

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

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

C Name of organization HARFORD MEMORIAL HOSPITAL, INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
501 SOUTH UNION AVE
 City or town, state or province, country, and ZIP or foreign postal code
HAVRE DE GRACE, MD 21078

D Employer identification number 52-0591484

E Telephone number (443) 643-1000

F Name and address of principal officer: LYLE E. SHELDON
SAME AS C ABOVE

G Gross receipts \$ 178,254,392

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

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

J Website: ▶ WWW.UMMS.ORG/UCH

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1911

M State of legal domicile: MD

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>19</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>13</u>
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	<u>984</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>198</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>6,164,295</u>	<u>5,184,825</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>89,506,081</u>	<u>97,431,774</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,835,815</u>	<u>3,398,103</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>97,757,591</u>	<u>106,374,312</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>	<u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>52,557,438</u>	<u>54,109,713</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>40,240,899</u>	<u>46,662,235</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>92,798,337</u>	<u>100,771,948</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>4,959,254</u>	<u>5,602,364</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>204,952,590</u>	<u>207,030,191</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>99,514,182</u>	<u>78,112,654</u>
			<u>105,438,408</u>	<u>128,917,537</u>

Part II Signature Block

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

Sign Here

Signature of officer: MARCO PRIOLO, CFO Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JUSTIN LOWE Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P01866796
 Firm's name ▶ ERNST & YOUNG U.S. LLP Firm's EIN ▶ 34-6565596
 Firm's address ▶ 1101 NEW YORK AVE NW, WASHINGTON, DC 20005 Phone no. (202) 327-6000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
AN ACUTE CARE, NON-PROFIT HOSPITAL, HARFORD MEMORIAL HOSPITAL OFFERS A FULL COMPLEMENT OF MEDICAL, DIAGNOSTIC, AND EMERGENCY CARE SERVICES. THE HOSPITAL HAS A STATE-OF-THE-ART ICU/PCU AND A BUSY EMERGENCY DEPARTMENT THAT CARES FOR OVER 50,000 PATIENTS A YEAR. HARFORD MEMORIAL OFFERS
(CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 69,826,162 including grants of \$ 0) (Revenue \$ 97,431,774)
PROVIDING HEALTHCARE SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH SERVICES.

FOR MORE THAN 90 YEARS, UPPER CHESAPEAKE HEALTH HAS BEEN PROVIDING COMPREHENSIVE, HIGH QUALITY HEALTHCARE. ITS TWO HOSPITALS, HARFORD MEMORIAL HOSPITAL AND UPPER CHESAPEAKE MEDICAL CENTER OFFER SOME OF THE AREA'S MOST ADVANCED INPATIENT AND OUTPATIENT SERVICES SO THAT PATIENTS CAN ENJOY THE SUPERIOR WELLNESS RESOURCES A HEALTHY LIFESTYLE NEEDS, WITHOUT LEAVING THEIR NEIGHBORHOOD. UPPER CHESAPEAKE HEALTH IS A COMMUNITY-BASED, NON-PROFIT HEALTH SYSTEM LOCATED IN HARFORD COUNTY, MARYLAND. OUR VISION IS BASED ON CREATING THE HEALTHIEST COMMUNITY IN MARYLAND. BUILDING ON THAT
(CONTINUED ON SCHEDULE O)

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

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

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

4e Total program service expenses ▶ 69,826,162

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I See instructions</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>

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>		✓
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>	✓	
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>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		✓
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>		✓
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>		✓
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>		✓
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>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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>	✓	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>	✓	
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>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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>		
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>		✓
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>		✓
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.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

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

		Yes	No		
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	984		
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		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
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			✓
b	If "Yes," enter the name of the foreign country ▶ 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			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
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			✓
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			✓
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			✓
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			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
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?	12a			
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			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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			✓
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			✓

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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		
	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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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 on Schedule O		<input checked="" type="checkbox"/>

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

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 MARCO PRIOLO, 520 UPPER CHESAPEAKE DRIVE, STE 405, BEL AIR, MD 21014, (443) 643-1000

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOHAN SUNTHA, MD PRESIDENT/CEO, UMMS	1.0 61.0	✓						0	3,380,383	41,170
(2) LYLE E SHELDON PRESIDENT/CEO, UMUCHS	1.0 48.0	✓		✓				0	1,196,186	74,716
(3) S. MICHELLE LEE DIRECTOR	1.0 46.0	✓						0	1,089,620	28,179
(4) JOSEPH E HOFFMAN, III FORMER CFO	0.0 43.0					✓		0	870,329	33,946
(5) MUHAMMAD K JOKHADAR, MD EX-OFFICIO, PHYSICIAN	1.0 43.0	✓						0	419,827	40,531
(6) STEPHEN V WITMAN SR VP/CFO - UMUCHS (ENDED 08/20)	1.0 47.0			✓				0	344,850	51,502
(7) NICOLE N MCLEOD REGISTERED NURSE	40.0 0.0					✓		276,004	0	9,670
(8) MARY ANN C VILLAR CLINICAL NURSE	40.0 0.0					✓		193,196	0	35,915
(9) BRANDON PHILLIPS NP-ADV PRACTICE CLINICAL LEAD	40.0 0.0					✓		194,272	0	33,464
(10) HEIDI M HUMAN CLINICAL NURSE	40.0 0.0					✓		201,181	0	7,669
(11) SUSAN A COSTA DIRECTOR BARIATRIC SURGERY	40.0 0.0					✓		192,133	0	14,036
(12) MARCO PRIOLO CFO	1.0 47.0			✓				0	34,615	3,635
(13) BRYAN E KELLY CHAIRMAN	1.0 6.0	✓		✓				0	0	0
(14) DENNIS KURGANSKY, MD SECRETARY	1.0 6.0	✓		✓				0	0	0

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			
(15) FRANKLIN J HAJEK TREASURER (ENDED 11/20)	1.0 5.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(16) JAMES M HARKINS VICE CHAIRMAN	1.0 8.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(17) MICHAEL F ALLEN TREASURER	1.0 5.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(18) ADELE A WILZACK, RN, MS DIRECTOR	1.0 7.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(19) ALBERT J. A YOUNG, ESQ DIRECTOR	1.0 5.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(20) JASON BIRNBAUM, MD DIRECTOR	1.0 4.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(21) LAWRENCE SCANLAN DIRECTOR	1.0 4.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(22) LISA THOMAS, MD EX-OFFICIO, PHYSICIAN	1.0 4.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(23) MELINDA L CRAIG DIRECTOR	1.0 6.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(24) R. BRYAN KILBY DIRECTOR	1.0 5.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(25) (SEE STATEMENT)										
1b Subtotal								1,056,786	7,335,810	374,433
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,056,786	7,335,810	374,433

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 **▶** 92

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
MARYLAND ANESTHESIA & PAIN MANAGEMENT, LLC, PO BOX 639425, CINCINNATI, OH 45263	PHYSICIAN FEES	3,798,702
CROSS COUNTRY TRAVCORPS, INC., PO BOX 404674, ATLANTA, GA 30384	AGENCY NURSING	3,059,589
PCCAB, 501 FAIRMOUNT AVENUE, TOWSON, MD 21286	PHYSICIAN FEES	1,481,520
ST. AGNES HEALTHCARE, 900 CATON AVE, BALTIMORE, MD 21229	PHYSICIAN FEES	405,925
RAMON DEJESUS, PO BOX 845, BEL AIR, MD 21014	PHYSICIAN FEES	394,081

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 **▶** 39

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a								
	b	Membership dues	1b								
	c	Fundraising events	1c								
	d	Related organizations	1d								
	e	Government grants (contributions)	1e	5,184,825							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f								
	g	Noncash contributions included in lines 1a-1f	1g	\$							
	h	Total. Add lines 1a-1f ▶		5,184,825							
	Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621110	97,431,774	97,431,774	0	0			
b		-----									
c		-----									
d		-----									
e		-----									
f		All other program service revenue		0	0	0	0				
g		Total. Add lines 2a-2f ▶		97,431,774							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		856,327	0	0	856,327				
	4	Income from investment of tax-exempt bond proceeds ▶									
	5	Royalties ▶									
	6a	Gross rents	6a	(i) Real	816,903	0					
				(ii) Personal							
				6b					Less: rental expenses	814,856	0
				6c					Rental income or (loss)	2,047	0
	d	Net rental income or (loss) ▶		2,047	0	0	2,047				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	73,607,000	0					
				(ii) Other							
				7b					Less: cost or other basis and sales expenses	71,065,224	0
				7c					Gain or (loss)	2,541,776	0
	d	Net gain or (loss) ▶		2,541,776	0	0	2,541,776				
	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	11a	CAFETERIA SALES/VENDING	Business Code 722514	357,563	0	0	357,563				
	b	-----									
	c	-----									
	d	All other revenue		0	0	0	0				
	e	Total. Add lines 11a-11d ▶		357,563							
12	Total revenue. See instructions ▶		106,374,312	97,431,774	0	3,757,713					

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				
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	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	44,063,810	33,929,134	10,134,676	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,915,290	5,324,773	1,590,517	0
10	Payroll taxes	3,130,613	2,410,572	720,041	0
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying	1,461	0	1,461	0
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	192,336	0	192,336	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,241,428	0	1,241,428	0
12	Advertising and promotion	542	0	542	0
13	Office expenses	1,465,050	43,952	1,421,098	0
14	Information technology				
15	Royalties				
16	Occupancy	7,020,378	1,263,668	5,756,710	0
17	Travel	6,544	1,767	4,777	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,468	7,662	21,806	0
20	Interest	942,297	678,454	263,843	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,806,196	3,460,461	1,345,735	0
23	Insurance	1,313,672	945,844	367,828	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MEDICAL SUPPLIES	7,883,504	7,883,504	0	0
b	PHYSICIAN FEES	5,237,173	5,237,173	0	0
c	BAD DEBT	6,393,022	6,393,022	0	0
d	PURCHASED SERVICES	4,305,568	92,063	4,213,505	0
e	All other expenses	5,823,596	2,154,113	3,669,483	0
25	Total functional expenses. Add lines 1 through 24e	100,771,948	69,826,162	30,945,786	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	30,872,377	1	18,325,878
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,859,228	4	8,305,490
	5 Loans and other receivables from 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	3,464,603	8	3,009,063
	9 Prepaid expenses and deferred charges	727,365	9	1,203,733
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 88,206,005		
	b Less: accumulated depreciation	10b 35,737,375	63,120,864	10c 52,468,630
	11 Investments—publicly traded securities	96,908,153	11	117,993,797
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	5,723,600
16 Total assets. Add lines 1 through 15 (must equal line 33)	204,952,590	16	207,030,191	
Liabilities	17 Accounts payable and accrued expenses	55,099,879	17	33,749,658
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	44,414,303	25	44,362,996
	26 Total liabilities. Add lines 17 through 25	99,514,182	26	78,112,654
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	105,438,408	27	128,917,537
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	105,438,408	32	128,917,537	
33 Total liabilities and net assets/fund balances	204,952,590	33	207,030,191	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	106,374,312
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,771,948
3	Revenue less expenses. Subtract line 2 from line 1	3	5,602,364
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	105,438,408
5	Net unrealized gains (losses) on investments	5	17,861,815
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 on Schedule O)	9	14,950
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	128,917,537

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
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 on Schedule O.	✓	
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?	✓	
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 on Schedule O and describe any steps taken to undergo such audits.	✓	

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 (Check all that apply)						(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			
(25) RICHARD P STREETT, JR, VMD ----- DIRECTOR	1.0 ----- 6.0	✓						0	0	0
(26) SHARON M LIPFORD ----- DIRECTOR	1.0 ----- 4.0	✓						0	0	0
(27) TOBIAS MUSSER ----- DIRECTOR	1.0 ----- 3.0	✓						0	0	0
(28) WILLIAM B ALLEN, PHD ----- DIRECTOR	1.0 ----- 6.0	✓						0	0	0
(29) WILLIAM J WARD, JR ----- DIRECTOR (ENDED 07/20)	1.0 ----- 5.0	✓						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization HARFORD MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591484
--	---

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 **section 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 33¹/₃% 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 33¹/₃% 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 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						<input type="checkbox"/>

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 from 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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
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>		
3b	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>		
3c	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>		
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>		
4b	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>		
4c	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>		
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>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
9b	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>		
9c	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>		
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>		
10b	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>		

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?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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).		
2		
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.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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.	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 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 .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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 3e			
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. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result 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			

Schedule of Contributors

2020

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization HARFORD MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591484
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)(3) (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering “N/A” in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don’t complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HARFORD MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591484
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 5,184,825	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HARFORD MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591484
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----

Name of organization HARFORD MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591484
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 organization HARFORD MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591484
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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 (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		1,461
j Total. Add lines 1c through 1i			1,461
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
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 campaign activity 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.

SEE NEXT PAGE

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 - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA). MHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA REPORTED THAT 2.93% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AS AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C, PART II-B AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HARFORD MEMORIAL HOSPITAL, INC.

Employer identification number 52-0591484

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2 regarding collections of art and historical treasures.

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 make 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 program
- 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:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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
- (ii)** Related organizations

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

b If "Yes" on line 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		3,000,000		3,000,000
b Buildings		12,764,681	12,288,529	476,152
c Leasehold improvements		211,921	75,749	136,172
d Equipment		30,748,302	23,373,097	7,375,205
e Other		41,481,101	0	41,481,101
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				52,468,630

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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) NOTE PAYABLE TO UMMS	22,908,267
(3) ADVANCES FROM THIRD PARTY PAYORS	18,827,592
(4) ASBESTOS RETIREMENT OBLIGATION	1,196,618
(5) OTHER CURRENT LIABILITIES	1,430,519
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	44,362,996

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 FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 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.

SEE STATEMENT

Series of horizontal dashed lines for providing supplemental information.

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization HARFORD MEMORIAL HOSPITAL, INC.	Employer identification number 52 0591484
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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	✓	
b If "Yes," was it a written policy?	✓	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%	✓	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%	✓	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		✓
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	✓	
b If "Yes," did the organization make it available to the public?	✓	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			1,214,253	0	1,214,253	1.29
b Medicaid (from Worksheet 3, column a)			0	0	0	0.00
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	0	1,214,253	0	1,214,253	1.29
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,244,997	391,655	853,342	0.90
f Health professions education (from Worksheet 5)			582,670	0	582,670	0.62
g Subsidized health services (from Worksheet 6)			3,140,010	1,045,671	2,094,339	2.22
h Research (from Worksheet 7)			451,299	0	451,299	0.48
i Cash and in-kind contributions for community benefit (from Worksheet 8)			29,073	7,417	21,656	0.02
j Total. Other Benefits	0	0	5,448,049	1,444,743	4,003,306	4.24
k Total. Add lines 7d and 7j	0	0	6,662,302	1,444,743	5,217,559	5.53

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	0.00
2 Economic development			23	0	23	0.00
3 Community support			154	0	154	0.00
4 Environmental improvements			0	0	0	0.00
5 Leadership development and training for community members			0	0	0	0.00
6 Coalition building			25,805	0	25,805	0.03
7 Community health improvement advocacy			0	0	0	0.00
8 Workforce development			0	0	0	0.00
9 Other			0	0	0	0.00
10 Total	0	0	25,982	0	25,982	0.03

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	✓
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	5,428,315
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	35,378,028
6	Enter Medicare allowable costs of care relating to payments on line 5	6	31,955,684
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	3,422,344
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	✓
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	✓

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 HARFORD MEMORIAL HOSPITAL, INC.
 501 SOUTH UNION AVENUE, HAVRE DE GRACE, MD 21078
 WWW.UMMS.ORG/UCH STATE LICENSE NO. : 12-004

2

3

4

5

6

7

8

9

10

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

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		✓
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		✓
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):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	✓	
6b	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	✓	
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):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.umms.org/uch/community</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>www.harfordcountyhealth.com</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," (list url): <u>https://www.umms.org/uch/community</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group 1

		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:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>3</u> <u>0</u> <u>0</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
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):	✓	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group 1

	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?	✓	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group 1

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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.	23	✓
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	✓

Part V, Section C

Supplemental Information. 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: HARFORD MEMORIAL HOSPITAL, INC.</p> <p>DESCRIPTION: IN ORDER TO GAIN A BETTER UNDERSTANDING OF THE HARFORD COUNTY COMMUNITY, QUALITATIVE DATA WAS COLLECTED BY STAKEHOLDERS FROM THE LOCAL HEALTH IMPROVEMENT COALITION (LHIC) THROUGH A SURVEY. THERE WAS ALSO A SERIES OF TARGETED FOCUS GROUPS WITH THE STAKEHOLDERS AND COMMUNITY MEMBERS.</p> <p>FOLLOWING THE OCTOBER 2020 VIRTUAL LOCAL HEALTH IMPROVEMENT COALITION (LHIC) ANNUAL MEETING, MANY STAKEHOLDERS REPRESENTING DIVERSE COMMUNITY INTERESTS FILLED OUT A BRIEF SURVEY ON HEALTH AND SOCIAL DETERMINANTS. THESE STAKEHOLDERS PROVIDED PARTICULAR INSIGHT INTO THE CHALLENGES FACING THE MEDICALLY UNDER-SERVED, LOW INCOME, MARGINALIZED, AND MINORITY POPULATIONS.</p> <p>LHIC STAKEHOLDER ORGANIZATIONS</p> <p>LOCAL HEALTH DEPARTMENT:</p> <p>HARFORD COUNTY HEALTH DEPARTMENT</p> <p>LOCAL HEALTH IMPROVEMENT COALITION:</p> <p>BEHAVIORAL HEALTH CHRONIC DISEASE PREVENTION & WELLNESS FAMILY HEALTH & RESILIENCE</p> <p>LOCAL GOVERNMENT:</p> <p>BEL AIR POLICE DEPARTMENT HARFORD COUNTY COUNCIL HARFORD COUNTY EMERGENCY SERVICE HARFORD COUNTY GOVERNMENT HARFORD COUNTY GOVERNMENT PLANNING & ZONING HARFORD COUNTY SHERIFF'S OFFICE HARFORD COUNTY OFFICE ON AGING HARFORD COUNTY PARKS & REC HARFORD COUNTY PUBLIC LIBRARIES TOWN OF BEL AIR</p> <p>SCHOOL - K-12:</p> <p>HARFORD COUNTY PUBLIC SCHOOLS</p> <p>SCHOOL - COLLEGES, UNIVERSITIES:</p> <p>HARFORD COMMUNITY COLLEGE AND TOWSON UNIVERSITY</p> <p>BEHAVIORAL HEALTH ORGANIZATIONS:</p> <p>ADDICTIONS CONNECTION RESOURCE ADDICTION RECOVERY SYSTEMS ASHLEY ADDICTION TREATMENT BHA MARYLAND COMMITMENT TO VETERANS BRANTWOOD FAMILY SERVICES CHAR HOPE FOUNDATION CORE SERVICES AGENCY DEPARTMENT OF JUVENILE SERVICES DISTRICT COURT OF MARYLAND FOR HARFORD COUNTY EMPOWERING MINDS RESOURCE CENTER HANNAH'S HOPE HARBOR OF GRACE RECOVERY HARFORD COUNTY DETENTION CENTER HARFORD COUNTY VOLUNTEER FIRE MARYLAND CIRCUIT COURT MARYLAND COALITION OF FAMILIES MEDMARK TREATMENT CENTERS NEW DAY WELLNESS AND RECOVERY CENTER NORKRIS SERVICES NORTHERN CHESAPEAKE COUNSELING, LLC OFFICE OF DRUG CONTROL POLICY OIC COUNSELING SERVICES, INC. OPIOID OPERATIONAL COMMAND CENTER PYRAMID HEALTHCARE RIVERSIDE TREATMENT SPRINGBOARD COMMUNITY SERVICES THE BERGAND GROUP THE HOMECOMING PROJECT UPPER BAY COUNSELING VOICES OF HOPE</p> <p>SOCIAL SERVICE ORGANIZATIONS:</p> <p>HARFORD COUNTY DEPARTMENT OF SOCIAL SERVICES DEPARTMENT OF COMMUNITY SERVICES</p> <p>COMMUNITY/NEIGHBORHOOD ORGANIZATIONS:</p>

