MAY ELECT ONE OR MORE BOARD MEMBERS OF THE GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	ALL DECISIONS OF THE GOVERNING BODY MUST BY APPROVED BY UMUCHS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	<p>The University of Maryland Medical System ("UMMS") prepares the IRS Form 990 for UMMS and its affiliates. Information needed to complete the return is gathered by accounting personnel in the Finance Shared Services department under the supervision of the UMMS Tax Director. Draft returns are prepared using IRS-approved tax software. Once a draft return is prepared, it undergoes multiple levels of review both internally by UMMS tax & finance personnel, and externally by Ernst & Young LLP. Following any necessary changes to the return, a final draft is reviewed by each affiliate's vice president of finance and/or CFO. Prior to filing the IRS Form 990, the organization's board chairman, treasurer, governance committee, finance committee or other member(s) of the board with similar authority will review the IRS Form 990. All board members are provided with a copy of the final IRS Form 990 before filing.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>The filing organization follows the University of Maryland Medical System (UMMS) Conflicts of Interest Policy, which requires that all Covered Persons disclose conflicts of interest or potential conflicts of interest between their personal interests and the interests of the organization, or any entity controlled by or owned in substantial part by the organization. Covered Persons means any member of the organization's Board of Directors, a member of a committee of the Board, an officer, or an employee of organization (including subsidiaries) at the VP level or above. The organization (or its sole member) is responsible for administering and enforcing the Conflicts of Interest Policy (Policy). The Governance Committee (or other Board committee having similar authority) reviews any and all conflicts, shall report annually to the full Board on the administration, infractions, and enforcement of the Policy and shall report at the earliest opportunity all matters of concern to the full Board in executive session while interested parties are recused. The organization or its sole member's Compliance Officer is the responsible administrative authority to assist the Board in administering and enforcing the Conflicts of Interest Policy and bringing concerns to the oversight committee. A questionnaire which discloses potential conflicts of interest is distributed annually to Covered Persons. The Chief Compliance Officer of the University of Maryland Medical System Corporation (UMMS) distributes and collects the responses for UMMS and other affiliates, and may be called for consult when potential conflicts are disclosed. If the oversight Committee determines that a Conflict of Interest exists, the Committee shall notify the Covered Person and the organization's Board Chair, and further will notify the full Board at its next meeting. Furthermore, in the event the Committee determines that an actual or perceived Conflict of Interest exists, the Committee shall decide how to address the Conflict of Interest. If the Committee determines that a Conflict of Interest exists but that the organization may enter into the subject transaction or arrangement, the interested Covered Person shall be recused from all deliberations and decisions concerning said transaction or arrangement, any arrangements with that entity, and compensation or benefits for officers, directors, and trustees. Furthermore, the Chair of the Board and the Chairs of the oversight Committee and the Audit and Compliance Committee shall not have any Business Transactions with UMMS, nor shall their Family Members. If the oversight Committee determines that a Covered Person has used their position to accrue Excess Benefits or to knowingly assist others in accruing Excess Benefits in any way at the expense of the organization, the Committee shall recommend to the Executive Committee appropriate corrective action to be taken.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE PUBLICLY AVAILABLE THROUGH THE STATE OF MASSACHUSETTS VIA THE SECRETARY OF STATE'S OFFICE. THE CONFLICT OF INTEREST POLICY IS GENERALLY AVAILABLE ON THE ORGANIZATION'S OR AFFILIATE'S WEBSITE. FINANCIAL STATEMENTS ARE MADE PUBLICLY AVAILABLE ON A QUARTERLY BASIS THROUGH FILINGS ON THE ELECTRONIC MUNICIPAL MARKET ACCESS ("EMMA") SYSTEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	OTHER INCOME - Total Revenue: 14936, Related or Exempt Function Revenue: 14936, Unrelated Business Revenue: 0, Revenue Excluded from Tax Under Sections 512, 513, or 514: 0;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN FAIR VALUE OF SWAPS - -2745015; Malpractice Asset Transferred to UMMS - -4288340 ; Transfer Shared Services Vacation Balance to UMMS - 173329; UMMS Strategic Priorities Funding - -800004; UMMS Enterprise - Road Map - -5835000; UMMS Depreciation Allocation - 3364817; UMMS Capital Contribution - 15000000; ECONOMIC INTEREST IN LEGACY FOUNDATION - -746923; Comp Care Center & Rehab - 471098;

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Upper Chesapeake Medical Center Inc

Employer identification number
52-1253920

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.

See Additional Data Table

(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

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.

See Additional Data Table

(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	

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.

