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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization
University of Maryland Medical System Corporation

Doing business as
University of Maryland Medical Center

Number and street (or P.O. box if mail is not delivered to street address)Room/suite
22 South Greene Street

City or town, state or province, country, and ZIP or foreign postal code
Baltimore, MD 21201

F Name and address of principal officer:
MOHAN SUNTHA MD
250 W PRATT ST SUITE 2400
BALTIMORE, MD 21201

D Employer identification number
52-1362793

E Telephone number
(443) 462-5811

G Gross receipts \$ 2,480,412,835

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.UMMS.ORG

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

L Year of formation: 1984

M State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) PROVIDES A VARIETY OF INPATIENT/ OUTPATIENT SERVICES TO PEOPLE IN THE MARYLAND AREA REGARDLESS OF THEIR ABILITY TO PAY. REVENUES ARE USED TO HELP DEFRAY THE COSTS OF SERVICES.

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)329

4 Number of independent voting members of the governing body (Part VI, line 1b)429

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)514,958

6 Total number of volunteers (estimate if necessary)6279

7a Total unrelated business revenue from Part VIII, column (C), line 127a43,146

b Net unrelated business taxable income from Form 990-T, line 397b0

Revenue

8 Contributions and grants (Part VIII, line 1h)897,811,920

9 Program service revenue (Part VIII, line 2g)1,781,955,047

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)8,472,546

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)9,194,611

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)1,897,434,124

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)358,210

14 Benefits paid to or for members (Part IX, column (A), line 4)0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)858,908,615

16a Professional fundraising fees (Part IX, column (A), line 11e)0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)909,495,580

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)1,768,762,405

19 Revenue less expenses. Subtract line 18 from line 12128,671,719

Net Assets or Fund Balances

20 Total assets (Part X, line 16)5,258,187,207

21 Total liabilities (Part X, line 26)3,255,687,847

22 Net assets or fund balances. Subtract line 21 from line 202,002,499,360

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
S MICHELLE LEE SVP/CFO
Type or print name and title

2022-05-13
Date

Paid Preparer Use Only

Print/Type preparer's namePreparer's signatureDate

Check ☐ if self-employedPTIN P01866796

Firm's name ▶ ERNST & YOUNG US LLPFirm's EIN ▶ 34-6565596

Firm's address ▶ 1101 NEW YORK AVE NW
WASHINGTON, DC 20005Phone 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. 11282YForm 990 (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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 \$ 1,994,168,737	including grants of \$ 4,804,365)	(Revenue \$ 1,989,514,040)
	See Additional Data			

4b	(Code:)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code:)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O.)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ►	1,994,168,737		
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
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	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5 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	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax 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	1,628
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)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 14,958			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes		
b If "Yes," enter the name of the foreign country: ►CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

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	29	
	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	29	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
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	No
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	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
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	No

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:
ED WUENSCHALL 900 ELKRIDGE LANDING ROAD - 3 EAST LINTHICUM, MD 21090 (443) 462-5811

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 ☐

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

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

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)								18,464,357	162,615	504,414

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 **1,790**

	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) Name and business address	(B) Description of services	(C) Compensation
CLARK CONSTRUCTION GROUP LLC 7500 OLD GEORGETOWN RD Bethesda, MD 20814	Construction	72,126,120
Living Legacy Foundation TRC 1730 Twin Springs Rd Suite 200 Baltimore, MD 21227	Organ Support	15,711,929
MOREDIRECT INC DBA CONNECTION PO BOX 536464 Pittsburgh, PA 15253	Software Services	9,713,574
MORRISON MANAGEMENT SERVICES PO BOX 102289 ATLANTA, GA 30368	FOOD SERVICES	9,082,325
JOHNSON CONTROLS INC PO BOX 730068 DALLAS, TX 75373	HVAC SERVICES	8,876,023
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 515		

Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII ☐							
		(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	4,180,326				
	e Government grants (contributions)	1e	147,688,476				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	491,934				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f ▶		152,360,736				
Program Service Revenue	2a PATIENT SERVICE REVENUE	Business Code 622110	1,834,297,177	1,833,918,049	379,128	0	
	b PHARMACY	446110	141,802,932	141,293,787	509,145	0	
	c Care Management Fees	622110	6,057,415	6,057,415	0	0	
	d						
	e						
	f All other program service revenue.		0	0	0	0	
	g Total. Add lines 2a-2f. ▶		1,982,157,524				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		2,170,277	0	0	2,170,277	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		6a	3,295,424	0			
		b Less: rental expenses	6b	1,588,895	0		
		c Rental income or (loss)	6c	1,706,529	0		
	d Net rental income or (loss) ▶		1,706,529	0	-845,127	2,551,656	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	276,337,562	0			
		b Less: cost or other basis and sales expenses	7b	266,732,347	0		
		c Gain or (loss)	7c	9,605,215	0		
	d Net gain or (loss) ▶		9,605,215	0	0	9,605,215	
	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 Interest Rate Swap		900099	50,273,493	0	0	50,273,493	
b JT Venture		621990	7,867,073	7,867,073	0	0	
c Medical Records		900099	892,928	0	0	892,928	
d All other revenue			5,057,818	377,716	0	4,680,102	
e Total. Add lines 11a-11d ▶			64,091,312				
12 Total revenue. See instructions ▶			2,212,091,593	1,989,514,040	43,146	70,173,671	

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	202,480	202,480		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	4,601,885	4,601,885		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	11,507,925	8,890,917	2,617,008	0
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	778,630,592	601,562,849	177,067,743	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	22,687,032	17,527,793	5,159,239	0
9 Other employee benefits	79,169,160	61,165,366	18,003,794	0
10 Payroll taxes	58,192,980	44,959,362	13,233,618	0
11 Fees for services (non-employees):				
a Management				
b Legal	10,928,435	8,443,209	2,485,226	0
c Accounting				
d Lobbying	108,593	0	108,593	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)	112,510,636	342,159,958	-229,649,322	0
12 Advertising and promotion	9,619,354	7,431,825	2,187,529	0
13 Office expenses	25,498,302	19,699,754	5,798,548	0
14 Information technology	979,323	756,616	222,707	0
15 Royalties				
16 Occupancy	28,958,456	22,373,037	6,585,419	0
17 Travel	450,746	348,242	102,504	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,292,695	998,724	293,971	0
20 Interest	20,782,718	16,056,537	4,726,181	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	96,567,778	74,607,379	21,960,399	0
23 Insurance	35,421,239	34,699,594	721,645	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	463,471,511	463,471,511	0	0
b REPAIR/MAINTENANCE	109,559,728	84,644,840	24,914,888	0
c BAD DEBT EXPENSES	62,356,828	62,356,828	0	0
d TRANSPLANT COSTS	19,525,771	19,525,771	0	0
e All other expenses	124,184,208	97,684,260	26,499,948	0
25 Total functional expenses. Add lines 1 through 24e	2,077,208,375	1,994,168,737	83,039,638	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance 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		399,702,360	1	369,908,343	
	2	Savings and temporary cash investments		0	2	0	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		193,916,142	4	235,185,287	
	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			7		
	8	Inventories for sale or use		65,813,890	8	64,197,180	
	9	Prepaid expenses and deferred charges		51,110,613	9	17,960,733	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,441,982,652			
	b	Less: accumulated depreciation	10b	1,442,339,895	1,282,315,916	10c	999,642,757
	11	Investments—publicly traded securities		129,712,000	11	129,712,000	
	12	Investments—other securities. See Part IV, line 11		152,123,071	12	316,296,608	
	13	Investments—program-related. See Part IV, line 11		0	13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,983,493,215	15	3,305,223,374	
16	Total assets. Add lines 1 through 15 (must equal line 33)		5,258,187,207	16	5,438,126,282		
Liabilities	17	Accounts payable and accrued expenses		297,657,802	17	363,491,792	
	18	Grants payable			18		
	19	Deferred revenue		5,486,184	19	7,331,399	
	20	Tax-exempt bond liabilities		1,519,016,928	20	1,963,885,352	
	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		151,004,683	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		1,282,522,250	25	1,177,314,638	
	26	Total liabilities. Add lines 17 through 25		3,255,687,847	26	3,512,023,181	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,426,208,526	27	1,814,089,766	
	28	Net assets with donor restrictions		576,290,834	28	112,013,335	
	Organizations that do not follow FASB ASC 958, check here ☐ 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		2,002,499,360	32	1,926,103,101	
33	Total liabilities and net assets/fund balances		5,258,187,207	33	5,438,126,282		

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	2,212,091,593
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,077,208,375
3	Revenue less expenses. Subtract line 2 from line 1	3	134,883,218
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,002,499,360
5	Net unrealized gains (losses) on investments	5	47,537,457
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	-258,816,934
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,926,103,101

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	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: 20011424

Software Version: 2020v4.0

EIN: 52-1362793

Name: University of Maryland Medical System Corporation

Form 990 (2020)

Form 990, Part III, Line 4a:

UMMS, A PRIVATE, NON-PROFIT HEALTH SYSTEM, CONSISTS OF 12 HOSPITALS - UMMC, THE ACADEMIC 'HUB' - AND THE 11 COMMUNITY AND SPECIALTY HOSPITALS THROUGHOUT THE STATE OF MARYLAND. UMMC IS A NATIONAL AND REGIONAL REFERRAL CENTER FOR TRAUMA, CANCER CARE, NEUROCARE, CARDIAC CARE AND HEART SURGERY, WOMEN'S AND CHILDREN'S HEALTH AND ORGAN TRANSPLANTS. IT HAS ONE OF THE MOST TECHNOLOGICALLY ADVANCED OPERATING ROOM FACILITIES AND IS INTERNATIONALLY RECOGNIZED FOR ITS LEADERSHIP IN DEVELOPING AND PERFORMING MINIMALLY INVASIVE SURGICAL PROCEDURES. UMMS PROVIDES CHARITY CARE TO PATIENTS UNABLE TO PAY. CHARITY CARE FOR THE YEAR ENDED 6/30/2021 IS APPROXIMATELY \$15.2 MILLION.