Return Reference - Identifier	Explanation
	<p>BREATHE 379 EPICENTER GIRLS ON THE RUN HOROWITZ CENTER FOR HEALTH LITERACY KLEIN'S SHOPRITE LASOS (LINKING ALL SO OTHERS SUCCEED) MASON-DIXON COMMUNITY SERVICES NATIONAL COALITION OF 100 BLACK WOMEN LEUKEMIA & LYMPHOMA SOCIETY UNITED WAY OF CENTRAL MARYLAND Y OF CENTRAL MARYLAND</p> <p>OTHER:</p> <p>CAREFIRST HABITAT FOR HUMANITY INNER COUNTY OUTREACH JOYCE STEINBERG - PHARMACIST MEGHAN CROSBY BUDINGER, LCPC, LLC, MOSAIC GROUP SEEDCO THE JUDY CENTER UNITED HEALTHCARE</p> <p>IN ADDITION, SIX FOCUS GROUPS WERE CONVENED TO GATHER INPUT FROM TARGETED GROUPS. THESE FOCUS GROUPS INCLUDED MEMBERS OF THE SUSQUEHANNA MINISTERIUM, PARTICIPANTS FROM THE EPICENTER (A COMMUNITY CENTER IN A PREDOMINANTLY LOW-INCOME MINORITY COMMUNITY), A DIABETES PREVENTION CLASS, MEGAN'S PLACE, KEY INFORMANTS FROM THE LOCAL HEALTH IMPROVEMENT COALITION (LHIC), AND KEY INFORMANTS FROM A LIMITED ENGLISH PROFICIENCY WORKGROUP.</p> <p>AN ONLINE COMMUNITY SURVEY OF HARFORD COUNTY RESIDENTS WAS CONDUCTED BETWEEN SEPTEMBER 2020 AND MARCH 2021. THE SURVEY WAS DESIGNED TO ASSESS HEALTH STATUS, HEALTH RISKS AND BEHAVIORS, PREVENTATIVE HEALTH PRACTICES, HEALTH EQUITY, AND HEALTH CARE ACCESS PRIMARILY RELATED TO CHRONIC DISEASE AND INJURY. A TOTAL OF 1,361 RESIDENT SURVEYS WERE COMPLETED. RESPONDENTS HAD DIVERSE, GEOGRAPHICAL, GENDER, RACE, AND ETHNIC BACKGROUNDS. HOWEVER, THE SURVEY COULD NOT BE WEIGHTED TO OFFER A STATISTICALLY REPRESENTATIVE SAMPLE OF THE COMMUNITY.</p> <p>FOLLOWING THE COMPLETION OF THE CHNA RESEARCH, THE HEALTH ISSUES WERE PRIORITIZED AND IMPLEMENTATION PLANS WERE DRAFTED WITH THE HELP OF 44 INTERNAL AND EXTERNAL PARTNERS INCLUDING HEALTH CARE PROVIDERS, PUBLIC HEALTH EXPERTS, HEALTH AND HUMAN SERVICE AGENCIES, AND OTHER COMMUNITY REPRESENTATIVES DURING A PRIORITY SETTING MEETING HELD ON APRIL 20, 2021.</p> <p>PRIORITIZATION SESSION PARTICIPANTS:</p> <p>UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH NATE ALBRIGHT, U MUCH CLINICAL SERVICE LINE PATSY ASTARITA, U MUCH KAUFMAN CANCER CENTER VICKIE BANDS, U MUCH COMMUNITY OUTREACH AND HEALTH IMPROVEMENT HEATHER BEAUCHAMP, U MUCH EMERGENCY & CRITICAL CARE LESLIE CLARK, U MUCH COMPREHENSIVE CARE CENTER KAREN GOODISON, U MUCH CLINICAL OPERATIONS KAREN HENSLEY, U MUCH WOMEN & CHILDREN GARY HICKS, U MUCH EDUCATION BARI KLEIN, HEALTHY HARFORD/HEALTHY CECIL MARK LEWIS, U MUCH HEART & VASCULAR INSTITUTE DEBBIE OSTROWSKI, U MUCH DIABETES & ENDOCRINE CHRISTINA PEDINI, U MUCH REHAB SERVICES JENNIFER REDDING, U MUCH BEHAVIORAL HEALTH CORRIE REED, U MUCH BREAST & CERVICAL PROGRAM ALLEN SIEGEL, U MUCH CHAPLAIN JULIE SIEJACK, U MUCH COMMUNITY OUTREACH LISA STARKEY, U MUCH POPULATION HEALTH KIMBERLY THEIS, U MUCH COMMUNITY BENEFIT JENNIFER THOMAS, U MUCH NURSERY & PEDIATRICS BARBARA TRUITT, U MUCH STROKE CENTER COLIN WARD, U MUCH COO</p> <p>HARFORD COUNTY HEALTH DEPARTMENT MARCY AUSTIN, HCHD DEPUTY HEALTH OFFICER DAVID BISHAI, HCHD HEALTH OFFICER CHRISTINA CLAYPOOL, HCHD HEALTH POLICY SHELBY GRAVES, HCHD FAMILY HEALTH RONYA GRAVES, HCHD HEALTH POLICY ANDREA PAPPAS, HCHD BEHAVIORAL HEALTH</p> <p>COMMUNITY PARTNERS CINDY ABBOTT, MASON-DIXON SYLVIA BRYANT, DEPARTMENT OF COMMUNITY SERVICES MARGARET DEEM, HARFORD COUNTY GOVERNMENT JEFFREY GAHLER, HARFORD COUNTY SHERIFF'S OFFICE MARY HASTLER, HARFORD COUNTY PUBLIC LIBRARIES EDDIE HOPKINS, HARFORD COUNTY EMERGENCY SERVICES MARY NASUTA, HARFORD COUNTY PUBLIC SCHOOLS MICHAEL NOLAN, BREATHE 379 AMY NOVAK, UNITED WAY OF CENTRAL MARYLAND</p>

Return Reference - Identifier	Explanation
	<p>KIM PARKS-BOURNE, HARFORD COUNTY DEPARTMENT OF SOCIAL SERVICES REVEREND PROUD, SUSQUEHANNA MINISTERIUM JERRY REYERSON, DEPARTMENT OF SOCIAL SERVICES AMBER SHRODES, HARFORD COUNTY DEPARTMENT OF SOCIAL SERVICES MARY STAPLETON, HARFORD COUNTY PUBLIC SCHOOLS MELYNDA VELEZ, LINKING ALL SO OTHERS SUCCEED (LASOS) PAT VINCENTI, HARFORD COUNTY COUNCIL KAREN WINKOWSKI, HARFORD COUNTY OFFICE ON AGING</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>FACILITY NAME: HARFORD MEMORIAL HOSPITAL, INC.</p> <p>DESCRIPTION: HARFORD MEMORIAL HOSPITAL'S CHNA WAS CONDUCTED IN CONJUNCTION WITH ITS RELATED AFFILIATE HOSPITAL, UPPER CHESAPEAKE MEDICAL CENTER.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES</p>	<p>FACILITY NAME: HARFORD MEMORIAL HOSPITAL, INC.</p> <p>DESCRIPTION: THE HOSPITAL'S CHNA WAS CONDUCTED WITH ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES AS FOLLOWS: HEALTHY HARFORD (A 501(C)(3) ORGANIZATION) AND HARFORD COUNTY HEALTH DEPARTMENT.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: HARFORD MEMORIAL HOSPITAL, INC.</p> <p>DESCRIPTION: UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH (UMUCH) HAS PRIORITIZED THE FOLLOWING HEALTH CONCERNS IN ORDER OF IMPORTANCE: BEHAVIORAL HEALTH, CHRONIC DISEASE PREVENTION AND WELLNESS, AND FAMILY STABILITY AND WELLNESS.</p> <p>KEY FINDINGS REGARDING THE PRIORITIZATION OF BEHAVIORAL HEALTH, PREVENTION AND WELLNESS, AND FAMILY STABILITY AND WELLNESS</p> <p>COMMUNITY FEEDBACK: THE COMMUNITY SURVEY CONSISTED OF 47 QUESTIONS ABOUT ACCESS TO HEALTH CARE, HEALTH STATUS AND BEHAVIORS, AND HEALTH-RELATED COMMUNITY STRENGTHS AND OPPORTUNITIES. THE TOP THREE KEY HEALTH ISSUES OF CONCERN TO THE COMMUNITY WERE DRUG AND ALCOHOL USE, OVERWEIGHT/OBESITY, AND MENTAL HEALTH/SUICIDE. THE MOST COMMONLY REPORTED CHRONIC CONDITION IN THE SURVEY WAS HIGH BLOOD PRESSURE, AFFECTING 58.3% OF RESPONDENTS. THERE WERE ALSO 22.3% OF RESPONDENTS THAT REPORTED HAVING ANXIETY DISORDER AND 19.5% OF RESPONDENTS THAT REPORTED HAVING DEPRESSIVE DISORDER IN THE COMMUNITY SURVEY. WHILE THE FOCUS GROUP RESPONSES VARIED BETWEEN GROUPS, THERE WERE COMMON THEMES. MANY PARTICIPANTS IDENTIFIED A LACK OF TRANSPORTATION, MENTAL HEALTH RESOURCES, ACCESS/EDUCATION REGARDING HEALTHY FOODS, ELDER CARE, AND GENERAL ISSUES WITH ACCESS TO CARE AND LACK OF AWARENESS OF RESOURCES AS BARRIERS TO A HEALTHIER COMMUNITY. A KEY TAKEAWAY WAS THAT RESOURCES EXIST IN THE COUNTY, BUT THEY ARE OFTEN SCARCE, AND MANY DO NOT KNOW WHAT OR WHERE THEY ARE, AS WELL AS HOW TO ACCESS THEM. A KEY THEME WAS PARTICIPANTS FELT THAT THERE WAS A NEED TO CREATE A SENSE OF COMMUNITY AND FAMILY STABILITY.</p> <p>SECONDARY DATA: BEHAVIORAL HEALTH (MENTAL HEALTH/SUBSTANCE USE): THE STATE'S BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) REPORTED THAT 18.8% OF ADULTS IN HARFORD COUNTY WERE DIAGNOSED WITH DEPRESSIVE DISORDER IN 2019. FROM 2017-2020, THE HOSPITALIZATION RATE FOR DEPRESSION WAS 90 PER 1,000 RESIDENTS. IN ADDITION, THE 2019 SUICIDE RATE OF 11.4 PER 100,000 IN HARFORD COUNTY WAS HIGHER THAN THE STATE AVERAGE OF 10.1 PER 100,000. STUDIES HAVE SHOWN THAT ADVERSE CHILDHOOD EXPERIENCES (ACES) CAN BE A KEY HEALTH INDICATOR ASSOCIATED WITH A SIGNIFICANT INCREASE IN RISK FOR MENTAL ILLNESS AND CHRONIC DISEASE IN ADULTHOOD. ACES ARE DESCRIBED AS TRAUMATIC EVENTS EXPERIENCED DURING CHILDHOOD SUCH AS LIVING WITH A PARENT/CAREGIVER WITH MENTAL ILLNESS, PHYSICAL, SEXUAL, AND/OR EMOTIONAL ABUSE, AND AN INCARCERATED HOUSEHOLD MEMBER. THE GREATER THE NUMBER OF ACES ON A SCALE OF 0 TO 10, THE HIGHER THE RISK, WITH 4 ACES OR MORE BEING THE TURNING POINT FOR SIGNIFICANT RISK. THE BRFSS REPORTED THAT 13.4% OF HARFORD COUNTY ADULTS EXPERIENCE 4 OR MORE ACES. FROM 2013 TO 2017, THERE WAS A STEADY INCREASE IN TOTAL DRUG AND ALCOHOL-RELATED INTOXICATION DEATHS IN BOTH HARFORD COUNTY AND MARYLAND. THIS TREND WAS REVERSED IN 2018, AND SINCE THEN THERE HAS BEEN A 17% DECREASE IN TOTAL DRUG AND ALCOHOL-INTOXICATION RELATED DEATHS IN HARFORD COUNTY. WHILE THERE HAS BEEN AN OVERALL DECLINE, THE OVERDOSE PROBLEM REMAINS A CONCERN FOR THE COUNTY WITH RATES OVER TWICE AS HIGH AS THEY WERE A DECADE AGO. IN 2020, 84 LIVES WERE LOST DUE TO DRUGS OR ALCOHOL, AND AS A COMMUNITY WE ARE WORKING TO REDUCE THAT NUMBER AS LOW AS POSSIBLE. DURING THE PANDEMIC SHUTDOWNS, ACCESS TO MENTAL HEALTH WAS EXPANDED THROUGH THE USE OF TELEHEALTH. SUCCESS WITH THIS SERVICE MODALITY HAS FOSTERED BOTH REGULATORY AND LEGISLATIVE CHANGES THAT WILL HOPEFULLY INTEGRATE TELEHEALTH OPTIONS INTO STANDARD CARE. HARFORD COUNTY HAS A MENTAL HEALTH HPSA (HEALTH PROVIDER SHORTAGE AREA) DESIGNATION WITH A POPULATION TO PROVIDER RATIO OF 500:1. WITH ONLY 508 TOTAL MENTAL HEALTH PROVIDERS IN THE COUNTY, CREATIVELY PROVIDING INCREASED MENTAL HEALTH SERVICES IS A PRIORITY. IN RESPONSE TO BEHAVIORAL HEALTH, THE FOLLOWING ACTIONS ARE BEING TAKEN: *PROVIDE AT LEAST THREE PODCASTS EACH YEAR ON TOPICS RELATED TO BEHAVIORAL HEALTH/SUBSTANCE USE AND THE IMPACT TRAUMA HAS ON INDIVIDUALS AND FAMILIES. *PARTICIPATION IN COMMUNITY STAKEHOLDER MEETINGS TO INFORM OF KFHCC SERVICE PROVISION AND PERFORMANCE: *MENTAL HEALTH ADDICTION ADVISORY COUNCIL/LOCAL HEALTH COALITION - BEHAVIORAL HEALTH WORKGROUP/HARFORD COUNTY OPIOID INTERVENTION TEAM MEETING *ALL (BEHAVIORAL HEALTH) PROVIDERS MEETING *CRISIS RESPONSE PROVIDER MEETING *OFFICE ON MENTAL HEALTH BOARD MEETINGS *POLICE COMMISSION MEETING *QPR (QUESTION, PERSUADE, REFER) /SUICIDE PREVENTION WORKGROUP *INVOLUNTARY COMMITMENT STAKEHOLDERS MEETING *LAW ENFORCEMENT ASSISTED DIVERSION OPERATIONAL WORKGROUP *THROUGH THE USE OF TELEHEALTH, COLLABORATIVE CARE CLINICAL STAFF COULD INCREASE THE ABILITY TO SERVICE MORE INDIVIDUALS IN NEED OF BEHAVIORAL HEALTH AND PSYCHIATRIC CARE WITHIN THE PRIMARY CARE PHYSICIANS OFFICE. *DEVELOPMENT OF THE HARFORD COUNTY TRAUMA INSTITUTE'S TRAUMA-INFORMED CARE STEERING COMMITTEE DEVELOP CLINICAL PATHWAYS FOR PATIENTS ENTERING CRISIS CENTER *CREATION OF AN ACTION PLAN THAT ADDRESSES AWARENESS, TREATMENT/INTERVENTION AND PREVENTION EFFORTS FOR THE COUNTY RE: TRAUMA-INFORMED CARE. *USE OF PEERS WITH LIVED EXPERIENCE (MENTAL HEALTH AND/OR SUBSTANCE USE) IN THE ED'S AND KFHCC. *CARE TRANSFORMATION ORGANIZATION (CTO) PROGRAM: SCREENS PATIENTS AND THEIR FAMILIES FOR BEHAVIORAL HEALTH ISSUES AND MAKES THE APPROPRIATE REFERRALS *PROMOTION OF EXISTING RESOURCES AND ENCOURAGING AT RISK POPULATIONS TO ENGAGE. *PROVIDE BEHAVIORAL HEALTH SUPPORT GROUPS AND CHRONIC PAIN SELF-MANAGEMENT CLASSES. *PROVIDE EDUCATIONAL CLASSES SPECIFIC TO BEHAVIORAL HEALTH: MENTAL HEALTH FIRST AID, QUESTION, PERSUADE, REFER (QPR). *EDUCATE PATIENTS A FAMILIES ON LOCAL MENTAL HEALTH RESOURCES FOR WOMEN AND CHILDREN *CTO AFFILIATED PCP PRACTICES WORK WITH MEDICARE PATIENTS IN THE COMMUNITY TO ENSURE THAT THEY ARE LINKED TO NECESSARY SERVICES TO REDUCE OR ELIMINATE FUTURE AVOIDABLE EMERGENCY DEPARTMENT (ED) VISITS, INPATIENT STAYS AND HOSPITAL READMISSIONS. *WORK WITH THE HARFORD COUNTY SHERIFF'S OFFICE TO PROVIDE CRISIS MANAGEMENT ASSISTANCE AS</p>