See Additional Data Table

(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

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)	Yes	
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)		No
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)		No
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)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Upper Chesapeake Medical Center Land Condo	N	215,046	CASH OR 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.

Schedule R (Form 990) 2019

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 52-1253920
Name: Upper Chesapeake Medical Center Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1756326	HEALTHCARE	MD	501(c)(3)	Type I	BWHS		No
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1830243	HEALTHCARE	MD	501(c)(3)	Type I	UMBWMS		No
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-0689917	HEALTHCARE	MD	501(c)(3)	3	UMBWMS		No
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1830242	HEALTHCARE	MD	501(c)(3)	Type I	UMMSC		No
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1318404	REAL ESTATE	MD	501(c)(2)		NCC		No
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1591355	REAL ESTATE	MD	501(c)(2)		UMBWMS		No
100 BROWN STREET CHESTERTOWN, MD 21620 52-1338861	FUNDRAISING	MD	501(c)(3)	8	UMSRH		No
100 BROWN STREET CHESTERTOWN, MD 21620 52-2046500	HEALTHCARE	MD	501(c)(3)	Type I	UMMSC		No
100 BROWN STREET CHESTERTOWN, MD 21620 52-0679694	HEALTHCARE	MD	501(c)(3)	3	UMSRH		No
200 MORGNEC ROAD CHESTERTOWN, MD 21620 52-6070333	HEALTHCARE	MD	501(c)(3)	10	UMSRH		No
827 LINDEN AVENUE BALTIMORE, MD 21201 52-1566211	HEALTHCARE	MD	501(c)(3)	Type II	UMMTH		No
827 LINDEN AVENUE BALTIMORE, MD 21201 52-1175337	HEALTHCARE	MD	501(c)(3)	Type II	UMMSC		No
827 LINDEN AVENUE BALTIMORE, MD 21201 52-0591667	HEALTHCARE	MD	501(c)(3)	3	UMMTH		No
219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1510269	HEALTHCARE	MD	501(c)(3)	10	SHS		No
219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1282080	FUNDRAISING	MD	501(c)(3)	Type I	SHS		No
22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1874111	HEALTHCARE	MD	501(c)(3)	3	UMSRH		No
219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-0160538	HEALTHCARE	MD	501(c)(3)	3	UMSRH		No
2200 KERNAN DRIVE BALTIMORE, MD 21207 52-0591639	HEALTHCARE	MD	501(c)(3)	3	UMMSC		No
22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-2238893	FUNDRAISING	MD	501(c)(3)	Type I	UMMSC		No
PO BOX 1070 LA PLATA, MD 20646 52-2155576	HEALTHCARE	MD	501(c)(3)	Type III-FI	UMMSC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
						YesNo
22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1362793	HEALTHCARE	MD	501(c)(3)	3	NA	No
PO BOX 1070 LA PLATA, MD 20646 52-0445374	HEALTHCARE	MD	501(c)(3)	3	UMCRH	No
PO BOX 1070 LA PLATA, MD 20646 52-1414564	FUNDRAISING	MD	501(c)(3)	Type I	UMCRH	No
7601 OSLER DRIVE TOWSON, MD 21204 52-1681044	FUNDRAISING	MD	501(c)(3)	Type I	UMSJHS	No
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-0591484	HEALTHCARE	MD	501(c)(3)	3	UMUCHS	No
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1398513	HEALTHCARE	MD	501(c)(3)	Type III-O	UMMSC	No
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1398507	FUNDRAISING	MD	501(c)(3)	Type I	UMUCHS	No
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1501734	HEALTHCARE	MD	501(c)(3)	10	UMUCHS	No
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1907237	REAL ESTATE	MD	501(c)(2)		UMUCHS	No
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 26-0737028	HOSPICE	MD	501(c)(3)	10	UMUCHS	No
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1229742	HOME CARE	MD	501(c)(3)	Type II	UMUCHS	No
7601 OSLER DRIVE TOWSON, MD 21204 46-2097818	HEALTHCARE	MD	501(c)(3)	3	UMMSC	No