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			
Alexander Williams Jr Vice Chairman	4.0 3.0	X		X				0	0	0
James C Dipaula Jr Chairman	9.0 3.0	X		X				0	0	0
Barry P Gossett DIRECTOR	4.0 0	X						0	0	0
Bonnie L Phipps CPA DIRECTOR	4.0 0	X						0	0	0
Brianna D Bowling Director	1.5 2.0	X						0	0	0
Cassie Motz DIRECTOR	1.0 0	X						0	0	0
Doug Peters DIRECTOR	1.0 0	X						0	0	0
Edward P Nevin DIRECTOR	3.5 0	X						0	0	0
Elisa M Basnight ESQ DIRECTOR	2.0 0	X						0	0	0
Elizabeth E Sweeney DIRECTOR	2.5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ellen Fish DIRECTOR	1.0 0	X						0	0	0
James M Harkins DIRECTOR	3.5 0	X						0	0	0
Jason S Frankl ESQ DIRECTOR	6.0 5.0 0	X						0	0	0
JEFFREY S ARMIGER DIRECTOR	1.0 0	X						0	0	0
John T Williams DIRECTOR	2.0 3.5 0	X						0	0	0
Joseph A Ciotola MD DIRECTOR	1.5 0	X						0	0	0
Joseph T Suarez DIRECTOR	4.0 0	X						0	0	0
Joyce M Johnson MD DIRECTOR	3.0 0	X						0	0	0
Karen Price-ward DIRECTOR	2.0 0	X						0	0	0
Keary M Nance DIRECTOR	1.5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Keiffer Mitchell	1.5 0	X						0	0	0
DIRECTOR										
Keith McMahan	2.0 6.0	X						0	0	0
Director										
Louis M Pope	2.5 0	X						0	0	0
DIRECTOR										
R Alan Butler	7.0 2.0	X						0	0	0
DIRECTOR										
R KENT SCHWAB	1.5 2.0	X						0	0	0
Director										
Robert F Scholz ESQ	3.0 0	X						0	0	0
DIRECTOR										
Rushern L Baker III	1.5 0	X						0	0	0
DIRECTOR (Ended 05/21)										
Thomas E Scott	3.0 0	X						0	0	0
DIRECTOR										
Thomasina Rogers	3.5 0	X						0	0	0
DIRECTOR										
Wanda Q Draper	3.5 0	X						0	0	0
DIRECTOR										

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			
AARON J RABINOWITZ	40.0									
SVP, GEN COUNSEL AND SECTY	0.0			X				555,639	162,615	29,881
Mohan Suntha MD	40.0									
PRESIDENT AND CEO	0.0			X				3,380,383	0	41,170
S Michelle Lee	40.0									
SVP, CFO AND TREASURER	0.0			X				1,089,620	0	28,179
Alison G Brown	0.0									
PRESIDENT, UMMC MIDTOWN CAMPUS	0.0				X			924,614	0	32,685
Bert W Omalley MD	40.0									
President and CEO, UMMC	0.0				X			459,018	0	25,968
Jon P Burns	40.0									
SVP AND CIO	0.0				X			1,006,669	0	32,959
Joseph E Hoffman III	40.0									
EVP AND CFO - UMMC	0.0				X			870,329	0	33,946
Kathleen M Mccann	40.0									
SVP, CHIEF HUMAN RESOURCE OFFICER	0.0				X			686,396	0	33,155
Lisa C Rowen RN	40.0									
SVP AND CNO	0.0				X			770,568	0	14,851
Michael R Jablonover MD	40.0									
SVP & CMO, UMMC	0.0				X			819,552	0	43,582

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			
Michelle Gourdine MD SVP & INTERIM CMO, UMMS	40.0 4.0				X			782,522	0	12,172
Joel Klein SVP and CIO	40.0 0					X		656,735	0	40,334
Kevin A Stierer SVP PERIOPERATIVE AND PROCEDURAL SVCS	40.0 0					X		778,125	0	14,245
Kristin Bryce Chief External Affairs	40.0 0					X		689,023	0	43,361
Mary Zorzi VP, Deputy General Counsel	40.0 0					X		1,174,340	0	26,900
Renay D Tyler VP and Associate CNO	40.0 1.0					X		556,328	0	29,953
Gerald L Wollman Former SVP CORP OPERATIONS	0.0 0						X	581,132	0	4,679
John W Ashworth III Former President/Officer	40.0 5.0						X	486,453	0	15,428
Keith D Persinger Former SVP AND CHIEF PERFORMANCE IMPROV OFFICER	0.0 0.0						X	697,743	0	966
Megan M Arthur FORMER SVP, GEN COUNSEL AND SEC'TY	0.0 0.0						X	521,669	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stephen T Bartlett MD FORMER EVP AND CMO	0.0 0						X	977,499	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Name of the organization
University of Maryland Medical System Corporation

Employer identification number
52-1362793

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

The organization is not a private foundation because it is: (For lines 1 through 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2019 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

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

2020

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 University of Maryland Medical System Corporation	Employer identification number 52-1362793
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (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?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV.	

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
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?	☐ Yes ☐ No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		58,303
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		50,290
j	Total. Add lines 1c through 1i			108,593
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	DIRECT LOBBYING EFFORTS RELATE TO FEDERAL, STATE AND LOCAL LEGISLATION AFFECTING HEALTH CARE ISSUES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 2.93% AND 25.56% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C, PART II-B AS LOBBYING ACTIVITIES.

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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

2020

Open to Public Inspection

Name of the organization
University of Maryland Medical System Corporation

Employer identification number
52-1362793

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 FASB 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 FASB 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 FASB 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) 2020

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

Term 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

3a(i)

☐

Yes

3a(ii)

☐

No

(ii) Related organizations

3b

☐

b

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

☐

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		63,098,902		63,098,902
b Buildings		1,151,728,659	698,422,699	453,305,960
c Leasehold improvements		0		0
d Equipment		961,286,740	735,302,136	225,984,604
e Other		265,868,351	8,615,060	257,253,291
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				999,642,757

Schedule D (Form 990) 2020

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) OTHER SECURITIES	316,296,608	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	316,296,608	

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)		
(10)		
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
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	3,305,223,374

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	
(2) INT. RATE SWAPS MARK TO MARKET	203,608,540
(3) OTHER MALPRACTICE	367,812,521
(4) LINE OF CREDIT	113,000,000
(5) ADVANCES FROM 3RD PARTY PAYORS	276,916,625
(6) OTHER LIABILITIES	58,639,313
(7) CREDIT BALANCES	14,224,656
(8) DUE FROM AFFILAITE	69,985,411
(9) FINANCING LEASE	73,127,572
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,177,314,638

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: 20011424
Software Version: 2020v4.0
EIN: 52-1362793
Name: University of Maryland Medical System Corporation

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

(a) Description	(b) Book value
INVESTMENT IN SUBSIDIARIES	776,895,119
OTHER RECEIVABLES	170,051,489
DEBT SERVICE FUND	13,337,915
ECO. INT. ASSETS LIMITED TO USE	88,303,660
ASSETS WHOSE USE IS LIMITED	54,457,355
SELF INSURANCE TRUST FUNDS	232,649,064
DUE FROM AFFILIATES	1,128,287,709
ESCROW	22,461,640
LT ASSET	422,460,439
COLLATERAL FUNDS	98,513,147
CONSTRUCTION FUNDS	258,509,923
DEFERRED FINANCING COSTS	11,425,256
FINANCING LEASE	27,870,658

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	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.

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

1. (a) Description of Liability	(b) Book Value
INT. RATE SWAPS MARK TO MARKET	203,608,540
OTHER MALPRACTICE	367,812,521
LINE OF CREDIT	113,000,000
ADVANCES FROM 3RD PARTY PAYORS	276,916,625
OTHER LIABILITIES	58,639,313
CREDIT BALANCES	14,224,656
DUE FROM AFFILAITE	69,985,411
FINANCING LEASE	73,127,572

SCHEDULE F (Form 990)	Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047
		2020
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization University of Maryland Medical System Corporation	Employer identification number 52-1362793
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean	0	0	Program Services	CAPTIVE INSURANCE	40,464,000
3a Sub-total	0	0			40,464,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			40,464,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			South Asia	Donation of excess medical supplies and equipment to help countries in need combat COVID-19 pandemic.			3,031,182	Medical supplies and equipment	FMV
			South Asia	Donation of excess medical supplies and equipment to help countries in need combat COVID-19 pandemic.			1,570,703	Medical supplies and equipment	FMV

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

3 Enter total number of other organizations or entities **0**

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V

Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	The filing organization identified nonprofit partners and worked closely with them to ensure the donation of medical supplies were going to foreign countries in need to combat the COVID-19 pandemic.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 1 SCHEDULE F, PART I, LINE 1	THE BOOK VALUE OF THE FILING ORGANIZATION'S INVESTMENT IN THE REGION AS OF 6/30/2021 WAS \$20,040,000. THE FILING ORGANIZATION'S SHARE OF EXPENSES IN THE REGION WAS \$20,424,000.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	The filing organization identified nonprofit partners and worked closely with them to ensure the donation of medical supplies were going to foreign countries in need to combat the COVID-19 pandemic.

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
University of Maryland Medical System Corporation

Employer identification number
52-1362793

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ 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: ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ 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	Yes
		5c	No
		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)			15,167,141	0	15,167,141	0.75 %
b Medicaid (from Worksheet 3, column a)			0	0	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	15,167,141	0	15,167,141	0.75 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,849,765	90,858	1,758,907	0.09 %
f Health professions education (from Worksheet 5)			205,727,100	0	205,727,100	10.21 %
g Subsidized health services (from Worksheet 6)			18,107,011	9,987,519	8,119,492	0.40 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			349,156	0	349,156	0.02 %
j Total. Other Benefits	0	0	226,033,032	10,078,377	215,954,655	10.72 %
k Total. Add lines 7d and 7j	0	0	241,200,173	10,078,377	231,121,796	11.47 %

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	0	0 %
2 Economic development			0	0	0	0 %
3 Community support			52,848	0	52,848	0 %
4 Environmental improvements			180,145	0	180,145	0.01 %
5 Leadership development and training for community members			0	0	0	0 %
6 Coalition building			0	0	0	0 %
7 Community health improvement advocacy			0	0	0	0 %
8 Workforce development			609,199	0	609,199	0.03 %
9 Other			0	0	0	0 %
10 Total	0	0	842,192	0	842,192	0.04 %

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	45,302,236	
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	520,078,217
6 Enter Medicare allowable costs of care relating to payments on line 5	6	158,315,919
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	361,762,298
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

9a 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				
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6				
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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 ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>20</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 ☒ Hospital facility's website (list url): <u>https://www.umms.org/ummc/community</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</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/ummc/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? \$ _____		

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	☒ 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	☒ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	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	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	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	☒ The FAP was widely available on a website (list url): <u>https://www.umms.org/ummc/patients-visitors/for-patients/financial-assistance</u>		
b	☒ The FAP application form was widely available on a website (list url): <u>https://www.umms.org/ummc/patients-visitors/for-patients/financial-assistance</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url): <u>https://www.umms.org/ummc/patients-visitors/for-patients/financial-assistance</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ 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	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	☐ 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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ 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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ 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 ☒ 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 ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

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? 1

Name and address	Type of Facility (describe)
1 UNIVERSITYCARE EDMONDSON VILLAGE 4538 EDMONDSON AVE BALTIMORE, MD 21229	HEALTHCARE CLINIC
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c CRITERIA FOR FREE OR DISCOUNTED CARE	UMMS IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. IN 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 .