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	<p>PART OF THEIR CRISIS INTERVENTION AND CRISIS NEGOTIATION TEAMS. *SUPPORT LEGISLATION THAT IMPROVES ACCESS TO MENTAL HEALTH AND MENTAL HEALTH CRISIS CARE</p> <p>CHRONIC DISEASE PREVENTION AND WELLNESS: UNHEALTHY BEHAVIORS SUCH AS TOBACCO/NICOTINE USE, DRINKING, PHYSICAL INACTIVITY, AND POOR NUTRITION CAN LEAD TO NEGATIVE HEALTH OUTCOMES AND CHRONIC DISEASE. IN HARFORD COUNTY, TOBACCO USE HAS NOTABLY BEEN HIGHER THAN THE STATE AVERAGE FOR A NUMBER OF YEARS. WITH THE ADVENT OF E-CIGARETTES, DATA HAS SHOWN THAT USE OF E-CIGARETTE VAPING DEVICES IN MIDDLE AND HIGH SCHOOL SKYROCKETED BETWEEN 2016 TO 2018, WITH 19.6% AND 43% OF STUDENTS, RESPECTIVELY, TRYING AN ELECTRONIC VAPOR PRODUCT AT LEAST ONCE. ADULT SMOKING CONTINUES TO BE HIGHER IN HARFORD COUNTY (20.6%) COMPARED TO THE STATE (13.1%). HEAVY DRINKING IS ALSO HIGHER IN HARFORD COUNTY AT 9.5% COMPARED TO 5.4% IN THE STATE (ADULT MEN HAVING 14 DRINKS PER WEEK AND ADULT WOMEN HAVING 7 DRINKS A WEEK). THE BRFSS SURVEY REPORTED 59.4% OF ADULTS IN THE COUNTY GOT THE RECOMMENDED 150 OR MORE MINUTES OF PHYSICAL ACTIVITY PER WEEK WHICH WAS HIGHER THAN THE STATE AVERAGE OF 51.8%. FURTHERMORE, 90% OF HARFORD COUNTY RESIDENTS HAD ACCESS TO EXERCISE OPPORTUNITIES. DESPITE THE COUNTY'S ADVANTAGES IN EXERCISE, IT IS SIGNIFICANT THAT 72.7% OF ADULTS WERE OVERWEIGHT OR OBESE. THIS PERCENTAGE IS SIGNIFICANTLY HIGHER IN NON-HISPANIC BLACK ADULTS IN HARFORD COUNTY (83.9%) COMPARED TO WHITE ADULTS (66.9%). THE WHITE TOP 3 CAUSES OF DEATH IN HARFORD COUNTY FOR 2019 WERE HEART DISEASE, CANCER, AND CEREBROVASCULAR DISEASE (STROKE). IF TOP CAUSES OF DEATH REMAIN THE SAME FOR 2020, COVID-19 WOULD BE THE THIRD LEADING CAUSE OF DEATH IN HARFORD COUNTY. ACCESS TO CARE CONTINUES TO HAVE AN IMPACT ON HEALTH OUTCOMES AS WELL. AN ESTIMATED 4.9% OF RESIDENTS DO NOT HAVE A VEHICLE IN HARFORD COUNTY WITH HIGHER RATES IN EDGEWOOD (9%), ABERDEEN (8.8%) AND HAVRE DE GRACE (7.5%). THE GAPS IN TRANSPORTATION CONTRIBUTE TO THE LACK OF ACCESS TO SERVICES THAT COULD LEAD TO BETTER HEALTH OUTCOMES AND OVERALL WELLNESS.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: HARFORD MEMORIAL HOSPITAL, INC.</p> <p>DESCRIPTION: IN RESPONSE TO PREVENTION AND WELLNESS, THE FOLLOWING ACTIONS ARE BEING TAKEN:</p> <p>GENERAL: *MEDICARE PATIENTS LINKED WITH CTO AFFILIATED PRIMARY CARE PROVIDERS HAVE ACCESS TO CASE MANAGEMENT STAFF WHO PROVIDE PSYCHO/SOCIAL AND CLINICAL SUPPORT FOR HIGH UTILIZER PATIENTS POST DISCHARGE AND VIA REFERRAL. *COMPREHENSIVE CARE CENTER (CCC): TRANSITION NURSE NAVIGATION AND SOCIAL WORKER - TO ENSURE CONTINUITY OF CARE THROUGH EDUCATION, DISEASE MANAGEMENT, MEDICATION AND SYMPTOM REVIEW, AND COORDINATE CARE WITH APPROPRIATE COMMUNITY RESOURCES INCLUDING ARRANGEMENT OF TRANSPORTATION. CARE CENTER PATIENTS ARE ASSESSED FOR NEEDED SERVICES SUCH AS PALLIATIVE CARE, ADVANCE DIRECTIVE AND MARYLAND MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (MOLST) FORMS. *THE CCC HAS WORKED TO ADDRESS EARLY ONSET OF COVID SYMPTOMS AND CREATING A MONOCLONAL ANTIBODY INFUSION SITE FOR COVID PTS *CARDIAC HEART FAILURE (CHF) SHOPRITE STORE TOUR-PROVIDES ENHANCED EDUCATION ON DIETARY NEEDS AND CHALLENGES TO PATIENTS WITH CHF IN OUR COMMUNITY. *THE CCC HOLDS A COVID SUPPORT GROUP 1X/MONTH (MAY LOOK TO EXPAND AS NEED ARISES) *PROVIDE CHRONIC DISEASE SELF-MANAGEMENT PROGRAM (CDSMP) *PROVIDE EDUCATION AND ACCESS PROCESS TO COMMUNITY PROGRAMS, RESOURCES, AND COMMUNITY OUTREACH SCREENINGS THROUGHOUT THE COUNTY. *PROVIDE COMMUNITY HEALTH AND WELLNESS EDUCATION, HEALTHY LIFESTYLE EDUCATION, HEALTH SCREENINGS, AND OUTREACH THROUGHOUT THE COUNTY. *WORK WITH LOCAL PARTNERS TO CREATE A MORE WALKABLE, BIKEABLE COMMUNITY. *CREATE AND SUSTAIN ACCESS TO COMMUNITY GARDENS.</p> <p>TOBACCO USE: *PROVIDE TOBACCO CESSATION INFORMATION TO HARFORD COUNTY RESIDENTS THROUGH MARYLAND HEALTH MATTERS, UM CH WEBSITE AND SOCIAL MEDIA, HEALTHLINK CALL CENTER, AND KAUFMAN CANCER CENTER (KCC). *KCC WILL OFFER 4 SIX-WEEK EDUCATIONAL CLASS SERIES LED BY A CERTIFIED TOBACCO CESSATION EXPERT. THESE FREE CLASSES ARE OPEN TO THE COMMUNITY AT LARGE. THE HARFORD COUNTY HEALTH DEPARTMENT WILL PROVIDE NICOTINE REPLACEMENT PRODUCTS TO PARTICIPANTS. *PROVIDE EDUCATION ON SMOKING, TOBACCO USE, AND VAPING AT HEALTH EVENTS, BUSINESS, SCHOOLS AND THE FAITH BASED COMMUNITY THROUGHOUT THE COUNTY</p> <p>CANCER: *OFFER NURSE NAVIGATION AND SOCIAL WORK SERVICES TO ASSIST ALL HARFORD COUNTY RESIDENTS, WITH A DIAGNOSES OF CANCER, FREE OF CHARGE WITH OBTAINING ACCESS TO CARE FOR CLINICAL SERVICES, DIAGNOSTIC PROCEDURES, TREATMENT AND DISTRESS MANAGEMENT DUE TO THEIR CANCER, REGARDLESS OF WHERE THEY PLAN TO RECEIVE THEIR TREATMENT. *PROVIDE ANNUAL CANCER SCREENINGS (SKIN, ADOLESCENT MELANOMA, LUNG, COLORECTAL, AND ORAL HEAD AND NECK). *PROVIDE EDUCATION AND ACCESS TO UNDERSERVED POPULATIONS TO INCREASE AWARENESS. *PROVIDE LIMITED FUNDING FOR THOSE WHO DO NOT HAVE ACCESS TO PUBLIC TRANSPORTATION, MA TRANSPORTATION SERVICES, OR WHEN TIMELY ARRANGEMENT WITH HARFORD TRANSIT OR MA TRANSPORTATION SERVICES IS A BARRIER TO PATIENTS RECEIVING TIMELY TREATMENT. *PROVIDE FREE TAXI AND HARFORD TRANSIT VOUCHERS FOR BUSES AS NEEDED FOR THOSE IN FINANCIAL NEED TO ASSURE ACCESS TO CARE. *CLN SOCIAL WORKER & PROGRAM ASSISTANT COORDINATES SCHEDULING OF PATIENTS RECEIVING CARE AT THE KCC *PROVIDE COORDINATED CARE FOR PATIENTS IN OUR COMMUNITY ADMITTED TO OTHER ACUTE CARE FACILITIES AND SUB-ACUTE CARE FACILITIES TO ASSURE CONTINUATION OF CANCER TREATMENT AND MINIMIZE PATIENTS NEED FOR HOSPITALIZATION AND EMERGENCY DEPARTMENT CARE. *PROVIDE MONTHLY SUPPORT GROUP MEETINGS FOR THE PATIENT POPULATIONS LISTED BELOW. THESE PROGRAMS ARE OPEN TO COMMUNITY REGARDLESS OF WHERE THE PATIENT IS RECEIVING TREATMENT. THE PURPOSE OF THESE GROUPS ARE TO PROVIDE EXPERT SPEAKERS, EDUCATION AND SUPPORT. *BLOOD CANCER SUPPORT GROUP *BREAST CANCER SUPPORT GROUP *CLIMB-CHILDREN'S SUPPORT GROUP *HEAD & NECK CANCER SUPPORT GROUP *PROSTATE CANCER SUPPORT GROUP *HEALING THROUGH SUPPORT *SPONSOR YEARLY FREE CELEBRATORY CANCER SURVIVOR EVENT. *PROVIDE CANCER THRIVING & SURVIVING PROGRAM - A SIX-WEEK EVIDENCE BASED CHRONIC DISEASE MANAGEMENT PROGRAM FOR CANCER SURVIVORS AND THEIR CAREGIVERS. *PROVIDE PROGRAMMING THAT PROMOTES EXERCISE, YOGA, MEDITATION, NUTRITION EDUCATION, WELLNESS, ETC. FOR PATIENTS UNDERGOING AND RECOVERING FROM CANCER TREATMENT. *PROVIDE SERVICES TO ASSIST PATIENTS UNDERGOING CANCER TREATMENT WITH REDUCING DISTRESS AND MANAGING THEIR WELLNESS WITH THE GOAL OF OVERALL WELLBEING. *MEDITATION CLASSES *MINDFULNESS-BASED STRESS REDUCTION CLASSES *YOGA CLASSES *MASTER GARDENING CLASSES FOR RELAXATION AND WELLNESS *MASSAGE THERAPY - CHECK WITH PATSY ABOUT CLN PLAN *PROVIDE A FREE ACUPUNCTURE CLINIC IN WHICH DOCTORATE STUDENTS INTERN, UNDER THE SUPERVISION OF FACULTY FROM MUIH WILL PROVIDE FREE EVIDENCE-BASED ACUPUNCTURE CARE TO SUPPORT PATIENTS IN THEIR DISTRESS-EMOTIONALLY, SYMPTOM AND SIDE EFFECT MANAGEMENT. THIS CLINIC WILL BE OPERATIONAL 2 OR 3 DAYS PER WEEK AND PROVIDE APPROXIMATELY 15-20 TREATMENTS PER WEEK. *REDUCE DISPARITIES *PROVIDE CULTURALLY SENSITIVE CANCER SCREENING EDUCATION TO DISADVANTAGED POPULATIONS TO INCREASE AWARENESS REGARDING CANCER PREVENTION AND RISK. TARGETING: BREAST, COLORECTAL, CERVICAL AND LUNG CANCERS.</p>

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	<p>STROKE: *COMMUNITY STROKE SCREENING *CONDUCT REGULAR STROKE UPDATES WITH EMS PROVIDERS. *REVIEW AND IMPLEMENT APPROPRIATE CLINICAL GUIDELINES IN UPPER CHESAPEAKE MEDICAL CENTER AND HARFORD MEMORIAL HOSPITAL BASED ON AMERICAN HEART ASSOCIATION / AMERICAN STROKE ASSOCIATION RECOMMENDATIONS IN CONCERT WITH STATE MIEMSS REQUIREMENTS. *PROVIDE STROKE SURVIVORS SUPPORT GROUP "STROKE CLUB". *COMMUNITY BASED STROKE EDUCATION SESSIONS HELD AT UPPER CHESAPEAKE MEDICAL CENTER OR A CENTRAL COMMUNITY LOCATION. *STROKE COORDINATOR WILL PARTICIPATE IN VARIOUS RADIO/IN-PERSON STROKE PRESENTATIONS.</p> <p>DIABETES: *PATIENT WITH DIABETES REFERRED TO DIABETES CENTER EDUCATOR FOLLOWING EPISODES OF HYPOGLYCEMIA. DIABETES EDUCATOR APPLIES CONTINUOUS GLUCOSE MONITOR (CGM) FOR PATIENT TO WEAR FOR ONE WEEK. PATIENT RETURNS FOR DOWNLOAD OF SENSOR. IF NOCTURNAL HYPOGLYCEMIA, UNRECOGNIZED HYPOGLYCEMIA OR FREQUENT HYPOGLYCEMIA (> 5%) OF HOURS WEARING SENSOR, IS IDENTIFIED IN CGM DOWNLOAD, EDUCATOR WILL ADJUST DOSING OF INSULIN OR ORAL HYPOGLYCEMIC MEDICATION, AND CONTINUE TO HAVE PATIENT WEAR CGM. PATIENT WILL CONTINUE TO BE SEEN AND WEAR SENSOR EVERY 2 WEEKS UNTIL HYPOGLYCEMIA IS UNDER 5% OF HOURS WORK. *PROVIDE COUNTYWIDE DIABETES RISK ASSESSMENTS AND HBA1C SCREENINGS *PROVIDE FOLLOW-UP PHONE CALLS TO DIABETIC HIGH RISK PATIENTS AFTER DISCHARGE FROM IN-PATIENT STAY, TO DIABETIC PATIENTS WHO HAVE BEEN IDENTIFIED DURING THEIR IN-PATIENT STAY AS A HIGH-RISK PATIENT IN NEED OF FURTHER EDUCATION AND SUPPORT. *PROVIDE PATIENTS AT RISK FOR UNRECOGNIZED HYPOGLYCEMIA A REFERRAL TO A CONTINUOUS GLUCOSE MONITORING COMPANY. *PROVIDE EDUCATION REGARDING SAFETY WHEN HYPOGLYCEMIA IS UNRECOGNIZED AND INFORMATION REGARDING CONTINUOUS GLUCOSE MONITORING FOR HOME USE. *PROVIDE ACCESS TO DIABETES SUPPORT GROUPS AT LOCAL SENIOR CENTERS. *PROVIDE EVIDENCE BASED CHRONIC DISEASE AND DIABETES SELF-MANAGEMENT PROGRAM TO HARFORD COUNTY RESIDENTS WITH DIABETES AND/OR PATIENTS REFERRED TO COMMUNITY OUTREACH FOR THIS PROGRAM. *PROVIDE DIABETES SUPPORT AT UM UCH DIABETES ENDOCRINE CENTER *PROVIDE CDC EVIDENCE BASED DIABETES PREVENTION PROGRAM FOR HARFORD COUNTY RESIDENTS AT RISK FOR DIABETES. *PARTNERED WITH THE DIABETES CENTER TO HOLD DIABETES SUPPORT GROUP LED BY DIABETIC NURSE EDUCATORS *PROVIDE DIABETES EDUCATION AND DIABETES RISK ASSESSMENTS TO COMMUNITY RESIDENTS, COMMUNITY ORGANIZATIONS AND COMMUNITY PARTNERS. *DIABETES CENTER EDUCATORS TO PROVIDE EDUCATION REGARDING SAFETY WHEN HYPOGLYCEMIA IS UNRECOGNIZED</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: HARFORD MEMORIAL HOSPITAL, INC.</p> <p>DESCRIPTION: HEART DISEASE: *CHF PROGRAM - INDIVIDUALS RECENTLY DIAGNOSED WITH OR RE-HOSPITALIZED FOR CONGESTIVE HEART FAILURE (CHF) ARE REFERRED TO THE CCC FOR MANAGEMENT OF THEIR DISEASE INCLUDING MEDICATION EDUCATION AND REVIEW, DISEASE PROCESS EDUCATION, APPOINTMENT COORDINATION, AND IDENTIFICATION OF OTHER NEEDED COMMUNITY SERVICES. *INITIATED IV LASIX PROGRAM FOR ELIGIBLE CHF INDIVIDUALS TO REDUCE AVOIDABLE ADMISSIONS/READMISSIONS *VIVIFY PROGRAM - TELE-MONITORING SYSTEM UTILIZING TABLET, BP CUFF, SCALE, AND PULSE OX TO MONITOR PATIENTS' VITALS AT HOME AND ADDRESS CHANGE IN MEDS IF NEEDED *MONTHLY STEMI PROCESS ACTION TEAM MEETING - DISCUSSION OF TOPICS RELATED TO IMPROVEMENT OF THE PROCEDURES AND CARE FOR THE STEMI PATIENT. INCLUDES DISCUSSION OF PRE-HOSPITAL ISSUES AND INVOLVES REPRESENTATIVES FROM CECIL, HARFORD, AND BALTIMORE COUNTIES EMS, AS WELL AS REPRESENTATIVES FROM HART TO HEART, AND THE UNIVERSITY OF MARYLAND EXPRESS CARE AMBULANCE SERVICES. *CONTINUE TO PURCHASE LIFENET EKG TRANSMITTERS FOR ALL AMBULANCES IN HARFORD AND CECIL COUNTIES, FOR SENDING EKG'S FROM THE SCENE TO THE ED FOR INTERPRETATION BY A PHYSICIAN AND EARLY ACTIVATION OF THE STEMI TEAM TO REDUCE DOOR TO BALLOON TIME. *WEBSITE INCLUDES HEARTAWARE RISK ASSESSMENT TOOL AS WELL AS INFORMATION ON SIGNS OF A HEART ATTACK, SHOPPING GUIDE FOR HEART HEALTHY FOODS AND TIPS ON PREVENTING HEART DISEASE. *PROVIDE MONITORED CARDIAC REHABILITATION PROGRAM FOR NEWLY RECOVERING HEART ATTACK PATIENTS. *PROVIDE A MAINTENANCE PROGRAM FOR CARDIAC AND PULMONARY REHAB PATIENTS TO PROVIDE A TRANSITIONAL PROGRAM AS PATIENTS MOVE FROM THEIR MORE CLOSELY MONITORED REHAB PROGRAM TO EXERCISING ON THEIR OWN TO MAINTAIN THEIR HEALTH. *COORDINATE UMUCH'S PARTICIPATION IN THE GREATER BALTIMORE AMERICAN HEART ASSOCIATION (AHA) HEART AND STROKE WALK, RAISING FUNDS FOR RESEARCH AND EDUCATION REGARDING REDUCING HEART DISEASE RISK AND MORTALITY. *LUNG RANGERS- MONTHLY EDUCATIONAL AND SUPPORT MEETINGS FOR PULMONARY PATIENTS. *CHECK, CHANGE, CONTROL PROGRAM- IN PARTNERSHIP WITH AMERICAN HEART AND STROKE ASSOCIATION, ASSIST COMMUNITY MEMBERS TO SIGN UP ONLINE FOR THIS PROGRAM THAT PROMOTES FOLLOWING BLOOD PRESSURE MEASUREMENTS, TO BE SURE MEMBERS KNOW WHAT THEIR BLOOD PRESSURE IS SO THAT THEY CAN DETERMINE THE NEED TO MAKE LIFESTYLE CHANGES TO IMPROVE THEIR BLOOD PRESSURE AND/OR TO SEE THEIR PHYSICIAN. *EVIDENCE BASED CLASSES: CDSMP *PROVIDE HEART DISEASE EDUCATION THROUGH TARGETED EDUCATIONAL PROGRAMS, RISK ASSESSMENTS AND DISSEMINATION OF HEART INFORMATION *FLYERS DISTRIBUTED ON SIGNS OF HEART ATTACK AND THE IMPORTANCE OF CALLING 911. *ASK-A-DOC- COLUMN IN THE LOCAL NEWSPAPER, THE AEGIS. UMUCH CARDIOLOGISTS, VASCULAR SURGEONS AND PULMONOLOGISTS WILL ADDRESS CLINICAL QUESTIONS FOR THE COMMUNITY. *FALL SEMINAR - CARDIAC AND PULMONARY REHABILITATION TEAM AND PHYSICIANS WILL PRESENT SPECIFIC CARDIAC- AND PULMONARY- RELATE TOPICS AT UCMC. *RED DRESS PINK RIBBON EVENT IN FEBRUARY, IN CONJUNCTION WITH THE KACC. PROVIDE EDUCATION ON TOPICS RELATED TO HEALTH AND WELLNESS THAT APPLY TO WOMEN DEALING WITH CARDIAC DISEASE, CANCER OR BOTH. *CARDIAC AND VASCULAR SCREENINGS HELD PERIODICALLY THROUGHOUT THE YEAR *PROVIDE COMMUNITY HEALTH AND WELLNESS EDUCATION ADDRESSING RISK FACTORS FOR CARDIOVASCULAR DISEASE. *PROVIDE COMMUNITY HEALTH SCREENINGS, INCLUDING BLOOD PRESSURE, CHOLESTEROL, HBA1C, AND VASCULAR, THROUGHOUT THE COUNTY.</p> <p>RESPIRATORY DISEASES: *CHRONIC OBSTRUCTED PULMONARY DISEASE (COPD) DISEASE PROGRAM- INDIVIDUALS RECENTLY DIAGNOSED WITH OR RE-HOSPITALIZED FOR COPD ARE REFERRED TO THE CCC FOR DISEASE MANAGEMENT INCLUDING MEDICATION EDUCATION AND REVIEW, SYMPTOM MANAGEMENT, MDI AND NEBULIZER EDUCATION, DISEASE EDUCATION, APPOINTMENTS COORDINATION AND IDENTIFICATION OF ADDITIONAL NEEDED SERVICES IN THE COMMUNITY. *PROVIDE PULMONARY REHABILITATION PROGRAM FOR PATIENTS WITH A DIAGNOSES OF CHRONIC LUNG DISEASE. *PROVIDE MDI VS. NEBULIZER EDUCATION FOR PATIENTS, FAMILIES, COMMUNITY PEDIATRICIANS, AND THE SCHOOL SYSTEM. *EVIDENCE BASED PROGRAM: CDSMP *PARTNERED WITH PULMONARY REHAB TO HOLD PULMONARY SUPPORT GROUP LED BY RESPIRATORY THERAPIES.</p> <p>INJURY AND PREVENTION/FALLS: *PROVIDE COMMUNITY FALLS RISK SCREENINGS *PROVIDE BONE DENSITY SCREENINGS FOR PATIENTS WITH OSTEOPENIA OR OSTEOPOROSIS. *PROVIDE EVIDENCE BASED FALLS PREVENTION PROGRAM: STEPPING ON PROGRAM. *PROVIDE FALL RISK EDUCATION DURING COMMUNITY FALL RISK SCREENINGS. *INCREASE ADVERTISING FOR CAR SEAT CHECK EVENTS. *PROVIDE MONTHLY CAR SEAT CHECKS. *IDENTIFY OPPORTUNITIES AND PROVIDE CAR SEAT SAFETY EDUCATION IN THE COMMUNITY. *EXPLORE THE POSSIBILITY OF ADDING A CAR SEAT CHECK EVENT EACH MONTH *OFFER CHILD PASSENGER TECHNICIAN TRAINING TO THOSE INTERESTED. *SUPPORT CURRENT TECHNICIANS IN MAINTAINING THEIR CERTIFICATIONS. *HOST BIKE RODEOS AND BIKE/HELMET GIVEAWAYS EVENTS. *PROVIDE ANNUAL FLU VACCINATIONS THROUGHOUT THE COUNTY AT VARIOUS LOCATIONS WITH A FOCUS ON THE SENIOR POPULATION.</p> <p>FAMILY STABILITY AND WELLNESS: A MOTHER'S WELL-BEING BEFORE, DURING AND AFTER PREGNANCY CAN AFFECT A CHILD'S HEALTH FROM INFANCY TO ADULTHOOD. IN 2019, 80.4% RECEIVED FIRST TRIMESTER CARE AND 4.8% RECEIVED LATE OR NO CARE. LOW BIRTH WEIGHT (<2500) CAN LEAD TO POOR HEALTH OUTCOMES AND COMPLICATIONS. IN</p>