3001 HOSPITAL DRIVE CHEVERLY, MD 20785 52-1289729	HEALTHCARE	MD	501(c)(3)	3	UMMSC	No
3001 HOSPITAL DRIVE CHEVERLY, MD 20785 52-1902711	HEALTHCARE	MD	501(c)(3)	Type I	UMCAPRH	No
250 W PRATT ST STE 2400 BALTIMORE, MD 21201 82-3596114	HEALTHCARE	MD	501(c)(3)	Type III-FI	UMMSC	No
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-0882914	FUNDRAISING	MD	501(c)(3)	Type II	UMUCHS	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ARUNDEL PHYSICIANS ASSOCIATES 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-2000762	HEALTHCARE	MD	APA INC	N/A				No			No	
BALTIMORE WASHINGTON IMAGING 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 20-0806027	HEALTHCARE	MD	UMBWMS	N/A				No			No	
UNIVERSITYCARE LLC 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1914892	HEALTHCARE	MD	UMMSC	N/A				No			No	
O'DEA MEDICAL ARTS LIMITED PAR 7601 OSLER DRIVE TOWSON, MD 21204 52-1682964	RENTAL	MD	SJMC PROP	N/A				No			No	
ADVANCED IMAGING AT ST JOSEPH 7601 OSLER DRIVE TOWSON, MD 21204 52-1958002	HEALTHCARE	MD	UMSJMC	N/A				No			No	
UNIVERSITY OF MARYLAND CHARLES PO BOX 1070 LAPLATA, MD 20646 30-0956382	HEALTHCARE	MD	UMCRCP	N/A				No			No	
BALTIMORE ASC VENTURES LLC 7620 YORK ROAD TOWSON, MD 21204 82-4133899	HEALTHCARE	DE	UMSJMC	N/A				No			No	
UCHSUMMS Real Estate Trust 520 Upper Chesapeake Drive Bel Air, MD 21014 27-6803540	Holding Co	MD	UMMSC	N/A				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ARUNDEL PHYSICIANS ASSOCIATES INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1992649	HEALTHCARE	MD	NA	C Corporation					No
BALTIMORE WASHINGTON HEALTH ENTERPRISES 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1936656	HEALTHCARE	MD	NA	C Corporation					No
BW PROFESSIONAL SERVICES INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1655640	HEALTHCARE	MD	NA	C Corporation					No
NA EXECUTIVE BUILDING CONDO ASSN INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	NA	C Corporation					No
UM CHARLES REGIONAL CARE PARTNERS PO BOX 1070 LA PLATA, MD 20646 52-2176314	HEALTHCARE	MD	NA	C Corporation					No
UNIVERSITY MIDTOWN PROF CENTER 827 LINDEN AVENUE BALTIMORE, MD 21201 52-1891126	REAL ESTATE	MD	NA	C Corporation					No
UNIVERSITY OF MARYLAND HEALTH ADVANTAGE 22 SOUTH GREENE STREET BALTIMORE, MD 21201 46-1411902	INSURANCE	MD	NA	C Corporation					No
UNIVERSITY OF MARYLAND HEALTH PARTNERS 22 SOUTH GREENE STREET BALTIMORE, MD 21201 45-2815803	INSURANCE	MD	NA	C Corporation					No
UNIVERSITY OF MARYLAND MEDICAL SYSTEM HE 22 SOUTH GREENE STREET BALTIMORE, MD 21201 45-2815722	INSURANCE	MD	NA	C Corporation					No
UPPER CHESAPEAKE HEALTH VENTURES INC 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-2031264	HEALTHCARE	MD	NA	C Corporation					No
UPPER CHESAPEAKE MEDICAL CENTER LAND CON 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 77-0674478	REAL ESTATE	MD	Yes	C Corporation	261,927	34,123	100 %	Yes	
UPPER CHESAPEAKE MEDICAL OFFICE BUILDING 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1946829	REAL ESTATE	MD	NA	C Corporation					No
SHORE ORTHOPEDICS INC 219 S WASHINGTON STREET EASTON, MD 21601 37-1817262	HEALTHCARE	MD	NA	C Corporation					No
MADISON MANOR INC 5801 42ND AVE HYATTSVILLE, MD 20781 52-1269059	HEALTHCARE	MD	NA	C Corporation					No
AFFILIATED ENTERPRISES INC 3001 HOSPITAL DRIVE CHEVERLY, MD 20785 52-1542144	HEALTHCARE	MD	NA	C Corporation					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
DIMENSIONS ASSURANCE LTD PO BOX 1363 GENESIS BLDG GRAND CAYMAN CJ 98-0348082	INSURANCE	CJ	NA	C Corporation					No
RIVERSIDE HEALTH OF DELAWARE INC 1966 GREENSPRING DRIVE STE 600 TIMONIUM, MD 21093 46-3205820	HEALTHCARE	DE	NA	C Corporation					No
RIVERSIDE HEALTH OF DC INC 1966 GREENSPRING DRIVE STE 600 TIMONIUM, MD 21093 46-1411713	HEALTHCARE	DC	NA	C Corporation					No