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State Filing of Community Benefit Report	As required by Maryland statute for all hospitals, University of Maryland Medical Center submits a detailed, annual community benefit report, which provides information related to programs, services, contributions, etc. that the hospital makes with no or little expectation of financial return, to the Maryland Health Services Cost Review Commission (HSCRC), a state regulatory agency, by December 15 each year.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	62356828

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Physical Improvements & Housing: 1. Farmers Market - Connect more than 10,000 consumers to fresh and affordable food options, from local vendors here in Baltimore. 2. Collaborative Grant Preparation Network - Built a collaborative network of multiple hospitals, academic institutions, FQHCs, Mental Health Organizations, Community and Faith-based organizations in preparation for a grant application for 2.5M+ to address Heart Disease, Mental Health, and Social Isolation. 3. Live Near Your Work - To encourage community member homeownership and stimulate home ownership within the City of Baltimore and to support the revitalization and stabilization of city communities. Community Support: 1. COVID Testing Sites - To control the spread of COVID-19 through community testing and contact tracing. 2. COVID Vaccine Community Clinics - a. To provide expanded COVID-19 immunization access for the public in recognized community locations as a key strategy to reduce COVID-19 related illnesses, hospitalizations, and deaths through the reduction of transmission of COVID-19. b. To decrease vaccination disparity among minority populations by providing access in West Baltimore neighborhoods, by partnering with trusted community organizations. c. To Create equitable access for COVID-19 immunization in underserved locations throughout West Baltimore and for identified target populations. 3. Mass Vaccination M&T Stadium Clinic - a. Provide expanded COVID-19 immunization access for the public in recognized community locations as a key strategy to reduce COVID-19 related illnesses, hospitalizations, and deaths through the reduction of transmission of COVID-19. b. Decrease vaccination disparity among minority populations by providing access to large, well-recognized sites with access to major commuter routes. c. Develop a prototype for a mass vaccination site that can be used in other locations. Environmental Improvements: 1. Bee Initiative- To support our sustainability mission - to protect and preserve the earth's resources - The University of Maryland Medical Center has placed two beehives at the Downtown Campus and one hive at the Midtown Campus. The University of Maryland is now home to at least 4,000 honey bees. Bee colonies help support the growth of trees, flowers, and other plants surrounding our campus, which serve as food and shelter for creatures large and small. 2. Safer Chemicals - As part of its commitment to patients, staff, and environmental safety and health, UMMC has ensured that any chemicals used at the Medical Center are the safest and environmentally responsible available. See what the Medical Center is doing to create the cleanest & safest environment possible. 3. Green Building - UMMC's commitment to environmental sustainability is prominently displayed in its most recent completion of the new R Adams Cowley Shock Trauma and Critical Care Tower. This building was designed and built to LEED Gold Standards. Workforce Development: 1. Bring Your A Game - Training program provided to students at partner schools that stresses the importance of attitude, appearance, attendance, ambition, accountability, acceptance, and appreciation. These are the core values that address the work ethic gap that can be a hindrance to employment and retention. 2. Microsoft Training - A technology-focused skills enhancement to train employees and community members in Word, Excel, PowerPoint, Outlook, and internet research to equip them with the computer skills required in today's workplace. 3. Financial Literacy & Wellness - Engages community members and entry-level new hires with financial wellness and retention services. 4. Career Readiness Training - Initiated and planned Career Readiness Training program deliverables for a FY22 Rollout. Program started, 2/8/2022. Career Ready-Job Readiness Training is for Job Seekers from the targeted West Baltimore zip codes to be equipped with the essential skills necessary to obtain and maintain employment. Participants learn and practice effective job search skills, resume writing, and interview techniques.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	BECAUSE OF THE UNIQUE PAYMENT SYSTEM DESCRIBED ON LINE 2 (ABOVE), 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	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.

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	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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	1 - UNIVERSITY OF MARYLAND MEDICAL CENTER: Line 16a URL: https://www.umms.org/ummc/patients-visitors/for-patients/financial-assistance ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	1 - UNIVERSITY OF MARYLAND MEDICAL CENTER: Line 16b URL: https://www.umms.org/ummc/patients-visitors/for-patients/financial-assistance ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	1 - UNIVERSITY OF MARYLAND MEDICAL CENTER: Line 16c URL: https://www.umms.org/ummc/patients-visitors/for-patients/financial-assistance ;

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	Since fiscal year 2012, the University of Maryland Medical Center Downtown Campus has completed a comprehensive community health needs assessment (CHNA) every three years. To complete this comprehensive assessment of the needs of the community, the Association for Community Health Improvement's (ACHI) 9-step Community Health Assessment Process was utilized as an organizing methodology. An additional 5-component assessment and engagement strategy was also utilized to lead the data collection methodology. The UMMC Community Health Improvement Team (CHIT Team) included both the Downtown and Midtown Campuses and served as the lead team to conduct the Community Health Needs Assessment (CHNA) with input from other University of Maryland Medical System Baltimore City-based hospitals, community leaders, the academic community, the public, health experts, and the Baltimore City Health Department. Data was collected from the major areas of the community's perspective, health experts' opinions, and community leaders' perspectives along with a review of social determinants of health and epidemiologic data to complete a comprehensive assessment of the community's needs. Data includes primary and secondary sources of data. This community health needs assessment report was approved by the UMMC Board of Directors Community Engagement Committee on June 7, 2021. https://www.umms.org/ummc/community/needs-assessment Community Partner Focus Groups and Workgroup Participants 9/30/20 Participants - UMB Partner Focus Group 1. Lori Edwards, DrPH, BSN, RN, CNS-PCH, BC, Assistant Professor, UM Family and Community Health 2. Brian Sturdivant, Director, UM Office of Community Engagement 3. Tyrone Roper Program, Director, UM Office of Community Engagement 4. Wendy Lane, MD, MPH, Director, UM Preventive Medicine 5. Laundette Jones, PhD, MPH, Deputy Director, UM Health Equity and Population Health 6. Danielle Harris, Associate Director, UM Office of Community Engagement 10/7/20 Participants - UMB School of Social Work Partner Focus Group 1. Bronwyn Mayden, Executive Director, Promise Heights, UM SSW 2. Jane Shaab, Associate VP, UM Office of Research and Development 3. Rachel Donegan, Assistant Director, Promise Heights, UM SSW 4. Linda Callahan, ECMHC Early Childhood Mental Health Consultant, Promise Heights, UM SSW 10/29/20 Participants - Faith Leader Partner Focus Group 1. Rev. Dr. Sandra Conner, Pastor, Shepherds Heart Community Baptist Church 2. Rev. Phyllis Cornish, Pastor, Greater Victory and Deliverance Church of Jesus Christ 3. Bishop Gloria Braswell, Pastor, Missionary Baptist Church 4. Rev. William Johnson, Pastor, Sharon Baptist Church 5. Rev. Derek Hart, Food Distribution Lead, We Our Us 6. Cereta Spencer, MSHM, MAOM, CTA, Director, Maryland Center for Veterans Education and Training 7. Elder Doug Wilson, Outreach Coordinator, Kingdome Life Church 9/14/20 Participants - UMMC Community Engagement Committee of the Board of Directors 1. Robert Wallace, CEO, Power 52 Energy Solutions 2. Rev. Al Hathaway, Pastor, Union Baptist Church 3. Alison Brown, President, UMMC Midtown Campus 4. Marilyn Carp, Board Member, UMMC Community Engagement Board of Directors 5. Louise Michaux Gonzales, Esq., Chair, Board of Directors, Hylton & Gonzales LLC 6. Bruce Jarrell, MD, President, UMB 7. Dana Farrakhan, Senior Vice President, UMMC 8. Samuel Burris, Senior Manager, UMMC Community Engagement and Workforce Development 9. Ashley Valis, Executive Director, UM Office of Community Engagement 10. Chuck Tildon, Vice President, UMMS External Affairs 11. Renay Tyler, DNP Vice President, UMMC Ambulatory Services 9/14/20 Participants - UMMS Community Advisory Council 1. Alexandria Warrick-Adams, Executive Director, Elev8 Baltimore, Inc. 2. Wanda Best, Executive Director, Upton Planning Committee 3. Van Brooks Executive Director, Founder, Safe Alternative Foundation for Education, Inc. 4. Al Gourrier, Assistant Professor, U of Baltimore School of Public Health 5. Kristin Speaker, Executive Director, Charles Street Development, Corp. 6. Karen Dates Dunmore, Senior Director, UMMC Community Engagement and Workforce Development UMMC Pediatrics 4/16/21 Participants - Pediatric Workgroup: Obesity 1. Samra B. Lanchard, MD, Associate Professor, UM Pediatric Gastroenterology 2. Runa Watkins, MD, Assistant Professor, UM Pediatric Gastroenterology 3. Anu Raman, MHA, CMPE, SHRM-CP, Division Administrator, UM Pediatrics 4. Steven Czinn, MD, Chair and Director, University of Maryland Children's Hospital 4/19/21 Participants - Pediatric Workgroup: Maternal/Infant Health 1. Mutiat Onigbanjo, MD, Assistant Professor, UM Pediatrics 2. Brenda Hussey-Gardner, PhD, MPH, Associate Professor, UM Pediatrics Neonatology 3. Dina El-Metwally, MB, BCh, MS, PhD, Division Head, UM Pediatrics Neonatology 4. Anu Raman, MHA, CMPE, SHRM-CP, Division Administrator, UM Pediatrics 5. Steven Czinn, MD, Chair and Director, University of Maryland Children's Hospital 4/23/21 Participants - Pediatric