Return Reference - Identifier	Explanation
	<p>2019, THERE WERE 8% OF CHILDREN BORN IN HARFORD COUNTY WITH A LOW BIRTH WEIGHT. THE PERCENT WAS HIGHER IN BLACK OR AFRICAN AMERICAN (14.7%) AND HISPANIC OR LATINO (10%) MOTHERS. IN 2018, THE INFANT MORTALITY RATE FOR BLACK OR AFRICAN AMERICANS WAS 10.8 PER 1,000 LIVE BIRTHS COMPARED TO 4.2 PER 1,000 LIVE BIRTHS FOR WHITE MOTHERS. IN ADDITION, THE RATE FOR SUBSTANCE EXPOSED NEWBORNS (SEN) HAS SIGNIFICANTLY INCREASED BETWEEN 2009 AND 2018. THE RATE IN HARFORD COUNTY HAS BEEN HIGHER THAN THE STATE FOR AT LEAST 9 YEARS. IN 2018, THERE WERE 38.1 SEN PER 1,000 NEWBORN DISCHARGES IN HARFORD COUNTY COMPARED TO 31.4 SEN IN MARYLAND.</p> <p>IN RESPONSE TO FAMILY HEALTH AND RESILIENCY, THE FOLLOWING ACTIONS ARE BEING TAKEN: *LINK PREGNANT PATIENTS TO NEEDED RESOURCES (I.E. TREATMENT FACILITIES, CARE COORDINATION PROGRAMS, AND DSS). *PROVIDE EDUCATION REGARDING SUBSTANCE EXPOSED NEWBORN POSTNATAL TREATMENT NEEDS AND EXPERIENCES TO TREATMENT PROVIDERS. ENGAGE HARFORD COUNTY HEALTH DEPARTMENT, PEER RECOVERY SPECIALISTS, OB PROVIDERS *LINK PATIENTS TO NEEDED RESOURCES, I.E., TREATMENT FACILITIES, CARE COORDINATION PROGRAMS, AND DSS ENSURE FAMILY STABILITY THROUGH ADDRESSING FOOD INSECURITY THROUGH COOPERATIVE WORKGROUP *DEVELOP PATHWAYS FOR PREGNANT WOMEN TO UTILIZE WHEN USING ILLEGAL SUBSTANCES OR IN A MAT PROGRAM. *PROVIDE ACES TRAINING THROUGHOUT HARFORD COUNTY. *PROVIDE ADVANCE DIRECTIVE CLASSES, LINKAGES, EDUCATION AND ASSISTANCE. *PARTICIPATE IN CHERISH THE CHILD, TRAUMA CONFERENCE *PROVIDE COMMUNITY EDUCATIONAL PRESENTATIONS RELATED TO NUTRITION AND LIFESTYLES AND HOW THEY CAN IMPROVE FAMILY HEALTH AND RESILIENCY. *IMPROVE TRAUMA RESPONSE FOR REDUCED ACE SCORES THROUGH HANDLE WITH CARE POLICY FOR CHILDREN WHO HAVE EXPERIENCED TRAUMA RETURN TO SCHOOL. FOR THE FULL IMPLEMENTATION STRATEGY, PLEASE VISIT HTTPS://WWW.UMMS.ORG/UCH/COMMUNITY/ASSESSMENT-AND-IMPLEMENTATION-PLAN</p> <p>ORAL HEALTH IN HARFORD COUNTY IS ADDRESSED BY THE HARFORD COUNTY HEALTH DEPARTMENT THROUGH A DENTAL CARE CLINIC. THE DENTAL CLINIC PROVIDES SERVICES TO INCLUDE ORAL HEALTH OF CHILDREN AGES 1 -20 ENROLLED IN THE MARYLAND CHILDREN'S HEALTH PROGRAM (MCHP), AND PREGNANT WOMEN ON THE MEDICAL ASSISTANCE PROGRAM WHO MAY NOT HAVE PREVIOUSLY HAD ACCESS TO DENTAL CARE. THE CLINIC IS ALSO COMMITTED TO TREATING SAME-DAY DENTAL EMERGENCIES INVOLVING INFECTION AND TRAUMA.</p> <p>IN ADDITION, AN FQHC, BEACON HEALTH CENTER, PROVIDES DENTAL SERVICES TO INCLUDE PEDIATRIC AND ADULT PREVENTATIVE AND RESTORATIVE CARE, REPLACEMENT CARE WITH DENTURES, PARTIALS, AND BRIDGES, EMERGENCY CARE SUCH AS EXTRACTIONS AND ROOT CANALS, AND COSMETIC CARE.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR DISCOUNTED CARE</p>	<p>FACILITY NAME: HARFORD MEMORIAL HOSPITAL, INC.</p> <p>DESCRIPTION: 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.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p>https://www.umms.org/uch/patients-visitors/for-patients/financial-assistance</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p>https://www.umms.org/uch/patients-visitors/for-patients/financial-assistance</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p>https://www.umms.org/uch/patients-visitors/for-patients/financial-assistance</p>

Part V Facility Information (continued)

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

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

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 6B - COMMUNITY BENEFIT REPORT	THE ORGANIZATION ANNUALLY FILES A COMMUNITY BENEFIT REPORT AS REQUIRED BY THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). THE REPORT CAN BE FOUND AT: HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX .
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	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.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	6,393,022
SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	THROUGH A VARIETY OF COMMUNITY BUILDING ACTIVITIES, UMUCH PROMOTES HEALTH AND WELLNESS IN THE COMMUNITIES IT SERVES. THESE ACTIVITIES INCLUDE COMMUNITY SUPPORT, COALITION BUILDING AND COMMUNITY HEALTH IMPROVEMENT ADVOCACY. UMUCH PROVIDES LEADERSHIP TO MANY COMMUNITY COALITIONS AND COLLABORATIVE PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH, WHICH INCLUDE, BUT ARE NOT LIMITED TO: HEALTHY HARFORD - THE HEALTHY COMMUNITIES INITIATIVE OF HARFORD COUNTY, DEDICATED TO THE HEALTH AND WELLNESS OF THE NORTHERN CHESAPEAKE COMMUNITY. FOUNDED IN 1993 AS A NON-PROFIT 501C3 BY LEADERS FROM UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH, THE HARFORD COUNTY HEALTH DEPARTMENT, AND HARFORD COUNTY GOVERNMENT, HEALTHY HARFORD IS A COALITION OF LOCAL GOVERNMENT AGENCIES, BUSINESSES, NON-PROFITS, AND CITIZENS DEDICATED TO IMPROVING THE HEALTH OF HARFORD COUNTY RESIDENTS THROUGH EDUCATION, POLICY CHANGES, IMPROVEMENTS IN THE BUILT ENVIRONMENT, INCREASED ACCESS TO CARE, AND IMPROVED CARE COORDINATION FOR PEOPLE WITH CHRONIC ILLNESS. HEALTHY HARFORD'S MISSION IS TO INSPIRE AND EMPOWER HEALTHY PEOPLE, HEALTHY FAMILIES, AND HEALTHY COMMUNITIES IN MIND, BODY, AND SPIRIT, WITH A FOCUS OF IMPROVING HEALTH AND WELLNESS IN THE HARFORD COUNTY REGION BY PROMOTING HEALTHY LIFESTYLES, BUILDING COMMUNITY PARTNERSHIPS, AND PROVING CARE COORDINATION. THE HARFORD COUNTY LOCAL HEALTH IMPROVEMENT COALITION (LHIC) - JOINTLY LED BY THE HARFORD COUNTY HEALTH DEPARTMENT AND UMUCH. THIS COALITION BRINGS TOGETHER REPRESENTATIVES FROM THE COMMUNITY EVERY OCTOBER TO EXAMINE THE HEALTH OF OUR COMMUNITY AND DETERMINE A PLAN FOR MOVING FORWARD. PRIMARY HEALTH IMPROVEMENT PRIORITIES FOR THIS COALITION INCLUDE BEHAVIORAL HEALTH, CHRONIC DISEASE PREVENTION & WELLNESS AND FAMILY HEALTH & RESILIENCY. THE CHARGE FOR EACH PRIORITY IS THEN LEAD BY A COMMUNITY WORKGROUP. EACH WORKGROUP HAS STRATEGIC INITIATIVES, ACTION PLANS, AND MEASURABLE GOALS. THEY MEET EITHER MONTHLY OR QUARTERLY AND REPORT OUT AT THE ANNUAL LHIC MEETING. OTHER COMMUNITY COALITIONS THAT UMUCH PLAYS AN ACTIVE ROLE IN INCLUDE: HARFORD COUNTY CANCER COALITION, SUICIDE PREVENTION WORKGROUP, OVERDOSE FATALITY REVIEW TEAM, CITIZEN REVIEW BOARD FOR CHILDREN, AND HARFORD COUNTY CHILD FATALITY REVIEW BOARD. ALL OF THESE COMMITTEES AND COALITION ARE COLLABORATIVE EFFORTS TO ADDRESS HEALTH ISSUES AND ADVOCATE FOR POLICIES AND PROGRAMS THAT IMPROVE HEALTH IN THE COMMUNITIES WE SERVE.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT</p>	<p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 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
<p>SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY</p>	<p>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.</p>
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>THE CORPORATION RECORDS REVENUES AND ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT THEIR ESTIMATED NET REALIZABLE VALUE. REVENUE IS REDUCED FOR ANTICIPATED DISCOUNTS UNDER CONTRACTUAL ARRANGEMENTS AND FOR CHARITY CARE. AN ESTIMATED PROVISION FOR BAD DEBTS IS RECORDED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED BASED UPON ANTICIPATED UNCOMPENSATED CARE, AND IS ADJUSTED AS ADDITIONAL INFORMATION BECOMES AVAILABLE.</p> <p>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.</p> <p>FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAD ALREADY PAID, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT MANY PATIENTS ULTIMATELY DO NOT PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>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.</p>
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY.</p> <p>PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS, EVEN IN EXCESS OF 240 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS. NO EXTRAORDINARY COLLECTION ACTIONS (ECAS) WILL OCCUR EARLIER THAN 120 DAYS FROM SUBMISSION OF FIRST BILL TO THE PATIENT AND WILL BE PRECEDED BY NOTICE 30 DAYS PRIOR TO COMMENCEMENT OF THE ACTION. AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE COMMUNICATED TO THE PATIENT AND A PRESUMPTIVE ELIGIBILITY REVIEW WILL OCCUR PRIOR TO ANY ACTION BEING TAKEN. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AFTER AN ECA IS INITIATED, THE ORGANIZATION WILL TAKE REASONABLE MEASURES TO REVERSE THE ECAS AGAINST THE PATIENT ACCOUNT.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>UMUCH ASSESSED THE HEALTH STATUS OF HARFORD COUNTY RESIDENTS, AS INDIVIDUALS AND AS POPULATION GROUPS, AND PROVIDED POPULATION COMPARISONS TO RESIDENTS OF MARYLAND AND TO THE NATION AS A WHOLE. WE EXAMINED TRENDS IN HEALTH INDICATORS OF COUNTY RESIDENTS OVER TIME, HIGHLIGHTING RACIAL AND GEOGRAPHIC DISPARITIES, AND IDENTIFIED AREAS OF POVERTY AND AT-RISK POPULATIONS WHICH PROVIDED A BASIS FOR OUR PUBLIC HEALTH PLANNING. DATA IN OUR ASSESSMENT CAME FROM A VARIETY OF NATIONAL AND STATE SOURCES, INCLUDING, BUT NOT LIMITED TO, THE UNITED STATES CENSUS BUREAU, MARYLAND STATE HEALTH IMPROVEMENT PLAN, MARYLAND VITAL STATISTICS, THE MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, THE INJURIES IN MARYLAND REPORT, AND NATIONAL COUNTY HEALTH RANKINGS.</p> <p>THE CHNA INCLUDES EACH OF HARFORD COUNTY'S 21 ZIP CODES. IN KEEPING WITH THE UMUCH MISSION OF MAINTAINING AND IMPROVING THE HEALTH OF THE PEOPLE IN ITS COMMUNITIES AND PROVIDING HIGH QUALITY CARE TO ALL, THE COMMUNITY BENEFIT SERVICE AREA (CBSA) WAS IDENTIFIED AS ALL OF HARFORD COUNTY. THE ZIP CODES WHERE THE MOST VULNERABLE POPULATIONS RESIDE (21009, 21040, 21001, & 21078) WERE INCLUDED IN THE ASSESSMENT AND REPRESENT THE MOST CONCENTRATED AREAS OF POVERTY WITHIN THE COUNTY. IT IS IMPORTANT TO NOTE THAT POCKETS OF CONCENTRATED POVERTY ALSO EXIST WITHIN RURAL NORTHERN ZIP CODES IN HARFORD COUNTY. IDENTIFYING ALL OF HARFORD COUNTY AS THE CBSA PROVIDES THE OPPORTUNITY TO BETTER ADDRESS THE NEEDS OF THE VULNERABLE RESIDENTS OF HARFORD COUNTY.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM/POLICY AND THE NUMBER FOR OUR PATIENTS TO CONTACT SOMEONE WITH QUESTIONS OR CONCERNS ARE AS FOLLOWS:</p> <ul style="list-style-type: none"> - POSTED IN REGISTRATION AREAS (INPATIENT, EMERGENCY DEPARTMENT, KAUFMAN CANCER CENTER, FAMILY BIRTH PLACE, OUTPATIENT TESTING), WAITING AREAS AND BY CASHIER'S OFFICES - OFFERED TO ALL SELF PAY PATIENTS AT THE TIME OF REGISTRATION - PRINTED ON THE BACK OF ALL PATIENT FINANCIAL STATEMENTS - POSTED ON THE UMUCH WEBSITE - OFFERED BY BILLING DEPARTMENT WHEN PATIENTS CALL INQUIRING ABOUT THEIR HOSPITAL BILL <p>A FINANCIAL COUNSELOR IS AVAILABLE ONSITE TO ASSIST PATIENTS WITH APPLYING FOR FINANCIAL ASSISTANCE.</p> <p>A REPRESENTATIVE FROM HOSPITAL SUPPORT SERVICES CONTACTS ALL SELF-PAY ED PATIENTS AND SELF PAY INPATIENTS TO ASSIST THE PATIENT WITH APPLYING FOR MEDICAL ASSISTANCE.</p> <p>OUR FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN ENGLISH AND SPANISH.</p> <p>THE FINANCIAL ASSISTANCE POLICY FOR UMUCH IS REGULARLY REVIEWED AND TO MAKE SURE IT IS AVAILABLE TO OUR PATIENTS IN A VARIETY OF FORMATS AND THAT IT IS AVAILABLE IN CULTURALLY/LINGUISTICALLY SENSITIVE MANNER AND AT A READING COMPREHENSIVE LEVEL APPROPRIATE TO THE POPULATION OF OUR COMMUNITY BENEFIT SERVICE AREA.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>THE FOLLOWING IS A SUMMARY DESCRIPTION OF THE COMMUNITY THAT UMUCH SERVES AS DESCRIBED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY BENEFIT IMPLEMENTATION PLAN. A MORE DETAILED DESCRIPTION, INCLUDING MAPS AND DATA TABLES, CAN BE FOUND IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT AVAILABLE AT: HTTPS://WWW.UMMS.ORG/UCH/COMMUNITY/ASSESSMENT-AND-IMPLEMENTATION-PLAN</p> <p>POPULATION</p> <p>DEMOGRAPHIC CHARACTERISTICS SUCH AS AGE, GENDER, RACE, AND ETHNICITY HAVE AN IMPACT ON PEOPLE'S HEALTH. UNDERSTANDING THESE CHARACTERISTICS ACROSS HARFORD COUNTY IS HELPFUL IN DETERMINING THE RESOURCES NEEDED FOR OPTIMUM HEALTH AND WELL-BEING OF THE POPULATION.</p> <p>IN 2019, THE TOTAL POPULATION OF HARFORD COUNTY WAS ESTIMATED TO BE 252,222, WHICH WAS A 3.0% INCREASE FROM 2010 (244,826). THE COUNTY IS LOCATED IN THE NORTHEASTERN PART OF THE MARYLAND, WITH THE TOWNS AND CITIES OF VARYING SIZES, WEALTH, AND DIVERSITY. THE TOWN OF BEL AIR IS THE HARFORD COUNTY SEAT, WHICH HAS A POPULATION OF 10,071, OR ABOUT 4% OF THE COUNTY'S POPULATION. THE CITIES OF ABERDEEN AND HAVRE DE GRACE EACH MAKE UP APPROXIMATELY 10% AND 7%, RESPECTIVELY. THE REMAINING POPULATION IN THE COUNTY IS MOSTLY DISTRIBUTED ALONG THE ROUTE 40 CORRIDOR AND IN RURAL AND SUBURBAN PARTS OF THE COUNTY.</p> <p>AGE DISTRIBUTION</p> <p>DATA ON THE AGE DISTRIBUTION OF A COUNTY IS IMPORTANT IN ORDER TO MONITOR AGING. THE POPULATION DISTRIBUTION CAN ALSO HELP DETERMINE WHAT TYPES OF SERVICES ARE NEEDED AS WELL AS INFRASTRUCTURE AND HOUSING NEEDS.</p> <p>THE AGE CATEGORY WITH THE LARGEST PERCENTAGE OF THE POPULATION WAS ADULTS AGES 55-59. THE MEDIAN AGE FOR THE COUNTY IN 2019 WAS 40.9. HARFORD COUNTY HAS 49% MALES AND 51% FEMALES (U.S. CENSUS BUREAU, 2015-2019).</p> <p>RACIAL AND ETHNIC DIVERSITY</p> <p>DATA ON RACIAL AND ETHNIC DIVERSITY OF A POPULATION ALLOWS LEADERS TO UNDERSTAND THE HEALTH DISPARITIES AND RACIAL GAPS. IT ALSO ALLOWS FOR ORGANIZATIONS TO TARGET CULTURALLY COMPETENT HEALTH CARE SERVICES. FOR EXAMPLE, IN HARFORD COUNTY, 7.4% OF RESIDENTS (AGE 5 AND UP) SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. THEREFORE, IT IS IMPORTANT FOR ADDRESSING HEALTH LITERACY IN THE COMMUNITY (U.S. CENSUS BUREAU, 2015-2019).</p> <p>THERE IS SUBSTANTIAL VARIATION IN THE LEVELS OF RACIAL AND ETHNIC DIVERSITY ACROSS HARFORD COUNTY. WHILE 78.6% OF HARFORD COUNTY IS WHITE, ALMOST HALF OF THE RESIDENTS IN THE EDGEWOOD ZIP CODE ARE BLACK OR AFRICAN AMERICAN. THE SHARE OF THE BLACK OR AFRICAN AMERICAN POPULATION IN EDGEWOOD WAS PROJECTED TO INCREASE FROM 2010-2020. THE RACIAL COMPOSITION OF EDGEWOOD AND ABERDEEN HAVE BEEN SIMILAR TO THE STATE OF MARYLAND WHILE HAVRE DE GRACE HAS BEEN SIMILAR TO HARFORD COUNTY AS A WHOLE (U.S. CENSUS BUREAU, 2015-2019).</p> <p>INCOME AND PHYSICAL ENVIRONMENT</p> <p>WHEN COMPARED TO THE UNITED STATES, MARYLAND IS A WEALTHY STATE, WITH A MEDIAN HOUSEHOLD INCOME OF \$84,805 COMPARED TO THE UNITED STATES AT \$62,843. HARFORD COUNTY HAS A HIGHER MEDIAN HOUSEHOLD INCOME THAN THE STATE AT \$89,147. THERE HAS ALSO BEEN A 7% AND 6.4% INCREASE IN THE MEDIAN HOUSEHOLD INCOME SINCE 2017 FOR MARYLAND AND HARFORD COUNTY, RESPECTIVELY. THERE ARE SIGNIFICANT DIFFERENCES IN INCOME ACROSS THE MUNICIPALITIES IN HARFORD COUNTY WITH BEL AIR AT \$91,262, HAVRE DE GRACE AT \$79,489, AND ABERDEEN AT \$68,942 (U.S. CENSUS BUREAU, 2015-2019).</p> <p>THE PERCENT OF HARFORD COUNTY FAMILIES THAT ARE BELOW THE POVERTY LEVEL IS 4.7% WHICH IS BELOW THE STATE FIGURE OF 6.1%. HOWEVER, THERE IS A RANGE OF POVERTY LEVELS THROUGHOUT THE COUNTY. ABERDEEN AND EDGEWOOD'S PROPORTION LIVING BELOW POVERTY HAVE BEEN ESTIMATED AT 10.6% AND 9.4% RESPECTIVELY SPANNING THE NATIONAL AVERAGE OF 9.5%. THERE ARE ALSO RACIAL DISPARITIES OF POVERTY IN THE COUNTY. THERE ARE 3.4% OF WHITE FAMILIES WHO ARE BELOW THE POVERTY LEVEL WHILE 11.3% BLACK OR AFRICAN AMERICAN AND 6.9% HISPANIC OR LATINO FAMILIES BELOW THE POVERTY LEVEL (U.S. CENSUS BUREAU, 2015-2019).</p> <p>THE DISPARITY IN HOUSEHOLD INCOMES IN HARFORD COUNTY AND THE CITIES OF ABERDEEN AND EDGEWOOD IS CONSISTENT WITH THE PERCENTAGE OF FAMILIES WHOSE INCOME IS BELOW THE POVERTY LEVEL. BOTH IN MARYLAND AND IN HARFORD COUNTY, POVERTY RATES ARE HIGHEST IN FAMILIES HEADED BY FEMALES. DATA SHOWS THAT THERE ARE 17.3% OF FAMILIES BELOW THE POVERTY LEVEL IN FEMALE HEADED HOUSEHOLDS IN MARYLAND AND 18.5% IN HARFORD COUNTY, RESPECTIVELY (U.S. CENSUS BUREAU, 2015- 2019). THE POVERTY RATES IN HARFORD COUNTY ARE ALSO REFLECTED BY THE PERCENTAGE OF FAMILIES RECEIVING SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) BENEFITS WITH EDGEWOOD HAVING THE HIGHEST PERCENTAGE OF FAMILIES AND BEL AIR HAVING THE LOWEST. THE ESTIMATED NUMBER OF HOUSEHOLDS THAT RECEIVED SNAP BENEFITS IN HARFORD COUNTY IN THE PAST 12 MONTHS WAS 7,305, WHICH IS AN ESTIMATED 7.8% OF HOUSEHOLDS IN HARFORD COUNTY (U.S. CENSUS BUREAU, 2015-2019).</p> <p>EDUCATION AND EMPLOYMENT</p> <p>HARFORD COUNTY PUBLIC SCHOOL DISTRICT HAS 54 SCHOOLS. THE SCHOOL DISTRICT'S MISSION IS THAT EACH STUDENT WILL ATTAIN ACADEMIC AND PERSONAL SUCCESS IN A SAFE AND CARING ENVIRONMENT THAT HONORS THE DIVERSITY OF OUR STUDENTS AND STAFF. WITHIN THE 54 SCHOOLS, THERE ARE 9 TITLE I SCHOOLS WHICH AIM TO ENSURE ACADEMIC ACHIEVEMENT FOR AT-RISK STUDENTS ATTENDING SCHOOLS IN HIGH POVERTY AREAS. THE SCHOOLS ARE LOCATED IN THE SOUTHERN PORTION OF THE COUNTY: THREE IN ABERDEEN, TWO IN EDGEWOOD AND JOPPA, AND ONE IN HAVRE DE GRACE AND ABINGDON (HARFORD COUNTY PUBLIC SCHOOLS, 2021). HARFORD COUNTY PUBLIC SCHOOLS HAD A TOTAL OF 38,429 STUDENTS ENROLLED IN THE 2019-20 SCHOOL YEAR WITH A 94.3% ATTENDANCE RATE. THE HIGH SCHOOL GRADUATION RATE FOR HARFORD COUNTY WAS 90.15%, WHICH WAS HIGHER THAN THE STATE OF MARYLAND'S RATE AT 86.75% (MARYLAND STATE DEPARTMENT OF EDUCATION, 2019).</p>