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	c Workgroup: Mental Health 1. Howard Dubowitz, MB, ChB, FAAP, Division Head/Director, UM P ediatrics Division of Child Protection/Center for Families 2. Rebecca Carter, MD, Assistan t Professor, UM Pediatrics 3. Mutiat Onigbanjo, MD, Assistant Professor, UM Pediatrics 4. Jasmine Pope, Director of Programming, UM Pediatrics Immunology 5. Vicki Tepper, PhD, Asso ciate Professor, UM Pediatrics Immunology 6. Anu Raman, MHA, CMPE, SHRM-CP, Division Admin istrator, UM Pediatrics 7. Steven Czinn, MD, Chair and Director, University of Maryland Ch ildren's Hospital 4/23/21 Participants - Pediatric Workgroup: Asthma 1. Anayansi Lasso-Pir ot, MD, Assistant Professor, UM Pediatrics 2. Mary Bollinger, DO, Associate Professor, UM Pediatrics 3. Lisa Bell, RN, Nurse Practitioner, UM Pediatrics Immunology 4. Vicki Tepper, PhD, Associate Professor, UM Pediatrics Immunology 5. Anu Raman, MHA, CMPE, SHRM-CP, Divi sion Administrator, UM Pediatrics 6. Steven Czinn, MD, Chair and Director, University of M aryland Children's Hospital

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Patient Education of Eligibility for Assistance - Patients are informed of their eligibility for assistance through signage in admitting and registration areas, online, in the Patient Handbooks, in local newspapers, and with Patient Information Sheets. * LANGUAGE TRANSLATIONS a. Requirement: The new 501(r) regulations lowered the language translation threshold for limited English proficient (LEP) populations to the lower of 5% of LEP individuals in the community served/1000-LEP individuals. UMMC translated its financial assistance policy into the following languages: English, Spanish, French, and Chinese. * PLAIN LANGUAGE SUMMARY a. Requirement: The new 501(r) regulations require a plain language summary of the FAP that is clear, concise, and easy for a patient to understand. UMMC created a new plain language summary of its financial assistance policy in addition to its already-existing patient information sheet.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Despite the larger regional patient mix of UMMC from the metropolitan area, state, and region, for purposes of community benefits programming and this report, the Community Benefit Service Area (CBSA) of UMMC is within Baltimore City. The top seven zip codes within Baltimore City displayed in Figure 3A represent the top 60% of all Baltimore City admissions in FY2020. These seven targeted zip codes (21201, 21215, 21216, 21217, 21223, 21229, and 21230) are the primary community benefit service area (CBSA) and comprise the geographic scope of this assessment. These zip codes are shared with the UMMC Midtown Campus as well. Both the CHNA and programming for both campuses are targeted to these identified West Baltimore communities. The residents in these identified communities have life expectancy rates of nearly 20 years less than residents in other parts of Baltimore City. High rates of unemployment, poverty, healthy food access issues, substance use, and violence are major social barriers to health. Residents in these communities have some of the worst health outcomes when compared to the City and the State of Maryland.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Analysis of all quantitative and qualitative data described in the above section identified these top five areas of need within Baltimore City. These top priorities represent the intersection of documented unmet community health needs and the organization's key strengths and mission. These priorities were identified by the UMMC Downtown and Midtown Community Health and Engagement Team and validated with the health experts from the UMB Campus Panel and ultimately approved by the Board. Programming is based on these strategic priorities as identified in the CHNA. Adult Health Priorities * Substance Use Disorder * Mental Health * Chronic Disease Management (CVD, Diabetes, HIV) Social Determinants of Health Priorities * Employment and Career Opportunities * Neighborhood Safety and Violence Prevention * Affordable Housing and Homelessness In addition to identifying adult health needs and priorities, UMMC identify the unmet needs for the children within our community benefits service area. These priorities were also identified by the UMMC Community Health and Engagement Team and the Experts from the UM Children's Hospital: Children Health Priorities * Mental Health (ACEs) * Obesity/Nutrition * Asthma * Maternal and Child Health The University of Maryland Medical Center has community health programming in each of the above strategic community priorities. The following is an example of key initiatives from three of the above priorities. Identified Need/Priority: Chronic Disease Prevention Identified Need: Obesity /Nutrition Currently, there is a 34% prevalence rate of obesity in the Baltimore City population. Hospital Initiative: Creating Food Access Primary objectives of initiative: 1) Reduce household food insecurity and in doing so reduce hunger. (SIHIS) 2) Reduce the proportion of adolescents (ages 12-19) with obesity 3) Decrease the ED visit rate due to hypertension Single or multi-year plan: This program is a multi-year plan. Key collaborators in delivery: UMMC Midtown Campus UMMC Mobile Market Hungry Harvest Baltimore City Department of Planning Shoppers Food Warehouse Saval Foods MAC, Inc. Impact of hospital initiative: Baltimore City residents who experience food insecurity are more likely to experience poor health outcomes such as hypertension, diabetes, and asthma. Additionally 29% of Baltimore City residents live in poverty and approximately 24% live in a defined healthy food priority area, also known as a food desert. This program provides free healthy food options to community members in need while distributing much needed education to promote better nutrition and healthy eating habits. Metrics: * # of Meal boxes provided to families * # of families educated * % of Self-reported behaviors - men taking their BPs and men knowing their BPs * # of men with decreased BP after the program Evaluation of Outcomes in FY21: * 22,914 Meal boxes provided to families * 250 families educated Continuation of initiative: UMMC will continue to monitor performance and outcome measures annually. This priority and the accompanying initiatives will continue until the FY24 CHNA is completed and as long as there continues to be an identified community need. Identified Need/Priority: Maternal/Child Health Identified Need: Maternal/Child Health - Infant Mortality Currently, there is an infant mortality rate (# per live births) of 9 Baltimore City wide with 13.9 and 20 in several neighborhoods of the targeted population. Hospital Initiative: Maryland Moms in Training Program Primary objectives of initiative: 1) Increase % of babies born >37 weeks gestation 2) Reduce the percentage of births that are low birth weight 3) Increase the % of women breastfeeding at discharge after delivery Single or multi-year plan: This program is a multi-year, ongoing initiative. Key collaborators in delivery: Zeta Phi Beta Sorority March of Dimes Baltimore for Healthy Babies Impact of hospital initiative: Babies born at full-term and at healthy birth weights are less likely to die in the first year of life (Infant mortality reduction). Babies who are breastfed have fewer infections in the first year of life. Metrics: * # of women enrolled * % of Babies born >37 weeks gestation * % of Babies born at >2500 grams * % of Women breastfeeding at discharge Evaluation of Outcomes in FY21: * 73% of Babies born >37 weeks gestation * 74% of Babies born >2500 grams * 89% of Women were breastfeeding at discharge Continuation of initiative: UMMC will continue to monitor performance and outcome measures annually. This priority and the accompanying initiatives will continue until the FY24 CHNA is completed and as long as there continues to be an identified community need. Identified Need/Priority: Violence Prevention Identified Need: Violence Prevention In FY21 Baltimore experienced over 400 homicides, of which 110 were youth. Hospital Initiative: Violence Intervention Program (VIP) Primary objectives of initiative: 1) Reduce the rate of recidivism due to violent injury

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	ury Single or multi-year plan: This program is a multi-year, ongoing initiative. Key colla borators in delivery: Baltimore City Police Department Baltimore City Health Department Un iversity of Maryland Baltimore Impact of hospital initiative: The participants in the VIP program receive education and social support and return to the workforce and/or high schoo l or college. The participants get out of the cycle of violence and therefore reduce the n umber of return admissions to Shock Trauma and have an improved quality of life. Metrics: * # of people in the VIP program * Recidivism rate Evaluation of Outcomes in FY21: * 337 i ndividuals in the VIP program * 0.5% Recidivism rate Continuation of initiative: UMMC will continue to monitor performance and outcome measures annually. This priority and the acco mpanying initiatives will continue until the FY24 CHNA is completed and as long as there c ontinues to be an identified community need.

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	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), the University of Maryland Medical Center understands that health care goes beyond the walls of the hospital and into the community it serves. UMMS hospitals are committed to strengthening their neighboring communities. In doing so, the UMMC assesses the community's health needs, 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. The UMMC is committed to health education, advocacy, community partnerships, and engaging programs which focus on promoting health and wellness in an effort to eliminate health disparities for the West Baltimore community.

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

Additional Data

Software ID: 20011424

Software Version: 2020v4.0

EIN: 52-1362793

Name: University of Maryland Medical System Corporation

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	UNIVERSITY OF MARYLAND MEDICAL CENTER 22 S GREENE STREET BALTIMORE, MD 21201 WWW.UMMS.ORG 30-068	X	X	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 - UNIVERSITY OF MARYLAND MEDICAL CENTER. The University of Maryland Medical Center Downtown Campus (UMMC) utilized two major frameworks for completing its most recent Community Health Needs Assessment (CHNA) in fiscal year 2021. To complete this comprehensive assessment of the needs of the community, the Association for Community Health Improvement's (ACHI) 9-step Community Health Assessment Process was utilized as an organizing methodology. An additional 5-component assessment and engagement strategy was also utilized to lead the data collection methodology. The UMMC Community Health Improvement Team (CHI Team) included both the Downtown and Midtown Campuses and served as the lead team to conduct the CHNA with input from other University of Maryland Medical System Baltimore City-based hospitals, community leaders, the academic community, the public, health experts, and the Baltimore City Health Department. Data was collected from multiple sources, groups, and individuals and integrated into a comprehensive document which was utilized at a retreat on March 10, 2021 of the UMMC Downtown/Midtown Campuses' Community Health Improvement (CHI) Team. During that strategic planning retreat, priorities were identified using the collected data and an adapted version of the Catholic Health Association's (CHA) priority setting criteria. The identified priorities were also validated by a panel of UM Clinical Advisors and University of Maryland Baltimore (UMB) Campus experts. UMMC Downtown Campus used primary and secondary sources of data as well as quantitative and qualitative data and consulted with numerous individuals and organizations during the CHNA, including other University of Maryland Medical System (UMMS) Baltimore City-based hospitals (University of Maryland Medical Center Midtown Campus, University of Maryland Rehabilitation and Orthopedic Institute, community leaders, community partners, the University of Maryland Baltimore (UMB) academic community, the general public, local health experts, and the Baltimore City Health Department. After a successful joint venture in fiscal year 2018, all local Baltimore City Hospitals joined together again to collaborate on a joint community health needs assessment. UMMC partnered Johns Hopkins Hospital, Sinai Hospital (Lifebridge), Medstar Health, St. Agnes Health System, and Mercy Medical Center. The above hospitals/health systems had been collaborating on several initiatives prior to the CHNA year and agreed that it would be beneficial to work on a more detailed level on a joint city-wide CHNA. This multi-hospital collaborative worked on the following data collection components together: * Public survey of Baltimore City residents * Key stakeholder interviews * Key population focus groups * Key community partner focus groups After the data was collected and analyzed jointly, each individual hospital used the collected data for their respective community benefit service areas to identify their un

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	ique priorities for their communities. The following describes the individual data collect ion strategies with the accompanying results. A) Community Perspective The community's per spective was obtained through one survey offered to the public using several methods throu ghout Baltimore City. The 14-item survey consisting of 10 questions to identify top health concerns and top barriers in accessing health care as well as 4 questions to understand t he communities' needs concerning the COVID-19 pandemic was used to query Baltimore City re sidents. Methods 14-item survey distributed in FY2021 using the following methods: * Condu cted from late September through November 2020 * All hospitals participated in data collec tion throughout the city * Distributed in person and offered online * Offered in English, Spanish, * Collected 3,826 surveys * All Baltimore City zip codes were represented in the responses Analysis by CBSA targeted zip codes revealed the same top health concerns and to p health barriers with little deviation from the overall Baltimore City data. The sample s ize was 3,826 for all of Baltimore City and 656 for residents from the identified UMMC CBS A. Results 1 - Community's Top Health Concerns (All Baltimore City) * Alcohol/Drug Addicti on * Mental Health (Depression/Anxiety) * Diabetes/High Blood Sugar * Heart Disease/High B lood Pressure * Overweight/Obesity 1A - UMMC's Community Benefit Service Area Top Health C oncerns * Heart Disease/High Blood Pressure * Diabetes/High Blood Sugar * Alcohol/Drug Add iction * Mental Health * Overweight/Obesity 2 - Community's Top Social/Environmental Issue s (All Baltimore City) * Housing/Homelessness * Neighborhood Safety/Violence * Lack of Job Opportunities * Poverty * Limited Access to Healthy Foods 2A - UMMC's Community Benefit S ervice Area Top Social/Environmental Issues * Neighborhood Safety/Violence * Poverty * Lac k of Job Opportunities * Racial/Ethnicity Discrimination * Housing/Homelessness 3 - Commu nity's Top Barriers to Healthcare (All Baltimore City) * Cost/Too Expensive/Can't Afford * No Insurance * Lack of Transportation * Insurance not Accepted * Fear or Mistrust of Docto rs 3A - UMMC's Community Benefit Service Area Top Barriers to Healthcare * Cost/Too Expens ive/Can't Afford * No Insurance * Lack of Transportation * Insurance not Accepted * Fear o r Mistrust of Doctors B) Health Experts Methods - Reviewed National and State Community He alth Priorities and Implementation guidance from the following: * National Prevention Stra tegy Priorities * Statewide Integrated Health Improvement Strategy Goals * U.S. Healthy Ba ltimore 2020 Plan (Department of Disease Prevention and Health Promotion) - Conducted camp us-wide stakeholder retreat in March 2021, including University of Maryland Schools of Med icine, Nursing, Social Work and UMB Community Affairs office Results: Based on Expert and Community Resident Feedback Suggested focus areas listed under the national and state alig ned heath strategies. - Nation

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	al Prevention Strategy * Tobacco Free Living * Preventing Drug Abuse and Excessive Alcohol Use * Healthy Eating * Active Living * Injury and Violence Free Living * Reproductive and Sexual Health * Mental and Emotional Well Being - Statewide Integrated Health Improvement Strategy * Care Transformation Across the System: Improve care coordination for patients with chronic conditions * Diabetes: Reduce the mean Body Mass Index (BMI) for adult Maryland residents * Opioid Use Disorder: Improve overdose mortality * Maternal Child Health: Reduce severe maternal morbidity rate * Decrease asthma-related emergency department visit rates, ages 2-17 - Healthy Baltimore 2020 * Strategic Priority 1: Behavioral Health * Strategic Priority 2: Violence Prevention * Strategic Priority 3: Chronic Disease Prevention * Strategic Priority 4: Life Course Approach and Core Services - Health Expert UMB Campus Panel Focus Group Top Action Items included: * Expand practitioner participation in community outreach within the community where * the community feels safe (i.e. churches, community recreation centers, schools) * Hire/Utilize more Black/Brown providers that speak various languages * Allow for community input on services provided and allocation of funds C) Community Leaders Methods * Hosted one town hall in collaboration with the other Baltimore City hospitals for community members to share their perspectives on health needs (October 2020) * Hosted three focus groups in collaboration with the other Baltimore City hospitals for community-based organization partners to share their perspectives on health needs (October 2020) Results * Consensus reached that social determinants of health (and "upstream factors") are key elements that determine health outcomes * Top needs and barriers were identified as well as potential suggestions for improvement and collaboration

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 5 Facility 1, 2	Facility 1, 2 - UNIVERSITY OF MARYLAND MEDICAL CENTER. Sch H, Part V, Line 5, continued Top Needs * Substance Abuse/Use, particularly fentanyl * Violence/Gun Violence * Mental Health/Behavioral Health * Chronic Disease (CVD, Diabetes, Hypertension, Stroke) * Food Instability * Maternal and Child Health Top Barriers * Lack of neighbor to neighbor positive interaction and community involvement * Aging Infrastructure and lack of resources * Violence/Abuse * Transportation * Lack of positive Social/Recreational activities * Unemployment * Inadequate Housing * Neighborhood Blight/Lack of Investment/Technology Suggestions for Improvement * Neighborhood Blight/Lack of Investment/Technology * Enhance technological resources * Bring outreach to the neighborhood/More visibility/Consistency * Stronger relationships between community stakeholders * Provide better avenues to workforce and upward mobility * Input from the community * Develop better collaborative relationships between organizations throughout Baltimore City D) Social Determinants of Health (SDoH) Defined by the World Health Organization as:the conditions in which people are born, grow, live, work and age... Methods * Reviewed data from the 2021 County Health Rankings for Maryland * Reviewed data from Behavior Health Systems Baltimore * Reviewed data from identified 2021 U.S. Bureau of Labor and Statistics' Baltimore Economic Summary * Reviewed Baltimore City Food Environment Map Results * Baltimore City Summary of CBSA targeted zip codes * Top SDoHs: * High Poverty Rate: (24.2%) compared to (9.9%) for State of Maryland * High Unemployment Rate (7.9%) * Violence: 1,780/100,000 people compared to 472/100,000 people in Maryland (2.77 times higher) * Low Healthy Food Environment (See Figure 11 below) * Housing Instability

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 - UNIVERSITY OF MARYLAND MEDICAL CENTER. UMMC conducted its FY'21 CHNA with the University of Maryland Medical Center Midtown Campus. Additionally, most Baltimore City hospitals collaborated to gather primary data together. So, the additional hospitals that collaborated with UMMC Downtown and Midtown include: Johns Hopkins Hospital (Main Campus and Bayview), St Agnes Hospital, Sinai, Mercy Medical Center, and Medstar Health (Good Samaritan, Union Memorial, Harbor 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 - UNIVERSITY OF MARYLAND MEDICAL CENTER. UMMC CONDUCTED ITS CHNA WITH ASSISTANCE FROM THE UNIVERSITY OF MARYLAND, BALTIMORE (UMB) ACADEMIC COMMUNITY AND THE BALTIMORE CITY HEALTH DEPARTMENT.

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 11 Facility 1, 1	Facility 1, 1 - UNIVERSITY OF MARYLAND MEDICAL CENTER. Several additional topic areas were identified by the Community Health and Engagement Team during the CHNA process including: Cancer, Homelessness and Transportation. While the UMMC will focus the majority of its efforts on the identified strategic priorities, we will review the complete set of needs identified in the CHNA for future collaboration and work. These areas, while still important to the health of the community, will be met through either existing clinical services and through collaboration with other health care organizations as needed. The unmet needs not addressed by this CHNA will also continue to be addressed by key Baltimore City governmental agencies and existing community-based organizations. The UMMC identified core priorities target the intersection of the identified community needs and the organization's key strengths and mission.

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 - UNIVERSITY OF MARYLAND MEDICAL CENTER. 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)

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

2020

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
University of Maryland Medical System Corporation

Employer identification number
52-1362793

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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.	UMMS FOLLOWS STANDARD PROCEDURES TO PERIODICALLY COMMUNICATE WITH GRANTEEES TO MONITOR HOW GRANT MONEY IS UTILIZED FOR THEIR INTENDED PURPOSE.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 52-1362793
Name: University of Maryland Medical System Corporation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST PARTNERSHIP INC 1317 W Baltimore Street Baltimore, MD 21223	47-4390017	501c3	70,000				General Operations
RONALD MCDONALD HOUSE 1 Aisquith Street Baltimore, MD 21202	52-1184957	501c3	100,000				General Operations

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND BALTIMORE 220 Arch Street Baltimore, MD 21201	52-6002033	GOV	27,500				General Operations

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
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 University of Maryland Medical System Corporation		Employer identification number 52-1362793