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	<p>THE MARYLAND STATE DEPARTMENT OF EDUCATION ADMINISTERS ASSESSMENTS EACH YEAR OF EACH SCHOOL DISTRICT IN MARYLAND. BASED ON THE TEST SCORES, EACH SCHOOL DISTRICT IS RANKED BY SCHOOLDIGGER. DUE TO THE PANDEMIC, SCHOOL ASSESSMENTS WERE NOT TAKEN FOR THE 2019-2020 YEAR. FOR THE 2018-2019 SCHOOL YEAR, HARFORD COUNTY WAS RANKED 10TH OUT OF 24 PUBLIC SCHOOL SYSTEMS IN MARYLAND (SCHOOLDIGGER, 2019). THIS IS A SLIGHT IMPROVEMENT FROM THE PREVIOUS YEAR WHERE HARFORD COUNTY WAS RANKED 11TH. IT WAS ESTIMATED THAT 92.7% OF PEOPLE 25 YEARS AND OVER IN HARFORD COUNTY HAD A HIGH SCHOOL DIPLOMA OR HIGHER AND 36.7% HAD A BACHELOR'S DEGREE OR HIGHER IN 2019. ADDITIONALLY, 67.9% OF THE HARFORD COUNTY POPULATION 16 AND OVER WERE EMPLOYED WHILE 32.1% WERE NOT IN THE LABOR FORCE. IN ADDITION, 74.3% OF HARFORD COUNTY EMPLOYEES WERE PRIVATE WAGE AND SALARY WORKERS, 21.2% WERE GOVERNMENT WORKERS, AND 4.5% WERE SELF-EMPLOYED (U.S. CENSUS BUREAU, 2015- 2019).</p> <p>HOUSING AND TRANSPORTATION</p> <p>WHILE THE MEDIAN VALUE OF HOMES IN 2019 FOR HARFORD COUNTY (\$293,400) IS ONLY SLIGHTLY LESS THAN MARYLAND'S (\$314,800), THE DIFFERENCE WHEN CONSIDERING HOUSING PRICES BY ZIP CODE IS DRAMATIC. THE MEDIAN HOME VALUE FOR HARFORD COUNTY HAS INCREASED BY 4.1% SINCE 2017. PRICES RANGE FROM BELOW THE STATE VALUE IN THE EDGEWOOD AREA, WHERE THE MEDIAN HOME VALUE IS \$173,900, TO WELL ABOVE THE STATE IN THE MONKTON AREA, WHERE THE MEDIAN HOME COSTS \$518,800.</p> <p>RENTAL COSTS MUST ALSO BE TAKEN INTO ACCOUNT WHEN ASSESSING THE HOUSING LANDSCAPE OF A COMMUNITY. THE TABLE ABOVE SHOWS MONTHLY MORTGAGE AND RENTAL COSTS FOR MARYLAND, HARFORD COUNTY, AND SELECTED ZIP CODES FROM THE U.S. CENSUS BUREAU. IT IS ESTIMATED THAT 22% OF HOUSEHOLDS RENT RATHER THAN OWN THEIR HOUSE. LIMITED ACCESS TO PUBLIC TRANSPORTATION IS ESPECIALLY TROUBLESOME FOR RURAL AND LOW INCOME AREAS OF HARFORD COUNTY. LACK OF TRANSPORTATION IMPACTS ACCESSING HEALTHCARE SERVICES. AMONG WORKERS 16 AND OVER, 4.9% THAT DO NOT HAVE A VEHICLE AVAILABLE. RATES ARE HIGHER ALONG THE ROUTE 40 CORRIDOR WITH EDGEWOOD AT 9%, ABERDEEN AT 8.8%, AND HAVRE DE GRACE AT 7.5% (U.S. CENSUS BUREAU, 2015-2019).</p> <p>THERE ARE APPROXIMATELY 56.2% HARFORD COUNTY RESIDENTS THAT ALSO WORK IN THE COUNTY. IN ADDITION, THERE ARE 40.6% AND 3.2% OF HARFORD COUNTY RESIDENTS WHO WORK OUTSIDE THE COUNTY AND STATE, RESPECTIVELY. THE AVERAGE COMMUTE TIME TO WORK IS ABOUT 32 MINUTES. THERE ARE JUST 1.3% OF RESIDENTS THAT USE PUBLIC TRANSPORTATION ACCORDING TO THE 2015-2019 5 YEAR ESTIMATES (U.S. CENSUS BUREAU, 2015-2019). THE HARFORD TRANSIT LINK IS THE BUS SYSTEM FOR HARFORD COUNTY THAT OFFERS 7 BUS ROUTES AS SEEN BELOW (HARFORD COUNTY GOVERNMENT, N.D.). WHILE THIS AIDS IN ACCESS TO CARE, THERE ARE STILL GAPS IN TRANSPORTATION THROUGHOUT MANY AREAS OF THE COUNTY.</p>

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<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>CRIME</p> <p>IN 2017, HARFORD COUNTY HAD AN ANNUAL OVERALL CRIME RATE OF 1345.6 PER 100,000 PEOPLE AND HAS BEEN ON THE DECLINE. THE MOST RECENT AVAILABLE CRIME DATA FOR THE STATE IS FROM 2016, WHICH REPORTED AN ANNUAL OVERALL CRIME RATE OF 2801.3 PER 100,000. THE CRIME RATE IN MARYLAND HAS BEEN CONSISTENTLY HIGHER THAN HARFORD COUNTY FOR YEARS (GOVERNOR'S OFFICE OF CRIME PREVENTION, YOUTH, AND VICTIM SERVICES, 2017)</p> <p>THE VIOLENT CRIME RATE IN ABERDEEN WAS 470.7 PER 100,000 WHICH IS SIGNIFICANTLY HIGHER THAN BEL AIR, HAVRE DE GRACE, OR THE COUNTY AVERAGE. ON THE OTHER HAND, BEL AIR HAD THE HIGHEST RATE OF PROPERTY CRIME WITH THE RATE OF 2621.4 PER 100,000, WHICH WAS SIGNIFICANTLY HIGHER THAN THE COUNTY AS A WHOLE OR ABERDEEN AND HAVRE DE GRACE (GOVERNOR'S OFFICE OF CRIME PREVENTION, YOUTH, AND VICTIM SERVICES, 2017).</p> <p>ACCESS TO HEALTHY FOODS AND RECREATIONAL OPPORTUNITIES</p> <p>THE 2021 COUNTY HEALTH RANKINGS ESTIMATE THAT DURING THE LAST FEW YEARS, 4% OF HARFORD COUNTY RESIDENTS HAD LIMITED ACCESS TO HEALTHY FOODS. THIS PERCENTAGE IS BASED ON 2015 AND 2018 WEIGHTED DATA OF THOSE THAT DO NOT LIVE CLOSE TO A GROCERY STORE AND ARE LOW INCOME. IN ADDITION, 9% OF HARFORD COUNTY RESIDENTS ARE CONSIDERED FOOD INSECURE. THIS IS MEASURED BY THE PERCENTAGE OF THE POPULATION WHO DID NOT HAVE ACCESS TO A RELIABLE SOURCE OF FOOD DURING THE PAST YEAR (BASED ON 2015 AND 2018 WEIGHTED DATA). THE COUNTY HEALTH RANKINGS CREATED A FOOD ENVIRONMENT INDEX IN ORDER TO SCORE A GIVEN AREA ON A SCALE FROM 0-10 (0 BEING THE WORST AND 10 BEING THE BEST). THE SCORE IS BASED ON LIMITED ACCESS TO FOODS AND FOOD INSECURITY. HARFORD COUNTY WAS GIVEN A SCORE OF 8.7 OUT OF 10 WHICH WAS THE SAME SCORE AS MARYLAND AS A WHOLE (COUNTY HEALTH RANKINGS AND ROADMAPS, 2021).</p> <p>IT SHOULD ALSO BE NOTED THAT THE US CENSUS ESTIMATES THAT 7.8% OF HOUSEHOLDS IN HARFORD COUNTY USE SNAP BENEFITS (U.S. CENSUS BUREAU, 2015-2019). IN SUMMARY, WHILE MOST HARFORD COUNTY RESIDENTS HAVE ACCESS TO HEALTHY FOODS AND A RELIABLE SOURCE OF FOOD, THERE ARE STILL GAPS IN THE COUNTY. LACKING RELIABLE ACCESS TO FOOD HAS BEEN FOUND TO BE RELATED TO POOR HEALTH OUTCOMES SUCH AS OBESITY AND PREMATURE MORTALITY.</p> <p>IT IS ESTIMATED THAT ACCESS TO EXERCISE OPPORTUNITIES IN HARFORD COUNTY IS 90% WHILE THE STATE OF MARYLAND IS AT 93%. THIS IS MEASURED BY THE PERCENTAGE OF INDIVIDUALS IN A COUNTY WHO LIVE REASONABLY CLOSE TO A PARK OR RECREATIONAL FACILITY (COUNTY HEALTH RANKINGS AND ROADMAPS, 2021). THE HARFORD COUNTY PUBLIC RECREATION SYSTEM IS A COMBINATION OF SITES OWNED BY MUNICIPAL, COUNTY, STATE, AND FEDERAL GOVERNMENT, AND THE HARFORD COUNTY BOARD OF EDUCATION. THERE ARE NUMEROUS OPPORTUNITIES FOR HARFORD COUNTY RESIDENTS TO STAY ACTIVE THROUGH PARKS, TRAILS, AND RECREATION CENTERS. NOTE THAT THIS IS LIMITED TO PUBLIC FACILITIES AND THERE ARE ADDITIONAL RECREATION OPPORTUNITIES THROUGH APARTMENT COMPLEXES' PLAYGROUNDS OR PRIVATE GYMS.</p> <p>TOBACCO USE</p> <p>IN MIDDLE AND HIGH SCHOOL STUDENTS, THERE WAS A STEEP INCREASE IN ELECTRONIC VAPOR PRODUCT USE FROM 2016 TO 2018. THE YOUTH RISK BEHAVIOR SURVEY (YRBS) SHOWED IN 2018, 29.3% OF HIGH SCHOOL STUDENTS HAD USED AN ELECTRONIC VAPOR PRODUCT IN THE PAST 30 DAYS. THIS IS MORE THAN DOUBLE THE RATE FROM 2016 (14.3%). THE ELECTRONIC VAPOR PRODUCT USE IN HARFORD COUNTY WAS ALSO ABOUT 6% WORSE THAN THE STATE (23.0%). MIDDLE SCHOOL STUDENTS IN HARFORD COUNTY SAW A SIMILAR SPIKE IN ELECTRONIC VAPOR USE, BUT STILL A LOWER RATE THAN HIGH SCHOOL STUDENTS. IN 2018, 7% OF STUDENTS USED AN ELECTRONIC VAPOR PRODUCT IN THE PAST 30 DAYS COMPARED TO 5.9% IN THE STATE. THERE WERE ALSO 43% AND 19.6% OF HARFORD COUNTY HIGH SCHOOL AND MIDDLE SCHOOL STUDENTS, RESPECTIVELY, THAT HAD EVER TRIED AN ELECTRONIC VAPOR PRODUCT IN 2018 (MARYLAND DEPARTMENT OF HEALTH YOUTH RISK BEHAVIOR SURVEY, 2019)</p> <p>IN ADULTS, SMOKING RATES IN HARFORD HAVE CONSISTENTLY BEEN HIGHER THAN THE STATE SINCE 2014. IN 2019, THE NUMBER OF CURRENT SMOKERS IN HARFORD COUNTY WAS 20.6% COMPARED TO 13.1% FOR THE STATE (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019).</p> <p>ALCOHOL USE</p> <p>IN 2018 IT WAS REPORTED THAT 8.4% OF MIDDLE SCHOOL STUDENTS AND 31% OF HIGH SCHOOL STUDENTS CURRENTLY DRANK ALCOHOL (MARYLAND DEPARTMENT OF HEALTH YOUTH RISK BEHAVIOR SURVEY, 2019). FOR HARFORD COUNTY ADULTS, IN 2019, 9.5% REPORTED BEING HEAVY DRINKERS (ADULT MEN HAVING 14 DRINKS PER WEEK AND ADULT WOMEN HAVING 7 DRINKS A WEEK). THIS PERCENTAGE IS HIGHER THAN THE STATE WHERE IT WAS REPORTED THAT 5.4% OF ADULTS ENGAGE IN HEAVY DRINKING (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019).</p> <p>HEALTHY EATING, ACTIVE LIVING, AND OBESITY</p> <p>DIET AND EXERCISE HABITS HAVE A TREMENDOUS IMPACT ON HEALTH AND WELLBEING. DATA FROM THE 2019 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) INDICATE THAT ONLY 66.6% OF HARFORD COUNTY ADULTS CONSUME ONE OR MORE SERVINGS OF FRUITS PER DAY AND ONLY 83.1% CONSUME ONE OR MORE SERVINGS OF VEGETABLES DAILY. THE PERCENTAGE OF FRUIT CONSUMPTION MIRRORED THE STATE WHILE THE VEGETABLE CONSUMPTION WAS ABOUT 5% HIGHER IN HARFORD THAN THE STATE (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019).</p> <p>IT IS RECOMMENDED THAT ADULTS ENGAGE IN 150 MINUTES OF MODERATE-INTENSITY PHYSICAL ACTIVITY PER WEEK (OR EQUIVALENT OF VIGOROUS PHYSICAL ACTIVITY). THE 2019 BRFSS DATA FOUND THAT 59.4% OF HARFORD COUNTY RESIDENTS MET THE RECOMMENDED PHYSICAL ACTIVITY REQUIREMENTS COMPARED TO 51.8% OF THE STATE (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019).</p> <p>BODY MASS INDEX (BMI) CAN BE USED AS A TOOL TO ACCESS HEALTH RISK, ALTHOUGH IT DOES NOT MEASURE BODY FAT. HARFORD COUNTY'S WEIGHT BREAKDOWN BELOW SHOWS THAT ABOUT 72.7% OF ADULTS IN 2019 WERE OVERWEIGHT OR OBESE AND ONLY 27.3% WERE AT A HEALTHY WEIGHT (MARYLAND</p>