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes 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.			
☒ Compensation committee	☐ Written employment contract		
☒ Independent compensation consultant	☒ Compensation survey or study		
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed 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	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 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 4a Severance or change-of-control payment	DURING THE FISCAL YEAR-ENDED JUNE 30, 2021, CERTAIN OFFICERS AND KEY EMPLOYEES HAVE RECEIVED SEVERANCE PAYMENTS. THESE AMOUNTS ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION. THE INDIVIDUALS AND AMOUNTS ARE LISTED BELOW: GERALD WOLLMAN, \$554,000. MARY ZORZI, \$82,079. MEGAN M. ARTHUR, \$491,960. STEPHEN T. BARTLETT, \$977,499. KEITH D. PERSINGER, \$685,154.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	DURING THE FISCAL YEAR- ENDED JUNE 30, 2021, 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: Bert W. Omalley, MD DURING THE FISCAL YEAR ENDED JUNE 30, 2021, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UMMS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN THE REPORTING TAX YEAR, THEREFORE THE FULL VALUE OF THE PLAN, INCLUDING ANY CONTRIBUTIONS TO THE PLAN FOR THE CURRENT FISCAL YEAR ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B (III), OTHER REPORTABLE COMPENSATION. PRIOR YEAR CONTRIBUTIONS TO THE PLAN WERE PREVIOUSLY REPORTED ON FORM 990 AND ARE INDICATED ON SCHEDULE J, PART II, COLUMN (F). Kevin Stierer, \$122,763. Kristin Bryce, \$212,686. Mary Zorzi, \$607,999. RENAY D. TYLER, \$187,829. DURING THE FISCAL YEAR-ENDED JUNE 30, 2021, 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: ALISON G. BROWN S. MICHELLE LEE JON P. BURNS MICHAEL R. JABLONOVER, MD MOHAN SUNTHA, MD JOSEPH E. HOFFMAN III KATHLEEN MCCANN Aaron Rabinowitz LISA C. ROWEN Michelle Gourdine, MD Joel Klein John W. Ashworth
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: 20011424
Software Version: 2020v4.0
EIN: 52-1362793
Name: University of Maryland Medical System Corporation

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				
1Megan M Arthur FORMER SVP, GEN COUNSEL AND SEC'TY	(i)	0	0	521,669	0	0	521,669	0
	(ii)	0	0	0	0	0	0	0
1John W Ashworth III Former President/Officer	(i)	408,349	32,243	45,861	11,400	4,028	501,881	0
	(ii)	0	0	0	0	0	0	0
2S Michelle Lee SVP, CFO AND TREASURER	(i)	726,471	231,095	132,054	11,400	16,779	1,117,799	0
	(ii)	0	0	0	0	0	0	0
3AARON J RABINOWITZ SVP, GEN COUNSEL AND SECTY	(i)	329,799	163,962	61,878	11,400	18,481	585,520	0
	(ii)	162,615	0	0	0	0	162,615	0
4Mohan Suntha MD PRESIDENT AND CEO	(i)	1,702,133	1,348,000	330,250	11,400	29,770	3,421,553	0
	(ii)	0	0	0	0	0	0	0
5Stephen T Bartlett MD FORMER EVP AND CMO	(i)	0	0	977,499	0	0	977,499	0
	(ii)	0	0	0	0	0	0	0
6Keith D Persinger Former SVP AND CHIEF PERFORMANCE IMPROV OFFICER	(i)	0	0	697,743	0	966	698,709	0
	(ii)	0	0	0	0	0	0	0
7Alison G Brown PRESIDENT, UMMC MIDTOWN CAMPUS	(i)	560,691	265,100	98,823	11,400	21,285	957,299	0
	(ii)	0	0	0	0	0	0	0
8Jon P Burns SVP AND CIO	(i)	641,190	240,584	124,895	11,400	21,559	1,039,628	0
	(ii)	0	0	0	0	0	0	0
9Michelle Gourdine MD SVP & INTERIM CMO, UMMS	(i)	553,560	207,743	21,219	11,400	772	794,694	0
	(ii)	0	0	0	0	0	0	0
10Joseph E Hoffman III EVP AND CFO - UMMC	(i)	527,443	238,953	103,933	11,400	22,546	904,275	0
	(ii)	0	0	0	0	0	0	0
11Michael R Jablonover MD SVP & CMO, UMMC	(i)	498,288	216,921	104,343	11,400	32,182	863,134	0
	(ii)	0	0	0	0	0	0	0
12Kathleen M Mccann SVP, CHIEF HUMAN RESOURCE OFFICER	(i)	453,616	163,177	69,603	11,400	21,755	719,551	0
	(ii)	0	0	0	0	0	0	0
13Lisa C Rowen RN SVP AND CNO	(i)	467,941	207,954	94,673	11,400	3,451	785,419	0
	(ii)	0	0	0	0	0	0	0
14Bert W Omalley MD President and CEO, UMMC	(i)	141,518	100,000	217,500	24,231	1,737	484,986	0
	(ii)	0	0	0	0	0	0	0
15Gerald L Wollman Former SVP CORP OPERATIONS	(i)	0	0	581,132	0	4,679	585,811	0
	(ii)	0	0	0	0	0	0	0
16Kevin A Stierer SVP PERIOPERATIVE AND PROCEDURAL SVCS	(i)	381,159	210,568	186,398	11,338	2,907	792,370	97,253
	(ii)	0	0	0	0	0	0	0
17Renay D Tyler VP and Associate CNO	(i)	253,251	91,740	211,337	11,120	18,833	586,281	149,435
	(ii)	0	0	0	0	0	0	0
18Mary Zorzi VP, Deputy General Counsel	(i)	341,667	113,816	718,857	11,400	15,500	1,201,240	379,372
	(ii)	0	0	0	0	0	0	0
19Kristin Bryce Chief External Affairs	(i)	325,515	129,495	234,013	11,400	31,961	732,384	170,896
	(ii)	0	0	0	0	0	0	0

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				
21	Joel Klein	(i) 421,400	159,794	75,541	11,400	28,934	697,069	0
	SVP and CIO	(ii) 0	0	0	0	0	0	0

Do NOT print - DO NOT PROCESS		As Filed Data -		DLN: 93493133032712									
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.													
Schedule K (Form 990)		Supplemental Information on Tax-Exempt Bonds										OMB No. 1545-0047	
												2020	
		▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.											
▶ Attach to Form 990.													
▶Go to www.irs.gov/Form990 for instructions and the latest information.										Employer identification number 52-1362793			
Department of the Treasury Internal Revenue Service Name of the organization University of Maryland Medical System Corporation													
Part I		Bond Issues											
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing		
							Yes	No	Yes	No	Yes	No	
A MHHEFA (SERIES 2007A&B)		52-0936091	574217G74	09-12-2007	137,795,000	ADVANCED REFUNDING OF SERIES 2002 BONDS, AND SERIES 2001 BONDS	X			X		X	
B MHHEFA (SERIES 2008A-E)		52-0936091	574217U78	05-21-2008	280,000,000	CURRENT REFUNDING- 2006B-F BONDS	X			X		X	
C MHHEFA (SERIES 2008F)		52-0936091	574217Y66	07-10-2008	89,764,001	CURRENT REFUNDING- 2006B-F BONDS		X		X		X	
D MHHEFA (SERIES 2010)		52-0936091	5742175D3	01-07-2010	241,441,656	FINANCE 2010 FACILITY COSTS; AND REFUND SERIES 2008G, SERIES 2008H AND SERIES 2004A BONDS		X		X		X	
Part II		Proceeds											
					A	B	C		D				
1	Amount of bonds retired				23,340,000		89,764,001		241,441,656				
2	Amount of bonds legally defeased				41,175,000	175,000,000							
3	Total proceeds of issue				137,849,502	280,000,000	89,951,422		243,598,715				
4	Gross proceeds in reserve funds								17,980,097				
5	Capitalized interest from proceeds												
6	Proceeds in refunding escrows												
7	Issuance costs from proceeds				1,120,731	1,586,410	792,457		2,656,305				
8	Credit enhancement from proceeds				19,824	188,590							
9	Working capital expenditures from proceeds												
10	Capital expenditures from proceeds								130,000,000				
11	Other spent proceeds				136,708,947	278,225,000	89,158,965		92,962,313				
12	Other unspent proceeds												
13	Year of substantial completion								2012				
					Yes	No	Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?					X	X		X		X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?				X		X		X			X	
16	Has the final allocation of proceeds been made?				X		X		X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X		
Part III		Private Business Use											
					A		B		C		D		
					Yes	No	Yes	No	Yes	No	Yes	No	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X		X	
2	Are there any lease arrangements that may result in private business use of bond-financed property?					X		X		X		X	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
Cat. No. 50193E													
Schedule K (Form 990) 2020													

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b Name of provider	JP MORGAN BANK OF AMERICA		JP MORGAN BANK OF AMERICA					
c Term of hedge	2700 %		3460 %					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part I, Column (f) Description of purpose ISSUER NAME: MHHEFA (SERIES 2013A)	ACQUISITION COSTS RELATED TO ST. JOSEPH MEDICAL CENTER; FINANCE CAPITAL PROJECTS; AND REFUND SERIES 1998, SERIES 2004B AND SERIES 2005.

Return Reference	Explanation
Schedule K, Part I, Column (f) Description of Purpose ISSUER NAME: MHHEFA (SERIES 2017D)	BONDS TO FINANCE A PORTION OF ACQUISITION COSTS RELATED TO UM CAPITAL REGION AND CONSTRUCTION COSTS OF NEW REGIONAL MEDICAL CENTER AND NEW FREESTANDING MEDICAL FACILITY.

Return Reference	Explanation
Schedule K, Part II, Line 3 MHHEFA (Series 2007A&B)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$54,502.

Return Reference	Explanation
Schedule K, Part II, Line 3 MMHEFA (Series 2008F)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$187,421.

Return Reference	Explanation
Schedule K, Part II, Line 3 MHHEFA (SERIES 2010)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$2,157,059.

Return Reference	Explanation
Schedule K, Part II, Line 3 MHHEFA (SERIES 2013A)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$72,288.

Return Reference	Explanation
Schedule K, Part II, Line 3 MHHEFA (SERIES 2015)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$3,496.

Return Reference	Explanation
Schedule K, Part II, Line 3 MHHEFA (Series 2017B)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$5,958.

Return Reference	Explanation
Schedule K, Part II, Line 3 MHHEFA (Series 2017D)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$7,437,431.

Return Reference	Explanation
Schedule K, Part II, Line 3 MHHEFA (Series 2020B)	The difference between the issue price and the total proceeds of issue is investment earnings in the amount of \$267,479.

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name: MHHEFA (SERIES 2007A&B) The calculation for computing no rebate due was performed on 07/01/2017

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name: MHHEFA (SERIES 2008A-E) The calculation for computing no rebate due was performed on 07/01/2017

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name: MHHEFA (SERIES 2008F) The calculation for computing no rebate due was performed on 07/01/2018

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	Issuer name: MHHEFA (SERIES 2010) The calculation for computing no rebate due was performed on 04/01/2019

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name: MHHEFA (SERIES 2013A) The calculation for computing no rebate due was performed on 07/01/2017

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Maryland Medical System Corporation

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number
52-1362793

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2013A)	52-0936091	574218MH3	03-08-2013	265,377,428	(See Statement)	X			X		X
B MHHEFA (SERIES 2015)	52-0936091	574218WD1	05-21-2015	86,603,677	ADVANCED REFUNDING OF SERIES 2006A BONDS AND SERIES 2008C (UCHS) BONDS		X		X		X
C MHHEFA (SERIES 2016A-D)	52-0936091		09-27-2016	212,785,000	REFUNDING OF SERIES- 2012A-D BONDS		X		X		X
D MHHEFA (SERIES 2016E&F)	52-0936091		10-13-2016	108,730,000	REFUNDING OF SERIES 2011B/C (UCHS) BONDS		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	29,080,000		8,005,000		5,085,000		11,865,000	
2	Amount of bonds legally defeased	218,200,000							
3	Total proceeds of issue	265,449,715		86,607,173		212,785,000		108,730,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,662,975		9,475		720,000		310,000	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	173,100,000							
11	Other spent proceeds	89,686,740		86,597,698		212,065,000		108,420,000	
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?	X		X			X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

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

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Maryland Medical System Corporation

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number
52-1362793

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (SERIES 2017A)	52-0936091		01-01-2017	44,010,000	REFUNDING OF SERIES 2011A (UCHS) BONDS		X		X		X
B MHHEFA (SERIES 2017B)	52-0936091	574218V75	02-02-2017	165,070,579	ADVANCED REFUNDING OF SER. 1991B BONDS, A PORTION OF SER. 2005 BONDS & A PORTION OF SER. 2010 BONDS		X		X		X
C MHHEFA (SERIES 2017D)	52-0936091	5742184J9	12-19-2017	147,182,498	(SEE STATEMENT)		X		X		X
D MHHEFA (Series 2020B)	52-0936091	57421CAT1	07-15-2020	183,994,470	To finance a portion of construction costs for BWMC, UCHS Aberdeen FMF and MOB, and BelAir campus.		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	2,375,000		9,425,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	44,010,000		165,076,538		154,619,929		184,261,949	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds					17,499,184		3,371,683	
6	Proceeds in refunding escrows			164,998,598					
7	Issuance costs from proceeds			77,940		1,570,898		963,303	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds					64,994,833		15,948,951	
11	Other spent proceeds	44,010,000							
12	Other unspent proceeds					70,555,014		163,978,012	
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X	X			X		X
16	Has the final allocation of proceeds been made?	X		X			X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

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

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

2020

Open to Public Inspection

Name of the organization
University of Maryland Medical System Corporation

Employer identification number
52-1362793

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 Irby	See Part V	138,857	See Part V		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV Line 1, Column B and Column D	Matthew Irby is a family member of John Ashworth III, a former officer of the filing organization. Matthew Irby was paid reasonable compensation as an employee of the filing organization.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

University of Maryland Medical System Corporation

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

2020

**Open to Public
Inspection**

Employer identification number

52-1362793

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	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 chairman, finance committee chairman or other member 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The organization 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 Governance Committee of the Board is responsible for administering and enforcing the Conflicts of Interest Policy (Policy). The Chair of the Governance Committee, having reviewed any and all conflicts with the Committee, 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'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 Governance 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. The Chief Compliance Officer reviews all disclosure statements for compliance with the Conflict of Interest Policy and any/all related UMMS policies to identify all actual or potential conflicts of interest. The Chief Compliance Officer prepares and submits to the Governance Committee annual and updated (where applicable) reports summarizing all relevant information contained in the disclosure statements. With respect to the other entities in the University of Maryland Medical System, the Chief Compliance Officer may be called for consult. If the Governance Committee determines that a Conflict of Interest exists, the Governance Committee shall notify the Covered Person, the UMMS Chief Executive Officer, and the UMMS Board Chair and further will notify the full Board at its next meeting. Furthermore, in the event the Governance Committee determines that an actual or perceived Conflict of Interest exists, the Committee shall decide how to address the Conflict of Interest. If the Governance Committee determines that a Conflict of Interest exists but that UMMS 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 Governance Committee and the Audit and Compliance Committee shall not have any Business Transactions with UMMS, nor shall their Family Members. I

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	If the Governance 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 UMMS, the Governance Committee shall recommend to the Executive Committee appropriate corrective action to be taken. All invitations for bids, proposals or solicitations for offers include the following provision: Any vendor, supplier or contractor must disclose any actual or potential transaction with any organization officer, director, employee or member of the medical staff, including family members within five days of the transaction. Failure to comply with this provision is a material breach of agreement. In addition, a board disclosure report is filed with the Maryland Health Services Cost Review Commission on an annual basis showing any business transactions totaling in excess of \$10,000 between the board members and/or their related entities and the organization.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The organization determines the executive compensation paid to its executives in the following manner prescribed in the IRS regulations: Executive compensation packages are determined by a committee of the board that is composed entirely of board members who have no conflict of interest. The committee acquires credible comparability market data concerning the compensation packages of similarly situated executives. The committee carefully reviews that data, the executive's performance and the proposed compensation packages during the decision making process. The committee memorializes its deliberations in detailed minutes reviewed and adopted at the next-following meeting. The committee seeks an opinion of counsel that it has met the requirements of the IRS intermediate sanctions regulations. This process is used to determine the compensation packages for all management employees from the Vice President level and up.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The organization determines the executive compensation paid to its executives in the following manner prescribed in the IRS regulations: Executive compensation packages are determined by a committee of the board that is composed entirely of board members who have no conflict of interest. The committee acquires credible comparability market data concerning the compensation packages of similarly situated executives. The committee carefully reviews that data, the executive's performance and the proposed compensation packages during the decision making process. The committee memorializes its deliberations in detailed minutes reviewed and adopted at the next-following meeting. The committee seeks an opinion of counsel that it has met the requirements of the IRS intermediate sanctions regulations. This process is used to determine the compensation packages for all management employees from the Vice President level and up.

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 MARYLAND 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 VII, Section A HOURS ON RELATED ENTITIES	UMMS IS A MULTI-ENTITY HEALTH CARE SYSTEM THAT INCLUDES 13 ACUTE CARE HOSPITALS, 1 ACUTE CARE HOSPITAL OWNED IN A JOINT VENTURE ARRANGEMENT AND VARIOUS SUPPORTING ENTITIES. A NUMBER OF INDIVIDUALS PROVIDE SERVICES TO VARIOUS ENTITIES WITHIN THE SYSTEM. IN GENERAL, THE OFFICERS AND KEY EMPLOYEES OF UMMS AVERAGE IN EXCESS OF 40 HOURS PER WEEK SERVING THE DIFFERENT ENTITIES THAT COMPRISE UMMS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other - Total Revenue: 2061553, Related or Exempt Function Revenue: 0, Unrelated Business Revenue: 0, Revenue Excluded from Tax Under Sections 512, 513, or 514: 2061553; Cafe - Total Revenue: 363776, Related or Exempt Function Revenue: 0, Unrelated Business Revenue: 0, Revenue Excluded from Tax Under Sections 512, 513, or 514: 363776; Residents - Total Revenue: 377716, Related or Exempt Function Revenue: 377716, Unrelated Business Revenue: 0, Revenue Excluded from Tax Under Sections 512, 513, or 514: 0; Rebates/Discounts - Total Revenue: 1228274, Related or Exempt Function Revenue: 0, Unrelated Business Revenue: 0, Revenue Excluded from Tax Under Sections 512, 513, or 514: 1228274; AMCC distribution - Total Revenue: 1026499, Related or Exempt Function Revenue: 0, Unrelated Business Revenue: 0, Revenue Excluded from Tax Under Sections 512, 513, or 514: 1026499;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	SWAP VALUATION AND EXPENSE - 66821121; CIP TRANSFERS - -343550295; MALPRACTICE - 745000; Health Plans Capital Contril - 3010000; IT ENTERPRISE - 17829333; UCHS CAPITAL CONTRIBUTION ESCROW - -15000000; CORP DEPRECIATION ALLOCATION - -17362425; CHANGE IN ECONOMIC INTEREST OF FOUNDATION - 11632509; UMCap Loan - -2723014; STRATEGIC PRIORITIES - 8914667; INVESTMENT IN MWPH - 1801735; EQUITY TRANSFER - 8632976; OTHER - 431459;

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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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

2020

Open to Public Inspection

Name of the organization
University of Maryland Medical System Corporation

Employer identification number
52-1362793

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

See Additional Data Table

(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	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e Yes	
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

See Additional Data Table

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

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 20011424

Software Version: 2020v4.0

EIN: 52-1362793

Name: University of Maryland Medical System Corporation

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
36 S PACA STREET LLC 36 S PACA STREET BALTIMORE, MD 21211 56-2544990	RENTAL	MD	744,000	11,763,000	UMMSC
UNIVERSITY OF MARYLAND ECARE LLC 250 W PRATT STREET BALTIMORE, MD 21201 46-1441270	HEALTHCARE	MD	0	421,886	UMMSC
UNIVERSITY OF MARYLAND MEDICAL CENTER 250 W PRATT STREET BALTIMORE, MD 21201 32-0443777	HEALTHCARE	MD	0	0	UMMSC
UNIVERSITY OF MARYLAND HEALTH VENTURES 250 W PRATT STREET BALTIMORE, MD 21201 47-4794292	HEALTHCARE	MD	0	84,587,000	UMMSC
UMRMC LLC 250 W PRATT STREET BALTIMORE, MD 21201	HEALTHCARE	MD	0	0	UMMSC
UMMC I LLC 250 W PRATT STREET BALTIMORE, MD 21201 38-3945516	HEALTHCARE	MD	0	0	UMMSC
UNIVERSITY OF MD QUALITY CARE NETWORK 250 W PRATT STREET BALTIMORE, MD 21201 37-1824357	HEALTHCARE	MD	400,000	196,000	UMMSC
University of Maryland Care Transformation Organization LLC 250 W Pratt Street Baltimore, MD 21201 83-1206196	Healthcare	MD	5,712,000	998,000	UMMSC
UMMS Ambulatory Care LLC 250 W Pratt Street Baltimore, MD 21201 84-4670595	Healthcare	MD	24,175,000	8,134,000	UMMSC
University of Maryland Medical Regional Supplier Services LLC 7601 Osler Drive Towson, MD 21204 45-5565991	Healthcare	MD	24,094,000	1,338,000	UMMSC
ChoiceOne Urgent Care of Baltimore LLC 250 W PRATT STREET BALTIMORE, MD 21201 47-3387489	Healthcare	MD	0	0	UMAC
ChoiceOne Urgent Care of Baltimore 2 LLC 250 W PRATT STREET BALTIMORE, MD 21201 82-3238125	Healthcare	MD	0	0	UMAC
ChoiceOne Urgent Care of Eastern Shore LLC 250 W PRATT STREET BALTIMORE, MD 21201 35-2541916	Healthcare	MD	0	0	UMAC
ChoiceOne Urgent Care of Upper Chesapeake LLC 250 W PRATT STREET BALTIMORE, MD 21201 35-2539267	Healthcare	MD	0	0	UMAC