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	<p>DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019).</p> <p>THERE HAS ALSO BEEN ABOUT A 10% INCREASE IN HARFORD COUNTY RESIDENTS THAT ARE A OVERWEIGHT OR OBESE FROM 2016 TO 2019. OBESITY AND OVERWEIGHT RATES CAN VARY BY RACE AS WELL. IN THE 2019 BRFSS SURVEY, IT WAS REPORTED THAT 83.9% OF NON-HISPANIC BLACK ADULTS IN HARFORD COUNTY WERE OBESE OR OVERWEIGHT, COMPARED TO 66.9% WHITES (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019). THESE RACIAL DISPARITIES HAVE BEEN CONSISTENT FOR AT LEAST THE LAST FEW YEARS. BEING OVERWEIGHT OR OBESE CAN PUT PEOPLE AT RISK FOR OTHER CHRONIC CONDITIONS SUCH AS HEART DISEASE AND TYPE 2 DIABETES.</p> <p>HEALTH OUTCOMES</p> <p>THE HEALTH OUTCOMES SECTION REPORTS PERCEIVED HEALTH STATUS, INCIDENCE AND PREVALENCE OF HEALTH CONDITIONS IN HARFORD COUNTY, HOSPITALIZATIONS, AND MORTALITY FROM CERTAIN HEALTH CONDITIONS. THIS INCLUDES CHRONIC AND COMMUNICABLE DISEASE, INJURY, MENTAL HEALTH, AND MATERNAL AND CHILD HEALTH. THE PREVIOUS HEALTH FACTORS SECTION THAT DISCUSSED HEALTHY AND UNHEALTHY BEHAVIORS GO HAND IN HAND WITH HEALTH OUTCOMES.</p> <p>PERCEIVED HEALTH STATUS</p> <p>IN THE BRFSS SURVEY, RESPONDENTS WERE ASKED TO RANK THEIR OVERALL HEALTH FROM POOR TO EXCELLENT. THERE WAS SOME VARIATION OF RESPONSES THROUGHOUT THE PAST 3 YEARS, BUT AN AVERAGE FROM 2017-2019 SHOWED 18.1% OF RESIDENTS REPORTED THEIR HEALTH WAS EXCELLENT, 38.3% REPORTED VERY GOOD, 29.9% REPORTED GOOD, 9.7% REPORTED FAIR, AND 3.7% REPORTED POOR.</p> <p>LEADING CAUSES OF DEATH AND HOSPITALIZATION</p> <p>IN THE 2021 COUNTY HEALTH RANKINGS, HARFORD COUNTY WAS RANKED 10TH OUT OF 24 JURISDICTIONS FOR HEALTH OUTCOMES. YEARS OF POTENTIAL LIFE LOST (YPLL) IS USED TO MEASURE PREMATURE MORTALITY (BEFORE AGE 75) RATHER THAN OVERALL MORTALITY IN ORDER TO FOCUS ON DEATHS THAT COULD HAVE BEEN PREVENTED. BASED ON 2017-2019 DATA, THE YPLL RATE WAS 6,900 PER 100,000 FOR ALL DEATHS IN HARFORD COUNTY AND 7,200 PER 100,000 IN MARYLAND. THIS RATE WAS ALSO SIGNIFICANTLY HIGHER FOR AFRICAN AMERICANS IN HARFORD WITH THE YPLL BEING 8,400 PER 100,000 DEATHS (COUNTY HEALTH RANKINGS AND ROADMAPS, 2021</p> <p>ACCORDING TO THE MARYLAND VITAL STATISTICS ADMINISTRATION, THERE WERE 2,209 TOTAL DEATHS IN HARFORD COUNTY IN 2019 AND THE TOP 3 CAUSES CAUSES OF DEATH WERE HEART DISEASE, CANCER, AND CEREBROVASCULAR DISEASE (STROKE) IN BOTH HARFORD COUNTY AND MARYLAND. CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) FALLS CLOSELY BEHIND STROKE AS THE 4TH LEADING CAUSE OF DEATH IN HARFORD COUNTY. IF THE TOP CAUSES OF DEATH REMAIN CONSISTENT FOR THE 2020 MARYLAND VITAL STATISTICS ANNUAL REPORT, COVID-19 WOULD LIKELY BE THE 3RD LEADING CAUSE OF DEATH IN HARFORD COUNTY AS THERE WERE 167 COVID-19 DEATHS IN 2020. THE AGE-ADJUSTED MORTALITY RATE FROM 2017-2019 FOR ALL CAUSES WAS 738.8 PER 100,000 DEATHS IN HARFORD COUNTY AND 713 PER 100,000 DEATHS IN MARYLAND. THE TRENDS OF MORTALITY RATES FOR SPECIFIC DISEASES ARE OUTLINED BELOW (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019).</p>

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<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>EMERGENCY DEPARTMENT VISITS</p> <p>THE ED VISIT RATE FOR HARFORD FROM 2017-2019 WAS 919 PER 1,000 COMPARED TO THE STATE RATE OF 1,107 PER 1,000. THE HIGHEST RATES OF ED VISITS IN THE COUNTY WERE FOR RESIDENTS OF ABERDEEN (1607.6 PER 1,000) FOLLOWED BY EDGEWOOD (1459.62 PER 1,000) AND HAVRE DE GRACE (1378.80 PER 1,000) (CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS, 2020).</p> <p>THE CRISP REPORTING SYSTEM (CRS) REPORTED THAT THE TOP THREE CONDITIONS ASSOCIATED WITH AN ED VISIT WERE HYPERTENSION, SUBSTANCE USE DISORDER, AND MENTAL HEALTH CONDITIONS IN HARFORD COUNTY (CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS, 2020). THE STATE AS A WHOLE ALSO HAD THE SAME TOP 3 CONDITIONS, HOWEVER, THE STATE HAD A HIGHER PERCENTAGE OF ANY MENTAL HEALTH CONDITION VISITS COMPARED TO SUBSTANCE USE DISORDER. THIS MAY SUGGEST THAT THESE CONDITIONS WERE NOT BEING TREATED AS SUCCESSFULLY IN AN OUTPATIENT SETTING.</p> <p>CHRONIC AND COMMUNICABLE DISEASES</p> <p>WHILE THERE HAS BEEN A SLIGHT DECREASE IN MORTALITY RATES FOR HEART DISEASE IN HARFORD COUNTY, IT REMAINS THE LEADING MORTALITY RATE IN THE COUNTY. FOR 2017-2019 THE RATE WAS 163 PER 100,000 IN HARFORD AND 162 PER 100,000 IN MARYLAND (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019).</p> <p>CANCER MORTALITY RATES ARE WORSE IN HARFORD COUNTY THAN FOR THE STATE OF MARYLAND. HOWEVER, THE CANCER MORTALITY RATES HAVE DECREASED OVER THE YEARS FOR BOTH HARFORD COUNTY AND MARYLAND (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019). CANCERS OF THE LUNG, TRACHEA, AND BRONCHUS HAVE THE HIGHEST MORTALITY OF ALL CANCERS IN HARFORD COUNTY (45 PER 100,000) AND MARYLAND (38.8 PER 100,000). WHEN BREAKING DOWN THE INCIDENCE BY CANCER TYPE, BREAST AND PROSTATE CANCER HAD THE TOP 2 INCIDENCE RATES IN BOTH HARFORD AND THE STATE OF MARYLAND (U.S. CANCER STATISTICS WORKING GROUP, 2020).</p> <p>WHEN BROKEN DOWN BY RACE BY TYPE OF CANCER IN HARFORD COUNTY, THE INCIDENCE RATE FOR PROSTATE CANCER IN AFRICAN AMERICANS (239.9 PER 100,000) WAS ABOUT 2 TIMES THE INCIDENCE IN WHITES (119.6 PER 100,000) (U.S CANCER STATISTICS WORKING GROUP, 2020).</p> <p>CEREBROVASCULAR DISEASE (STROKE) CONTINUES TO BE ONE OF THE TOP CAUSES OF MORTALITY IN HARFORD COUNTY. IN 2017-2019 THE MORTALITY RATE WAS 38 PER 100,000 DEATHS AND HAS SLOWLY BEEN INCREASING OVER THE YEARS (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019).</p> <p>THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) REPORTED THE PERCENTAGE OF ADULTS THAT WERE EVER TOLD THEY HAVE A CERTAIN CHRONIC CONDITION. IT IS ESTIMATED THAT ABOUT A THIRD OF ADULTS HAVE BEEN DIAGNOSED WITH HYPERTENSION (HIGH BLOOD PRESSURE), WHICH INCREASES THE RISK FOR HEART DISEASE AND STROKE (CDC). HYPERTENSION ALSO USUALLY PRESENTS NO SYMPTOMS, MAKING IT MORE CRITICAL TO MONITOR AND TAKE STEPS TO LOWER THE RISK. WHILE THE DIABETES OVERALL ESTIMATED DIAGNOSES IS 9.3% OF HARFORD ADULTS, THIS RATE IS SIGNIFICANTLY HIGHER IN AFRICAN AMERICANS (19%) VERSUS WHITE (8.3) RESIDENTS (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK SURVEILLANCE SYSTEM, 2011-2019).</p> <p>A NOTIFIABLE DISEASE IS ANY CONDITION THAT, WHEN IDENTIFIED IN A PATIENT, IS REQUIRED TO BE REPORTED TO THE GOVERNMENT SO THAT ITS INCIDENCE CAN BE MONITORED FOR POTENTIAL OUTBREAKS AND CLUSTERING. THE NOTIFIABLE DISEASES ARE THEN REPORTED TO THE CENTERS FOR DISEASE CONTROL (CDC). HARFORD COUNTY'S LYME DISEASE RATE WAS MORE THAN DOUBLE THE STATE RATE (54.8 PER 100,000 COMPARED TO 23.5 PER 100,000) (MARYLAND DEPARTMENT OF HEALTH CASES OF SELECTED NOTIFIABLE CONDITIONS, 2019).</p> <p>MATERNAL AND CHILD HEALTH</p> <p>MATERNAL CHARACTERISTICS AND BIRTH OUTCOMES IN HARFORD COUNTY VARY BY RACE, INDICATING HEALTH DISPARITIES EXIST FOR MOTHERS AND BABIES FOR RACIAL AND ETHNIC MINORITIES. A MOTHER'S WELLBEING BEFORE, DURING, AND AFTER PREGNANCY CAN AFFECT THE HEALTH OF A CHILD FROM INFANCY TO ADULTHOOD. INFANT'S WITH LOW BIRTH WEIGHT, ARE MORE LIKELY TO DIE BEFORE THEIR FIRST BIRTHDAY OR HAVE CHRONIC CONDITIONS WHEN THEY GET OLDER SUCH AS DIABETES, HEART DISEASE, OR HIGH BLOOD PRESSURE. IN 2019, THERE WERE 2,686 LIVE BIRTHS IN HARFORD COUNTY. AMONG ALL OF THE LIVE BIRTHS IN HARFORD COUNTY, 80.4% RECEIVED FIRST TRIMESTER CARE AND 4.8% RECEIVED LATE OR NO CARE DURING PREGNANCY (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019)</p> <p>LIVE BIRTHS TO UNMARRIED MOTHERS WERE 34% OF ALL LIVE BIRTHS AND LIVE BIRTHS TO MOTHERS UNDER 20 YEARS OLD WAS JUST 2.3% OF ALL LIVE BIRTHS. THE RATES FOR LIVE BIRTHS WERE ESPECIALLY HIGHER IN NON-HISPANIC AFRICAN AMERICAN UNMARRIED MOTHERS (61.2%) AND HISPANIC UNMARRIED MOTHERS (48.4%). THE PERCENT OF MOTHERS IN HARFORD COUNTY WITH A LOW BIRTH WEIGHT CHILD IN 2019 WAS 8%. THIS PERCENTAGE WAS HIGHER IN AFRICAN AMERICAN (14.7%) AND HISPANIC (10%) MOTHERS THAN FOR WHITE MOTHERS (6%) (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019). LOW BIRTH WEIGHT BABIES CAN LEAD TO POOR OUTCOMES AND HEALTH COMPLICATIONS.</p> <p>IN 2019, THE INFANT MORTALITY RATE IN HARFORD COUNTY WAS 5.6 PER 1,000 LIVE BIRTHS WHICH IS SLIGHTLY BELOW THE STATE AT 5.9 PER 1,000 LIVE BIRTHS. WHILE THIS IS A DROP FROM 2018 (6.5 PER 1,000), THE INFANT MORTALITY RATE IS STILL HIGHER THAN IT HAD BEEN IN PRIOR YEARS, WHILE THE INFANT MORTALITY RATE FOR THE STATE CONTINUES TO DECLINE (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019). RACIAL DISPARITIES IN INFANT MORTALITY AND LOW BIRTH WEIGHT BIRTHS HAVE PERSISTED IN HARFORD COUNTY FOR THE PAST DECADE. IN FACT, THE RATE OF INFANT MORTALITY FOR BLACK BABIES HAS BEEN MORE THAN 3-4 TIMES HIGHER THAN THAT OF WHITE BABIES IN HARFORD COUNTY FOR MANY YEARS. IN 2018, THE INFANT MORTALITY RATE WAS 10.8 PER 1,000 LIVE BIRTHS FOR NON-HISPANIC BLACKS AND 4.2 PER 1,000 LIVE BIRTHS FOR NON-HISPANIC WHITES. RACISM, INTERGENERATIONAL STRESS, AND STRUCTURAL INEQUALITY CONTINUE TO FUEL MATERNAL AND CHILD HEALTH DISPARITIES IN HARFORD COUNTY.</p>

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	<p>IN ADDITION, THE RATE FOR SUBSTANCE EXPOSED NEWBORNS (SEN) HAS SIGNIFICANTLY INCREASED FROM 2009 TO 2018 AND THE RATE IN HARFORD HAS BEEN HIGHER THAN THE STATE FOR AT LEAST 9 YEARS. IN 2018, THERE WERE 38.1 SEN PER 1,000 NEWBORN DISCHARGES IN HARFORD COUNTY COMPARED TO 31.4 SEN IN MARYLAND (HEALTH SERVICES COST REVIEW COMMISSION, 2018). WHILE RACIAL DATA ON SEN BIRTHS IN HARFORD COUNTY IS LIMITED, THE MOST RECENT DATA INDICATES THAT THE MAJORITY OF SEN BIRTHS ARE TO WHITE WOMEN IN THE COUNTY. WE RECOGNIZE THAT, IN ORDER FOR FAMILIES TO ACHIEVE AND MAINTAIN HEALTH AND RESILIENCY, THEY MUST BE GIVEN A SAFE SPACE TO ACCESS ESSENTIAL RESOURCES AND SUPPORT.</p> <p>INJURY</p> <p>ACCORDING TO COUNTY HEALTH RANKINGS DATA FOR 2021, THE OVERALL DEATH RATE FROM INJURIES (PLANNED AND UNPLANNED) IN HARFORD COUNTY AND MARYLAND WAS 82 PER 100,000 (COUNTY HEALTH RANKINGS AND ROADMAPS, 2021). INJURIES ACCOUNTED FOR 109 DEATHS IN 2019 FOR HARFORD COUNTY AND WERE THE 5TH LEADING CAUSE OF MORTALITY. THE SUICIDE RATE FOR HARFORD IN 2017-2019 WAS 11.4 PER 100,000 IN HARFORD WHICH WAS SLIGHTLY ABOVE THE STATE AT 10.1 PER 100,000 (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019).</p> <p>FALLS IN OLDER ADULTS CAN LEAD TO SERIOUS INJURY, DISABILITY, AND PREVENT A SENIOR FROM BEING INDEPENDENT. THE 2018 BEHAVIORAL RISK SURVEILLANCE SYSTEM (BRFSS) ESTIMATES THAT 22.4% OF RESIDENTS IN HARFORD COUNTY AGES 45+ HAD FALLEN IN THE LAST YEAR. IN ADDITION, 7.2% OF THOSE THAT FELL WERE INJURED BY THE FALL (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019).</p> <p>BEHAVIORAL HEALTH</p> <p>THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) SURVEY ESTIMATED THAT IN 2019, 18.8% OF ADULTS IN HARFORD COUNTY WERE DIAGNOSED WITH DEPRESSIVE DISORDER (INCLUDING DEPRESSION, MAJOR DEPRESSION, DYSTHYMIA, OR MINOR DEPRESSION) (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019). MENTAL HEALTH CAN HAVE A HUGE IMPACT ON CHILDREN AS WELL. AT LEAST 30% OF STUDENTS 10TH THRU 12TH GRADE FELT SAD OR HOPELESS IN 2018.</p> <p>WHILE PERCENTAGES DROPPED SLIGHTLY IN MIDDLE SCHOOL STUDENTS FROM 2016 TO 2018, A SIGNIFICANT PORTION OF STUDENTS ARE STILL AFFECTED BY MENTAL ILLNESS. THE SURVEY ALSO REPORTED THAT IN 2018, 18% OF HIGH SCHOOL STUDENTS SAID THEY HAD SERIOUSLY CONSIDERED SUICIDE IN THE LAST YEAR (MARYLAND DEPARTMENT OF HEALTH YOUTH RISK BEHAVIOR SURVEY, 2019).</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>THE BRFSS ALSO LOOKS AT ADVERSE CHILDHOOD EXPERIENCES (ACES). THE CDC DESCRIBES ACES AS POTENTIALLY TRAUMATIC EVENTS THAT HAPPEN DURING A PERSON'S CHILDHOOD SUCH AS HOUSEHOLD MENTAL ILLNESS, PHYSICAL, SEXUAL, AND/OR EMOTIONAL ABUSE, AND AN INCARCERATED HOUSEHOLD MEMBER. THE MORE ACES A PERSON HAS EXPERIENCED, THE MORE LIKELY THEY WILL EXPERIENCE CHRONIC HEALTH CONDITIONS, MENTAL OR BEHAVIORAL HEALTH CHALLENGES, OR EARLY DEATH. IN FACT, AT LEAST 5 OF THE TOP LEADING CAUSES OF DEATH HAVE BEEN LINKED TO ACES (CENTERS FOR DISEASE CONTROL AND PREVENTION PREVENTING ACES, 2021). ALSO, EXPERIENCING 4 OR MORE ACES IS ASSOCIATED WITH A SIGNIFICANT INCREASE IN RISK FOR CHRONIC ILLNESS AND/OR SUICIDE. IN 2018, THE BRFSS ESTIMATED THAT 13.4% OF ADULTS EXPERIENCE 4 OR MORE ACES (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019).</p> <p>THE CRISP REPORTING SYSTEM (CRS) REPORTS HIGHER RATES OF HOSPITALIZATIONS IN HARFORD COUNTY (90 PER 1,000 FOR 2017-2020) FOR DEPRESSION THAN THE STATE (69 PER 1,000 FOR 2017-2020). THE TABLES BELOW OUTLINE THE HOSPITALIZATIONS AND ED VISITS FOR MENTAL HEALTH INDICATORS BY SELECT ZIP CODES. RATES OF DEPRESSION, SCHIZOPHRENIA, AND BIPOLAR DISORDER WERE HIGHER IN THE EDGEWOOD, ABERDEEN, AND HAVRE DE GRACE ZIP CODES THAN THE STATE AVERAGE FOR BOTH TOTAL HOSPITALIZATIONS AND ED VISITS. ALZHEIMER'S HOSPITALIZATIONS WERE PARTICULARLY HIGHER IN HAVRE DE GRACE (47.8 PER 1,000) AND DARLINGTON (48.7 PER 1,000) AND THERE WERE 17.7 PER 1,000 ED VISITS FOR ALZHEIMER'S AS WELL (CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS, 2020). THIS COULD BE DUE TO DARLINGTON AND HAVRE DE GRACE HAVING AN OLDER POPULATION.</p> <p>FROM 2013 TO 2017 THERE WAS A STEADY INCREASE IN TOTAL DRUG AND ALCOHOL-RELATED INTOXICATION DEATHS IN HARFORD COUNTY AND MARYLAND. FROM 2018 TO 2020, THERE WAS ABOUT A 17% DECREASE IN TOTAL DRUG AND ALCOHOL-INTOXICATION RELATED DEATHS IN HARFORD COUNTY (MARYLAND DEPARTMENT OF HEALTH UNINTENTIONAL DRUG AND ALCOHOL-RELATED INTOXICATION DEATHS, 2019). THERE WAS ALSO A 50% DECREASE IN HEROIN DEATHS FROM 2019 TO 2020. OPIOID AND FENTANYL-RELATED DEATHS HAVE REMAINED THE HIGHEST CAUSE OF INTOXICATION DEATH OVER THE PAST FEW YEARS.</p> <p>ACCESS TO HEALTH CARE</p> <p>ACCESS TO HEALTH CARE HAS A SIGNIFICANT INFLUENCE ON A PERSON'S OVERALL HEALTH AND WELLBEING. HEALTH INSURANCE IS A MAJOR CONTRIBUTOR TO ACCESS TO CARE AS WELL AS PHYSICIAN SHORTAGES AND LACK OF TRANSPORTATION.</p> <p>INSURANCE COVERAGE</p> <p>HEALTH INSURANCE ALLOWS MORE PEOPLE TO RECEIVE QUALITY HEALTH CARE AND IMPROVE OVERALL HEALTH AND WELLNESS. PEOPLE WITHOUT HEALTH INSURANCE MAY BE MORE LIKELY TO DELAY OR SKIP RECEIVING HEALTH CARE OR GETTING PREVENTIVE SCREENINGS DUE TO THE COST. THE 2019 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) ESTIMATED THAT 9.6% OF HARFORD COUNTY RESIDENTS WERE UNABLE TO SEE A DOCTOR DUE TO COST IN THE PAST 12 MONTHS. IN HARFORD COUNTY, 3.4% OF RESIDENTS ARE UNINSURED COMPARED TO 6.1% OF RESIDENTS IN MARYLAND (U.S. CENSUS BUREAU, 2015-2019)</p> <p>WHILE THE UNINSURED RATE FOR THE COUNTY IS RELATIVELY LOW, DISPARITIES IN COVERAGE EXIST. 14.2% OF HISPANIC/LATINO RESIDENTS ARE UNINSURED COMPARED TO 2.6% WHITE RESIDENTS (U.S. CENSUS BUREAU, 2015-2019).</p> <p>WHILE A SMALL ZIP-CODE, PERRYMAN HAS 44.2% OF ITS RESIDENTS UNINSURED. HIGHER RATES OF THOSE UNINSURED WERE IN DARLINGTON (6%), EDGEWOOD (5.2%) AND ABERDEEN (5.1%) WITH THE LOWEST UNINSURED RATE IN MONKTON (0.9%) (U.S. CENSUS BUREAU, 2015-2019).</p> <p>ACCESS TO PRIMARY CARE AND PREVENTIVE SERVICE</p> <p>REGULAR EXAMS AND SCREENING TESTS PLAY A KEY ROLE IN DETECTING DISEASE EARLY WHICH CAN LEAD TO PROPER INTERVENTION. VACCINATIONS SUCH AS THE FLU OR CORONAVIRUS VACCINE ALSO USED TO STOP THE SPREAD OF DISEASE. SCREENING EXAMS AND VACCINATIONS ARE TYPICALLY AT NO COST TO THOSE WITH INSURANCE. HOWEVER, VARIOUS INITIATIVES IN THE COUNTY HAVE LED TO OPPORTUNITIES FOR THESE SCREENINGS TO BE GIVEN AT LITTLE TO NO COST FOR THOSE WITHOUT INSURANCE.</p> <p>THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) SURVEY ESTIMATES THAT 87.6% OF HARFORD COUNTY RESIDENTS HAVE ONE OR MORE PERSONAL DOCTORS, AND THIS NUMBER HAS RANGED FROM 80.8-90.4% OVER THE PAST 5 YEARS (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019). THE 2021 COUNTY HEALTH RANKINGS ESTIMATE THAT THERE ARE 140 PRIMARY CARE PHYSICIANS BASED ON 2018 DATA (COUNTY HEALTH RANKINGS, AND ROADMAPS, 2021).</p> <p>THE RATIO OF THE POPULATION TO PRIMARY CARE PHYSICIANS IN HARFORD COUNTY IS 1,810:1. THIS RATE HAS BEEN GETTING WORSE OVER THE YEARS AND IS WORSE THAN THE STATE RATIO AT 1,130:1 (COUNTY HEALTH RANKINGS AND ROADMAPS, 2021).</p> <p>THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) DESIGNATES AND SCORES AREAS IN THE COUNTRY THAT ARE EXPERIENCING A SHORTAGE OF HEALTHCARE FACILITIES. FOR PRIMARY CARE, THE HRSA GAVE THE EDGEWOOD AREA A HEALTH PROFESSIONAL SHORTAGE AREA SCORE OF 10 OUT OF A MAXIMUM OF 26 (HEALTH RESOURCES AND SERVICES ADMINISTRATION, N.D.)</p> <p>ACCESS TO BEHAVIORAL HEALTH</p> <p>MENTAL HEALTH IS JUST AS IMPORTANT AS PHYSICAL HEALTH FOR OVERALL HEALTH AND WELL-BEING. MENTAL ILLNESS CAN ALSO LEAD TO PHYSICAL ILLNESS SUCH AS HEART DISEASE AND TYPE 2 DIABETES. ALTHOUGH THE PANDEMIC HAS MADE MENTAL HEALTH SERVICES EASIER TO ACCESS THROUGH TELEHEALTH, THE RATIO OF THE HARFORD COUNTY POPULATION TO MENTAL HEALTH PROVIDERS WAS 500:1 AND THERE WERE 508 TOTAL MENTAL HEALTH PROVIDERS IN HARFORD COUNTY FOR 2020 (COUNTY HEALTH RANKINGS AND ROADMAPS, 2021). THIS RATIO IS WORSE THAN THE STATE AT 360:1.</p>

Return Reference - Identifier	Explanation
	<p>WHEN LOOKING AT SHORTAGE AREAS IN THE COUNTY FOR MENTAL HEALTH, THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) DESIGNATES HARFORD COUNTY AS A WHOLE AS A MENTAL HEALTH SHORTAGE AREA WITH A SCORE OF 5 OUT OF A MAXIMUM OF 26 (HEALTH RESOURCES AND SERVICES ADMINISTRATION, N.D). THERE ARE OPIOID TREATMENT PROGRAMS (OTPS) THAT ARE HOSPITAL AND COMMUNITY BASED THAT PROVIDE MEDICATION ASSISTED TREATMENT (MAT), COUNSELING AND BEHAVIORAL THERAPY TO PEOPLE EXPERIENCING OPIOID USE DISORDERS. HARFORD COUNTY HAS 9 OTP SERVICE PROVIDERS, WHICH IS THE 3RD HIGHEST IN THE STATE. THE COUNTY SERVED 43.2 PER 1,000 MEDICAID ELIGIBLE AT THESE OTPS, COMPARED TO 24.2 PER 1,000 IN THE STATE IN 2019 (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL HEALTH ADMINISTRATION, 2020).</p> <p>ACCESS TO ORAL HEALTH</p> <p>ORAL HEALTH IS A KEY COMPONENT OF OVERALL HEALTH AND WELLBEING AND CAN AFFECT THE WAY WE SPEAK, EAT, SMILE, AND SHOW EMOTIONS. POOR ORAL HEALTH CAN LEAD TO DISEASES RANGING FROM CAVITIES TO ORAL CANCER. THERE ARE AN ESTIMATED 167 DENTISTS IN HARFORD COUNTY AND THE RATIO OF THE POPULATION TO DENTISTS IS 1,530:1 (COUNTY HEALTH RANKINGS AND ROADMAPS, 2021). WHILE THIS RATIO HAS BEEN IMPROVING OVER THE YEARS, IT IS STILL WORSE THAN THE STATE RATIO OF 1,260:1. SHORTAGES STILL REMAIN IN THE COUNTY. ACCORDING TO THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) THERE ARE ORAL HEALTH SHORTAGES IN NORTHERN HARFORD COUNTY WITH A SHORTAGE SCORE OF 10 OUT OF A MAXIMUM 26 AND IN SOUTHERN HARFORD COUNTY WITH A SHORTAGE SCORE OF 14 OUT OF A MAXIMUM OF 26 SPECIFICALLY FOR THE MEDICAID ELIGIBLE POPULATION (HEALTH RESOURCES AND SERVICES ADMINISTRATION, N.D).</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>UMUCH AIMS TO STRENGTHEN OUR COMMUNITY THROUGH PROMOTING HEALTH AND WELLNESS WITH OUR OUTREACH PROGRAM. COMMUNITY OUTREACH. COMMUNITY OUTREACH IS DEDICATED TO PROMOTING HEALTH AND WELLNESS OUTSIDE OF THE HOSPITAL AND TO INCREASING THE QUALITY OF LIFE IN HARFORD COUNTY. FOCUSING ON PREVENTION AND IMPROVING HEALTH OUTCOMES, WE PROVIDE AN EXPANSIVE VARIETY OF HEALTH EDUCATION, SCREENINGS, LIFESTYLE MANAGEMENT CLASSES AND INFORMATION ON REFERRALS AND LOCAL RESOURCES. WE PROMOTE OUR PROGRAMS THROUGH VARIOUS SOCIAL MEDIA OUTLETS, INCLUDING FACEBOOK, INSTAGRAM AND TWITTER. IN ADDITION, WE DISTRIBUTE A QUARTERLY PUBLICATION, "MARYLAND HEALTH MATTERS", HAVE AN UP-TO-DATE CALENDAR OF EVENTS ON OUR WEBSITE, TARGETED DIRECT MAILING AND EMAILS AND DISTRIBUTE FLYERS THROUGHOUT HARFORD COUNTY FOCUSING ON AREAS OF INTEREST SUCH AS, SENIOR CENTERS, LIBRARIES, CHURCHES, GROCERY STORES TO NAME A FEW.</p> <p>IN 2020, COMMUNITY OUTREACH HAD OVER 101,201 COMMUNITY-WIDE CONTACTS. DUE TO COVID RESTRICTIONS, MANY OF OUR USUAL COMMUNITY OUTREACH ACTIVITIES, ESPECIALLY IN-PERSON EVENTS, SUCH AS SCREENINGS, EDUCATIONAL PROGRAMS, FLU VACCINATION CLINICS, AND SUPPORT GROUPS WERE LIMITED OR DID NOT TAKE PLACE. INSTEAD, THE PRIMARY COMMUNITY OUTREACH EFFORTS FOR 2020 WERE PROVIDING SUBSTANTIAL COVID VACCINATION CLINICS, TESTING, AND EDUCATION THROUGH LISTENING SESSIONS.</p> <p>COVID-19</p> <p>COMMUNITY OUTREACH CONDUCTED COVID-19 TESTS AT THE FOREST HILL VEIP FROM MARCH THROUGH SEPTEMBER AFTER WHICH TIME WE WERE FORCED TO RELOCATE WHEN VEHICLE EMISSIONS ACTIVITIES RESUMED. IN OCTOBER UMUH BECAME THE FIRST IN THE STATE TO DEPLOY A TEMPORARY BUILDING WHERE PEOPLE COULD BE TESTED INDOORS. THE TESTING SITE USED NEGATIVE PRESSURE TO MINIMIZE RISKS FOR CORONAVIRUS EXPOSURE AND BECAME A TEMPLATE FOR OTHER TESTING SITES IN THE STATE. A TOTAL OF 329 TESTING SESSIONS TOOK PLACE WITH 26,010 COMMUNITY MEMBERS RECEIVING A COVID-19 TEST.</p> <p>COVID VACCINATION CLINICS WERE OPENED AT BOTH THE UPPER CHESAPEAKE MEDICAL CENTER AND HARFORD MEMORIAL HOSPITAL. OUR VACCINATION TEAMS DISTRIBUTED OVER 35,000 VACCINES TO THOSE IN HARFORD COUNTY.</p> <p>SEVENTEEN VIRTUAL LISTENING SESSIONS TOOK PLACE WITH A TOTAL OF 44,143 INDIVIDUALS PARTICIPATING. THE LISTENING SESSIONS FOCUSED ON COVID RELATED TOPICS INCLUDING VACCINATION HESITANCY.</p> <p>SENIOR CENTER/SENIOR HOUSING/ASSISTED LIVING PROGRAMS</p> <p>HARFORD COUNTY IS A DIVERSE COMMUNITY WITH APPROXIMATELY 25% OF THE POPULATION BEING 55 YEARS OLD OR OLDER. WITH SENIOR CITIZENS MAKING UP A QUARTER OF THE COMMUNITY AND BEING THE POPULATION THAT UTILIZES A LARGE PROPORTION OF HEALTH CARE SERVICES, OUR COMMUNITY PROGRAMS ARE CENTERED AROUND THEIR SPECIFIC NEEDS, HELPING TO ENSURE SUCCESSFUL AND HEALTHY SENIOR LIVING. COMMUNITY OUTREACH PROVIDED 405 SCREENINGS TO HARFORD COUNTY SENIORS AT FIVE SENIOR ACTIVITY CENTER LOCATIONS TO INCLUDE EDGEWOOD, FALLSTON, HAVRE DE GRACE, HIGHLAND AND BEL AIR. IN ADDITION, TO ALL SENIOR HOUSING CENTERS INCLUDING ABERDEEN COURT, ABINGDON GARDENS, FAIRBROOKE, ST. JOHNS COMMONS, ST. JOHNS TOWERS, ABERDEEN AND PERRYMAN AS WELL AS PARKVIEW AT BOX HILL, PARKVIEW AT BEL AIR AND AVONDALE ASSISTED LIVING FACILITIES.</p> <p>THROUGHOUT THE YEAR, MANY DIFFERENT HEALTH SCREENINGS WERE HELD DURING CERTAIN MONTHS AT EACH SENIOR LOCATION WHICH RESULTED IN:</p> <ul style="list-style-type: none"> - 228 BLOOD PRESSURE SCREENINGS - 8 DIABETES RISK ASSESSMENTS - 169 FLU VACCINATIONS <p>CHILDREN'S PROGRAMS</p> <p>ONE OF THE MOST IMPORTANT JOBS PARENTS HAVE IS KEEPING THEIR CHILD SAFE WHILE RIDING IN A CAR. TRAGICALLY, THOUSANDS OF YOUNG CHILDREN ARE KILLED OR INJURED EVERY YEAR IN CAR ACCIDENTS. PROPER USE OF CAR SAFETY SEATS CAN HELP KEEP CHILDREN SAFE - BUT WITH SO MANY DIFFERENT CAR SEAT OPTIONS ON THE MARKET, PARENTS CAN QUICKLY BECOME OVERWHELMED. NOT ONLY DOES THE COMMUNITY OUTREACH TEAM AT UMUH PROVIDE EDUCATION ON CHOOSING THE CORRECT SEAT, THEY TEACH PARENTS AND CAREGIVERS HOW TO PROPERLY INSTALL THE SEAT AS WELL. UMUH HAS FIVE TEAM MEMBERS WHO ARE NATIONALLY CERTIFIED CAR SAFETY TECHNICIANS AND ONE WHO HAVE BEEN SPECIALLY TRAINED TO FIT CHILDREN WITH DISABILITIES TO THE PROPER SAFETY SEAT. AT BI-MONTHLY CAR SAFETY SEAT CHECKS, TECHNICIANS REVIEW INSTALLATION OF INFANT, CHILD AND BOOSTER SEATS. PROPER SEAT FITTING AND USE IS CRUCIAL, AND SAFETY CHECKS ARE THE BEST WAY TO ENSURE SEATS ARE BEING USED CORRECTLY. OUR TECHNICIANS ALSO SUPPORT MARYLAND'S KIDS IN SAFETY SEATS (KISS) PROGRAM AT THEIR INSTALLATION CHECKS OFFERED THROUGHOUT HARFORD COUNTY. IN FY20, UMUH TECHNICIANS HAVE PARTICIPATED IN OVER 54 CAR SEAT SAFETY CHECKS. THE UMUH PROGRAM CONTINUES TO GROW AND HAS BECOME ONE OF OUR BUSIEST AND MOST SOUGHT AFTER COMMUNITY OFFERINGS.</p> <p>IN ADDITION TO CAR SEAT SAFETY, OUR COMMUNITY OUTREACH TEAM ALSO MANAGES HARFORD COUNTY'S CAR SEAT ASSISTANCE PROGRAM THAT HELPS LOW-INCOME FAMILIES PURCHASE CAR SAFETY SEATS. BASED ON INCOME, FAMILIES WITH DEMONSTRATED NEED ARE ABLE TO RECEIVE A NEW CAR SAFETY SEAT FOR LITTLE TO NO MONEY. THE PROGRAM REQUIRES EACH FAMILY TO HAVE 60 MINUTES OF CAR SAFETY SEAT EDUCATION WHICH COVERS PROPER SEAT INSTALLATION AND MARYLAND CAR SEAT LAWS.</p> <p>CHRONIC DISEASE AND WELLNESS EVIDENCE BASED PROGRAMS</p> <p>WITH THE EVER-GROWING NUMBER OF PEOPLE WHO SUFFER FROM CHRONIC DISEASES, THE SEARCH FOR MORE EFFECTIVE STRATEGIES TO BOTH PREVENT AND MANAGE THESE CONDITIONS IS ESSENTIAL. THE USE OF EVIDENCE-BASED CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS (CDSMP) IS HELPING PEOPLE WITH CHRONIC CONDITIONS AND THEIR CAREGIVERS GAIN BETTER CONTROL OVER AND IMPROVE</p>

Return Reference - Identifier	Explanation
	<p>THEIR HEALTH. THESE PROGRAMS FOCUS ON OVERALL HEALTH, QUALITY OF LIFE AND WELL-BEING AND ARE DESIGNED FOR BOTH THE ILL AND HEALTHY, EMPOWERING THEM TO MANAGE THE MANY FACTORS THAT AFFECT THEIR HEALTH. FACILITATORS INTRODUCE TOOLS NEEDED FOR DAILY LIFE WHEN AN INDIVIDUAL IS BATTLING A CHRONIC CONDITION OR ILLNESS. PARTICIPANTS PRACTICE USING SELF-MANAGEMENT SKILLS, FOCUS ON GOAL SETTING AND SHARE EXPERIENCES WHICH CAN HELP PROMOTE MUTUAL SUPPORT. HIGHLY INTERACTIVE, THESE PROGRAMS SERVE AS AN ADJUNCT TO THE CARE PROVIDED BY PRIMARY CARE DOCTORS AND SPECIALISTS.</p> <p>AT UMUCH, A VARIETY OF SELF-MANAGEMENT PROGRAMS ARE OFFERED BY THE EXPERTS IN OUR COMMUNITY OUTREACH DEPARTMENT:</p> <p>*DIABETES PREVENTION PROGRAM -A LIFESTYLE CHANGE YEARLONG PROGRAM FACILITATED BY TRAINED LIFESTYLE COACHES TO HELP INDIVIDUALS LOSE WEIGHT, EAT HEALTHIER, INCREASE PHYSICAL ACTIVITY AND MANAGE STRESS. THE PROGRAM CONSISTS OF WEEKLY AND MONTHLY SESSIONS. THE GOAL OF THE PROGRAM IS TO HAVE PARTICIPANTS LOSE 5 TO 7% OF THEIR BODY WEIGHT AND INCREASE THEIR ACTIVITY TO 150 MINUTES PER WEEK. FOUR CLASSES TOOK PLACE WITH A TOTAL OF 47 PARTICIPANTS.</p> <p>*LIVING WELL WITH DIABETES SELF-MANAGEMENT - DESIGNED FOR PEOPLE WITH TYPE 1, TYPE 2, OR PRE-DIABETES. IT IS A FREE SIX-WEEK PROGRAM THAT TEACHES INDIVIDUALS HOW TO MANAGE THEIR DIABETES, WAYS TO MAINTAIN OR INCREASE THEIR ACTIVITY LEVEL AND HOW THE FOOD THEY EAT CAN AFFECT THEIR BLOOD SUGAR. FOUR SESSIONS WERE PROVIDED VIRTUALLY. APPROXIMATELY 10 ADULTS PARTICIPATED IN EACH CLASS FOR A TOTAL OF 39 PARTICIPANTS.</p> <p>FLU CLINIC PROGRAM</p> <p>UMUCH'S LONGSTANDING FLU CLINIC PROGRAM WAS OFFERED THROUGHOUT THE COUNTY FREE OF CHARGE OR FOR A NOMINAL FEE. IN FY21, COMMUNITY OUTREACH ADMINISTERED 832 VACCINES AT 14 DIFFERENT LOCATIONS.</p> <p>HEALTHLINK CALL CENTER</p> <p>THE HEALTHLINK CALL CENTER IS RESPONSIBLE FOR SUCCESSFULLY MANAGING LARGE AMOUNTS OF INBOUND AND OUTBOUND CALLS FOCUSING ON PHYSICIAN REFERRALS AND REGISTRATION FOR COMMUNITY OUTREACH EVENTS AND PROGRAMS. IN FY21, OUR CALL CENTER HANDLED APPROXIMATELY 3,472 CALLS.</p> <p>HEALTHY HARFORD</p> <p>HEALTHY HARFORD/HEALTHY CECIL IS THE HEALTHY COMMUNITIES' INITIATIVE OF HARFORD AND CECIL COUNTIES, DEDICATED TO THE HEALTH AND WELLNESS OF THE NORTHERN CHESAPEAKE COMMUNITY - IN MIND BODY AND SPIRIT. IT WAS FORMED BY LEADERS FROM UMUCH, THE HARFORD COUNTY HEALTH DEPARTMENT, AND HARFORD COUNTY GOVERNMENT - HEALTHY HARFORD/HEALTHY CECIL IS A COALITION OF LOCAL GOVERNMENT AGENCIES, BUSINESSES, NONPROFITS, AND CITIZENS DEDICATED TO IMPROVING THE HEALTH OF HARFORD AND CECIL COUNTY RESIDENTS THROUGH EDUCATION, POLICY CHANGES, IMPROVEMENTS IN THE BUILT ENVIRONMENT, INCREASED ACCESS TO CARE, AND IMPROVED CARE COORDINATION FOR PEOPLE WITH CHRONIC ILLNESS. HEALTHY HARFORD/HEALTHY CECIL IS FINANCIALLY SUPPORTED BY UMUCH.</p> <p>*THE KLEIN FAMILY HARFORD CRISIS CENTER - PROVIDES 24/7 CARE FOR MENTAL HEALTH AND ADDICTION ISSUES. FROM OUR HOTLINE (1-800-NEXT-STEP) AND MOBILE CRISIS TEAM TO THE URGENT CARE WALK-IN CLINIC AND RESIDENTIAL SERVICES, WE OFFER IMMEDIATE ACCESS TO SERVICES IN A SAFE AND COMFORTABLE ENVIRONMENT. THIS MODEL IS THE FIRST OF ITS KIND IN THE STATE.</p>
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) IS A PRIVATE, NOT-FOR-PROFIT CORPORATION PROVIDING COMPREHENSIVE HEALTHCARE SERVICES THROUGH AN INTEGRATED REGIONAL NETWORK OF HOSPITALS AND RELATED CLINICAL ENTERPRISES. UMMS WAS CREATED IN 1984 WHEN ITS FOUNDING HOSPITAL WAS PRIVATIZED BY THE STATE OF MARYLAND. OVER ITS 30-YEAR HISTORY, UMMS EVOLVED INTO A MULTI-HOSPITAL SYSTEM WITH ACADEMIC, COMMUNITY AND SPECIALTY SERVICE MISSIONS REACHING PRIMARILY ACROSS MARYLAND.</p> <p>AS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), UMUCH 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, UMUCH 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. UMUCH IS COMMITTED TO HEALTH EDUCATION, ADVOCACY, COMMUNITY PARTNERSHIPS, AND ENGAGING PROGRAMS WHICH FOCUS ON HEALTH AND WELLNESS WITH THE GOAL OF ELIMINATING HEALTH CARE DISPARITIES IN THE HARFORD COUNTY.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>MD</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HARFORD MEMORIAL HOSPITAL, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