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	Yes	
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1830243	HEALTHCARE	MD	501(c)(3)	Type I	UMBWMS	Yes	
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-0689917	HEALTHCARE	MD	501(c)(3)	3	UMBWMS	Yes	
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1830242	HEALTHCARE	MD	501(c)(3)	Type I	UMMSC	Yes	
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1318404	REAL ESTATE	MD	501(c)(2)		NCC	Yes	
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1591355	REAL ESTATE	MD	501(c)(2)		UMBWMS	Yes	
100 BROWN STREET CHESTERTOWN, MD 21620 52-1338861	FUNDRAISING	MD	501(c)(3)	8	UMSRH	Yes	
100 BROWN STREET CHESTERTOWN, MD 21620 52-2046500	HEALTHCARE	MD	501(c)(3)	Type I	UMMSC	Yes	
100 BROWN STREET CHESTERTOWN, MD 21620 52-0679694	HEALTHCARE	MD	501(c)(3)	3	UMSRH	Yes	
200 MORGNEC ROAD CHESTERTOWN, MD 21620 52-6070333	HEALTHCARE	MD	501(c)(3)	10	UMSRH	Yes	
827 LINDEN AVENUE BALTIMORE, MD 21201 52-1566211	HEALTHCARE	MD	501(c)(3)	Type II	UMMTH	Yes	
827 LINDEN AVENUE BALTIMORE, MD 21201 52-1175337	HEALTHCARE	MD	501(c)(3)	Type II	UMMSC	Yes	
827 LINDEN AVENUE BALTIMORE, MD 21201 52-0591667	HEALTHCARE	MD	501(c)(3)	3	UMMTH	Yes	
219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1510269	HEALTHCARE	MD	501(c)(3)	10	SHS	Yes	
219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1282080	FUNDRAISING	MD	501(c)(3)	Type I	SHS	Yes	
22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1874111	HEALTHCARE	MD	501(c)(3)	3	UMSRH	Yes	
219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-0160538	HEALTHCARE	MD	501(c)(3)	3	UMSRH	Yes	
2200 KERNAN DRIVE BALTIMORE, MD 21207 52-0591639	HEALTHCARE	MD	501(c)(3)	3	UMMSC	Yes	
22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-2238893	FUNDRAISING	MD	501(c)(3)	Type I	UMMSC	Yes	
PO BOX 1070 LA PLATA, MD 20646 52-2155576	HEALTHCARE	MD	501(c)(3)	Type III-FI	UMMSC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 1070 LA PLATA, MD 20646 52-0445374	HEALTHCARE	MD	501(c)(3)	3	UMCRH	Yes	
PO BOX 1070 LA PLATA, MD 20646 52-1414564	FUNDRAISING	MD	501(c)(3)	Type I	UMCRH	Yes	
7601 OSLER DRIVE TOWSON, MD 21204 52-1681044	FUNDRAISING	MD	501(c)(3)	Type I	UMSJHS	Yes	
7601 OSLER DRIVE TOWSON, MD 21204 46-2097818	HEALTHCARE	MD	501(c)(3)	3	UMMSC	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-0591484	HEALTHCARE	MD	501(c)(3)	3	UMUCHS	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1398513	HEALTHCARE	MD	501(c)(3)	Type III-O	UMMSC	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1398507	FUNDRAISING	MD	501(c)(3)	Type I	UMUCHS	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1253920	HEALTHCARE	MD	501(c)(3)	3	UMUCHS	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1501734	HEALTHCARE	MD	501(c)(3)	10	UMUCHS	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1907237	REAL ESTATE	MD	501(c)(2)		UMUCHS	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 26-0737028	HOSPICE	MD	501(c)(3)	10	UMUCHS	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1229742	HOME CARE	MD	501(c)(3)	Type II	UMUCHS	Yes	
901 HARRY S TRUMAN DRIVE N UPPER MARLBORO, MD 20774 52-1289729	HEALTHCARE	MD	501(c)(3)	3	UMMSC	Yes	
901 Harry S Truman Drive N Upper Marlboro, MD 20774 52-1902711	HEALTHCARE	MD	501(c)(3)	Type I	UMCAPRH	Yes	
250 W PRATT ST STE 2400 BALTIMORE, MD 21201 82-3596114	HEALTHCARE	MD	501(c)(3)	Type III-FI	UMMSC	Yes	
520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-0882914	FUNDRAISING	MD	501(c)(3)	Type II	UMUCHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate 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	Related	74,489	3,852,678		No			No	90 %
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	Related	0	2,405,203		No		Yes		80 %

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				Yes	
BALTIMORE WASHINGTON HEALTH ENTERPRISES 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1936656	HEALTHCARE	MD	NA	C Corporation				Yes	
BW PROFESSIONAL SERVICES INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1655640	HEALTHCARE	MD	NA	C Corporation				Yes	
NA EXECUTIVE BUILDING CONDO ASSN INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	NA	C Corporation				Yes	
UM CHARLES REGIONAL CARE PARTNERS PO BOX 1070 LA PLATA, MD 20646 52-2176314	HEALTHCARE	MD	NA	C Corporation				Yes	
UNIVERSITY MIDTOWN PROF CENTER 827 LINDEN AVENUE BALTIMORE, MD 21201 52-1891126	REAL ESTATE	MD	NA	C Corporation				Yes	
UNIVERSITY OF MARYLAND HEALTH ADVANTAGE 22 SOUTH GREENE STREET BALTIMORE, MD 21201 46-1411902	INSURANCE	MD	NA	C Corporation				Yes	
UNIVERSITY OF MARYLAND HEALTH PARTNERS 22 SOUTH GREENE STREET BALTIMORE, MD 21201 45-2815803	INSURANCE	MD	NA	C Corporation				Yes	
UNIVERSITY OF MARYLAND MEDICAL SYSTEM HE 22 SOUTH GREENE STREET BALTIMORE, MD 21201 45-2815722	INSURANCE	MD	NA	C Corporation				Yes	
UPPER CHESAPEAKE HEALTH VENTURES INC 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-2031264	HEALTHCARE	MD	NA	C Corporation				Yes	
UPPER CHESAPEAKE MEDICAL CENTER LAND CON 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 77-0674478	REAL ESTATE	MD	NA	C Corporation				Yes	
UPPER CHESAPEAKE MEDICAL OFFICE BUILDING 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014 52-1946829	REAL ESTATE	MD	NA	C Corporation				Yes	
SHORE ORTHOPEDICS INC 219 S WASHINGTON STREET EASTON, MD 21601 37-1817262	HEALTHCARE	MD	NA	C Corporation				Yes	
MADISON MANOR INC 5801 42ND AVE HYATTSVILLE, MD 20781 52-1269059	HEALTHCARE	MD	NA	C Corporation				Yes	
AFFILIATED ENTERPRISES INC 3001 HOSPITAL DRIVE CHEVERLY, MD 20785 52-1542144	HEALTHCARE	MD	NA	C Corporation				Yes	

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	Yes	C Corporation	0	31,959,092	100 %	Yes	
RIVERSIDE HEALTH OF DELAWARE INC 1966 GREENSPRING DRIVE STE 600 TIMONIUM, MD 21093 46-3205820	HEALTHCARE	DE	NA	C Corporation				Yes	
RIVERSIDE HEALTH OF DC INC 1966 GREENSPRING DRIVE STE 600 TIMONIUM, MD 21093 46-1411713	HEALTHCARE	DC	NA	C Corporation				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UMSJ Health System LLC	A	1,858,083	FMV
Baltimore Washington Medical Center Inc	L	2,723,971	FMV
Baltimore Washington Medical Center Inc	O	1,247,753	FMV
Baltimore Washington Medical Center Inc	Q	50,382,592	FMV
Civista Medical Center Inc	L	833,714	FMV
Civista Medical Center Inc	Q	16,565,088	FMV
James Lawrence Kernan Hospital Inc	L	752,027	FMV
James Lawrence Kernan Hospital Inc	O	929,053	FMV
James Lawrence Kernan Hospital Inc	Q	11,671,669	FMV
Maryland General Hospital Inc	L	1,814,332	FMV
Maryland General Hospital Inc	M	9,595,722	FMV
Maryland General Hospital Inc	O	3,072,934	FMV
Maryland General Hospital Inc	Q	43,517,020	FMV
Shore Health System Inc	L	1,645,300	FMV
Shore Health System Inc	O	162,183	FMV
Shore Health System Inc	Q	39,818,197	FMV
UMSJ Health System LLC	L	2,242,881	FMV
UMSJ Health System LLC	M	17,438,680	FMV
UMSJ Health System LLC	Q	45,151,741	FMV
University of Maryland Upper Chesapeake Health System Inc	L	680,172	FMV
University of Maryland Upper Chesapeake Health System Inc	M	11,608,511	FMV
University of Maryland Upper Chesapeake Health System Inc	O	1,287,392	FMV
University of Maryland Upper Chesapeake Health System Inc	Q	41,531,319	FMV
UM Capital Region Health Inc	L	796,575	FMV
UM Capital Region Health Inc	O	411,147	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UM Capital Region Health Inc	Q	38,534,248	FMV
University of Maryland Medical System Foundation Inc	C	4,180,326	FMV