52-0591484

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>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</p>		
1b		
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>		
2		
<p>3 Indicate which, if any, of the following the 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.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>		✓
4a		✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	✓	
4b	✓	
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p>		✓
4c		✓
<p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>		✓
5a		✓
<p>b Any related organization?</p>		✓
5b		✓
<p>If "Yes" on line 5a or 5b, describe in Part III.</p>		
<p>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:</p>		
<p>a The organization?</p>		✓
6a		✓
<p>b Any related organization?</p>		✓
6b		✓
<p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	✓	
7	✓	
<p>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</p>		✓
8		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MOHAN SUNTHA, MD PRESIDENT/CEO, UMMS	(i)	0	0	0	0	0	0	0
	(ii)	1,702,133	1,348,000	330,250	11,400	29,770	3,421,553	0
2 LYLE E SHELDON PRESIDENT/CEO, UMUHCS	(i)	0	0	0	0	0	0	0
	(ii)	676,248	252,498	267,440	11,400	63,316	1,270,902	0
3 S. MICHELLE LEE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	726,471	231,095	132,054	11,400	16,779	1,117,799	0
4 JOSEPH E HOFFMAN, III FORMER CFO	(i)	0	0	0	0	0	0	0
	(ii)	527,443	238,953	103,933	11,400	22,546	904,275	0
5 MUHAMMAD K JOKHADAR, MD EX-OFFICIO, PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	351,569	62,791	5,467	14,250	26,281	460,358	0
6 STEPHEN V WITMAN SR VP/CFO - UMUHCS (ENDED 08/20)	(i)	0	0	0	0	0	0	0
	(ii)	242,757	87,373	14,720	41,584	9,918	396,352	0
7 NICOLE N MCLEOD REGISTERED NURSE	(i)	243,328	32,676	0	2,822	6,848	285,674	0
	(ii)	0	0	0	0	0	0	0
8 MARY ANN C VILLAR CLINICAL NURSE	(i)	181,064	12,000	132	8,127	27,788	229,111	0
	(ii)	0	0	0	0	0	0	0
9 BRANDON PHILLIPS NP-ADV PRACTICE CLINICAL LEAD	(i)	194,150	0	122	8,514	24,950	227,736	0
	(ii)	0	0	0	0	0	0	0
10 HEIDI M HUMAN CLINICAL NURSE	(i)	186,636	14,300	245	2,061	5,608	208,850	0
	(ii)	0	0	0	0	0	0	0
11 SUSAN A COSTA DIRECTOR BARIATRIC SURGERY	(i)	156,948	8,574	26,611	6,648	7,388	206,169	0
	(ii)	0	0	0	0	0	0	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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 - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION</p>	<p>THIS ORGANIZATION DOES NOT HAVE A PAID CHIEF EXECUTIVE OFFICER. ALL COMPENSATION TO THE CHIEF EXECUTIVE OFFICER REPORTED ON PART VII OF THE FORM 990 WAS PAID BY A RELATED ORGANIZATION, UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM, INC.</p> <p>UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM, INC. UNDERTAKES A THOROUGH PROCESS TO ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIALS IS REASONABLE GIVEN THE MARKET IN WHICH THE ORGANIZATION OPERATES. UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM, INC. CHECKS THE FOLLOWING BOXES FOR SCHEDULE J, PART I, QUESTION 3 ON ITS FORM 990:</p> <p>COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION, CONSULTANT COMPENSATION SURVEY OR STUDY APPROVAL BY THE BOARD OF COMPENSATION COMMITTEE.</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>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 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:</p> <p>STEPHEN V. WITMAN MARCO PRIOLO</p> <p>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:</p> <p>LYLE E. SHELDON S. MICHELLE LEE MOHAN SUNTHA, MD JOSEPH E. HOFFMAN, III</p>
<p>SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS</p>	<p>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.</p>

**SCHEDULE L
(Form 990 or 990-EZ)**

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HARFORD MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591484

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part V

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

Return Reference - Identifier	Explanation
SCHEDULE L, PART IV - SCHEDULE L, PART IV, COLUMNS (B) AND (D) - 2	RICHARD STRETT IS A DIRECTOR OF THE FILING ORGANIZATION AND AN OWNER OF ROCK GLENN COMMERCIAL, LLC. ROCK GLENN COMMERCIAL, LLC WAS PAID FEES, AT OR BELOW FAIR MARKET VALUE, FOR PROPERTY MANAGEMENT SERVICES.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the Organization
HARFORD MEMORIAL HOSPITAL, INC.

Employer Identification Number
52-0591484

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - ORGANIZATION'S MISSION	DEDICATION TO MAINTAINING AND IMPROVING THE HEALTH OF THE PEOPLE IN ITS COMMUNITIES THROUGH AN INTEGRATED HEALTH DELIVERY SYSTEM THAT PROVIDES HIGH QUALITY CARE TO ALL.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	SPECIALIZED, HOSPITAL-BASED SERVICES, INCLUDING A BARIATRIC SURGERY PROGRAM, ANTICOAGULATION MANAGEMENT, CENTER FOR WOUND CARE, INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES, JOINT CENTER FOR HIP AND KNEE REPLACEMENT, AND A SLEEP DISORDER CENTER.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>VISION, WE HAVE A STRONG COMMITMENT TO SERVICE EXCELLENCE. SO MUCH SO THAT IT HAS BECOME PART OF THE FABRIC OF THE HEALTHCARE EXPERIENCE AT UPPER CHESAPEAKE HEALTH. UPPER CHESAPEAKE HEALTH HAS OVER 2,500 PHYSICIANS AND HEALTHCARE PROFESSIONALS WHO ARE DELIVERING CARE FOR THE MIND, BODY, AND SPIRIT IN SETTINGS FROM OFFICES, TO OUTPATIENT CENTERS, TO HOSPITALS, TO SHOPPING CENTERS, TO BUSINESSES, AND TO HOMES.</p> <p>UPPER CHESAPEAKE MEDICAL CENTER IS A MEMBER OF THE UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM. UPPER CHESAPEAKE MEDICAL CENTER (THE MEDICAL CENTER) IS AN ACUTE CARE, NON-PROFIT FACILITY OFFERING A FULL COMPLEMENT OF MEDICAL, DIAGNOSTIC AND EMERGENCY CARE SERVICES. THE MEDICAL CENTER IS FULLY ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO). THIS PREMIER HEALTH CARE FACILITY INCORPORATES SEVERAL TRENDS THAT REFLECT HOW HEALTH CARE IS CHANGING, INCLUDING REORIENTATION TOWARDS OUTPATIENT CARE, MORE ACUTELY ILL PATIENTS IN THE HOSPITAL AND FLEXIBILITY FOR GROWTH AND CHANGE TO MEET OUR COMMUNITY'S FUTURE HEALTH CARE NEEDS. LOCATED ON THE MEDICAL CAMPUS IS THE UPPER CHESAPEAKE MEDICAL CENTER WITH 194 ACUTE CARE BEDS. ADJACENT TO THE MEDICAL CENTER IS THE AMBULATORY CARE CENTER OF HARFORD COUNTY, CONTAINING PHYSICIAN OFFICES, OUTPATIENT IMAGING AND LABORATORY PROCEDURES, OUTPATIENT PRE-ASSESSMENT TESTING AND ASSESSMENT, UPPER CHESAPEAKE CARDIOVASCULAR INSTITUTE, AND THE ADMINISTRATIVE OFFICES OF THE UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM. ALSO LOCATED NEXT TO THE MEDICAL CENTER, IS A PRE-EXISTING MEDICAL OFFICE BUILDING WITH PHYSICIAN OFFICES AND OTHER HEALTHCARE RELATED SERVICES, A PARKING GARAGE AND A SECOND MEDICAL OFFICE BUILDING WHICH INCLUDES OUTPATIENT SERVICES AND PHYSICIAN OFFICES.</p> <p>HARFORD MEMORIAL HOSPITAL AND UPPER CHESAPEAKE MEDICAL CENTER MAINTAIN CHARITY CARE PROGRAMS AND, IN ADDITION, CONDUCT MANY COMMUNITY OUTREACH AND COMMUNITY BUILDING ACTIVITIES INCLUDING:</p> <ul style="list-style-type: none"> - COMMUNITY HEALTH EDUCATION PROGRAMS WHICH INCLUDE NEWBORN BABY CARE, SITTER SAFETY PROGRAM, INFANT CPR, INFANT SAFETY, STOP SMOKING CLASS, KIDS SAFETY CLASS, AND PRENATAL BREAST FEEDING CLASS - SUPPORT GROUPS INCLUDING BREAST FEEDING SUPPORT, BREAST CANCER AWARENESS GROUPS, PERINATAL BEREAVEMENT, ASTHMA SUPPORT GROUP, WIDOW AND WIDOWERS SUPPORT GROUP, GRIEF SUPPORT GROUP, PROSTATE CANCER SUPPORT GROUP, AMPUTEE NETWORK, BRAIN INJURY SUPPORT GROUP, STROKE CLUB, LUPUS SUPPORT GROUP, AND OTHERS - HEALTH SCREENINGS INCLUDING SCREENINGS FOR OSTEOPOROSIS, CARDIAC PROBLEMS, BLOOD PRESSURE, AND OTHER ISSUES - FREE AND MOBILE CLINIC
FORM 990, PART IV, LINE 24A - TAX EXEMPT BONDS	PURSUANT TO A MASTER LOAN AGREEMENT DATED DECEMBER 1, 2017 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, UMMS AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE "AUTHORITY"). AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS. THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES UMMS, ROI, MGH, UM BALTIMORE WASHINGTON, SHORE HEALTH (UM MEMORIAL AND UM DORCHESTER), UM CHESTER RIVER, UM CHARLES REGIONAL, UM ST. JOSEPH, UM UPPER CHESAPEAKE, UM HARFORD MEMORIAL, UM LAUREL, UM PRICE GEORGE'S, BOWIE HEALTH CENTER (BOWIE), AND THE UMMS FOUNDATION. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S \$1,938,679,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2021. ALL OF THE BONDS WERE ISSUED IN THE NAME OF UMMS AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM (UMUCHS) IS THE SOLE MEMBER OF HARFORD MEMORIAL HOSPITAL.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	UMUCHS MAY ELECT ONE OR MORE BOARD MEMBERS OF THE GOVERNING BODY.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<p>THE FOLLOWING DECISIONS OF THE GOVERNING BODY ARE AMONG THOSE SUBJECT TO THE APPROVAL OF THE MEMBER: AMENDMENT OF CHARTER DOCUMENTS; DISSOLUTION OF THE ORGANIZATION; STRATEGIC PLANS; PARTICIPATION IN JOINT VENTURES; AND LEASES OR INTERCOMPANY TRANSFERS OF ASSETS, SUBJECT TO CERTAIN DOLLAR THRESHOLDS.</p> <p>IN ADDITION, THE FOLLOWING DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO THE APPROVAL OF THE MEMBER AND UMMS: ANNUAL OPERATING AND CAPITAL BUDGETS; ACQUISITION OR DISPOSITION OF AN ENTITY OR SUBSTANTIALLY ALL ASSETS; MERGER OR CONSOLIDATION OF ENTITY; MORTGAGE, PLEDGE OR DISPOSITION OF PROPERTY; INCURRENCE OF DEBT OR REAL PROPERTY, SUBJECT TO CERTAIN DOLLAR THRESHOLDS.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM ("UMMS") PREPARES THE IRS FORM 990 FOR UMMS AND ITS AFFILIATES. INFORMATION NEEDED TO COMPLETE THE RETURN IS GATHERED BY ACCOUNTING PERSONNEL IN THE FINANCE SHARED SERVICES DEPARTMENT UNDER THE SUPERVISION OF THE UMMS TAX DIRECTOR. DRAFT RETURNS ARE PREPARED USING IRS-APPROVED TAX SOFTWARE.</p> <p>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.</p> <p>PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, GOVERNANCE COMMITTEE, FINANCE COMMITTEE OR OTHER MEMBER(S) OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. ALL BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE FILING ORGANIZATION FOLLOWS THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) CONFLICTS OF INTEREST POLICY, WHICH REQUIRES THAT ALL COVERED PERSONS DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION. COVERED PERSONS MEANS ANY MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS, A MEMBER OF A COMMITTEE OF THE BOARD, AN OFFICER, OR AN EMPLOYEE OF ORGANIZATION (INCLUDING SUBSIDIARIES) AT THE VP LEVEL OR ABOVE.</p> <p>THE ORGANIZATION (OR ITS SOLE MEMBER) IS RESPONSIBLE FOR ADMINISTERING AND ENFORCING THE CONFLICTS OF INTEREST POLICY (POLICY). THE GOVERNANCE COMMITTEE (OR OTHER BOARD COMMITTEE HAVING SIMILAR AUTHORITY) REVIEWS ANY AND ALL CONFLICTS, SHALL REPORT ANNUALLY TO THE FULL BOARD ON THE ADMINISTRATION, INFRACTIONS, AND ENFORCEMENT OF THE POLICY AND SHALL REPORT AT THE EARLIEST OPPORTUNITY ALL MATTERS OF CONCERN TO THE FULL BOARD IN EXECUTIVE SESSION WHILE INTERESTED PARTIES ARE RECUSED.</p> <p>THE ORGANIZATION OR ITS SOLE MEMBER'S COMPLIANCE OFFICER IS THE RESPONSIBLE ADMINISTRATIVE AUTHORITY TO ASSIST THE BOARD IN ADMINISTERING AND ENFORCING THE CONFLICTS OF INTEREST POLICY AND BRINGING CONCERNS TO THE OVERSIGHT COMMITTEE. A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO COVERED PERSONS. THE CHIEF COMPLIANCE OFFICER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) DISTRIBUTES AND COLLECTS THE RESPONSES FOR UMMS AND OTHER AFFILIATES, AND MAY BE CALLED FOR CONSULT WHEN POTENTIAL CONFLICTS ARE DISCLOSED.</p> <p>IF THE OVERSIGHT COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE COMMITTEE SHALL NOTIFY THE COVERED PERSON AND THE ORGANIZATION'S BOARD CHAIR, AND FURTHER WILL NOTIFY THE FULL BOARD AT ITS NEXT MEETING. FURTHERMORE, IN THE EVENT THE COMMITTEE DETERMINES THAT AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST EXISTS, THE COMMITTEE SHALL DECIDE HOW TO ADDRESS THE CONFLICT OF INTEREST. IF THE COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS BUT THAT THE ORGANIZATION MAY ENTER INTO THE SUBJECT TRANSACTION OR ARRANGEMENT, THE INTERESTED COVERED PERSON SHALL BE RECUSED FROM ALL DELIBERATIONS AND DECISIONS CONCERNING SAID TRANSACTION OR ARRANGEMENT, ANY ARRANGEMENTS WITH THAT ENTITY, AND COMPENSATION OR BENEFITS FOR OFFICERS, DIRECTORS, AND TRUSTEES. FURTHERMORE, THE CHAIR OF THE BOARD AND THE CHAIRS OF THE OVERSIGHT COMMITTEE AND THE AUDIT AND COMPLIANCE COMMITTEE SHALL NOT HAVE ANY BUSINESS TRANSACTIONS WITH UMMS, NOR SHALL THEIR FAMILY MEMBERS.</p> <p>IF THE OVERSIGHT COMMITTEE DETERMINES THAT A COVERED PERSON HAS USED THEIR POSITION TO ACCRUE EXCESS BENEFITS OR TO KNOWINGLY ASSIST OTHERS IN ACCRUING EXCESS BENEFITS IN ANY WAY AT THE EXPENSE OF THE ORGANIZATION, THE COMMITTEE SHALL RECOMMEND TO THE EXECUTIVE COMMITTEE APPROPRIATE CORRECTIVE ACTION TO BE TAKEN.</p>

Return Reference - Identifier	Explanation							
FORM 990, PART VI, LINE 15 - PROCESS FOR DETERMINING COMPENSATION	<p>THE ORGANIZATION DID NOT COMPENSATE ITS EXECUTIVES, BUT RATHER, THE EXECUTIVES RECEIVED COMPENSATION FROM A RELATED ORGANIZATION. ACCORDINGLY, THE ORGANIZATION'S PARENT COMPANY DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:</p> <p>EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIVERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.</p> <p>THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THE PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.</p>							
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>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.</p>							
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 705 1304 737">(a) Description</th> <th data-bbox="1312 705 1515 737">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 747 1304 768">PERM RESTRICTED FOUNDATION ENDOWMENT INCOME</td> <td data-bbox="1312 747 1515 768">73,545</td> </tr> <tr> <td data-bbox="467 779 1304 800">WRITE OFF OF ASSETS</td> <td data-bbox="1312 779 1515 800">- 58,595</td> </tr> </tbody> </table>		(a) Description	(b) Amount	PERM RESTRICTED FOUNDATION ENDOWMENT INCOME	73,545	WRITE OFF OF ASSETS	- 58,595
(a) Description	(b) Amount							
PERM RESTRICTED FOUNDATION ENDOWMENT INCOME	73,545							
WRITE OFF OF ASSETS	- 58,595							

**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
HARFORD MEMORIAL HOSPITAL, INC.

Employer identification number
52-0591484

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UPPER CHESAPEAKE LAND DEVELOPMENT, LLC (52-2178070) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	REAL ESTATE	MD	0	3,006,504	HMH
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BALTIMORE WASHINGTON EMERGENCY PHYS INC (52-1756326) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	12 TYPE I	BWHS		✓
(2) BALTIMORE WASHINGTON HEALTHCARE SERVICES (52-1830243) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	12 TYPE I	UMBWMS		✓
(3) BALTIMORE WASHINGTON MEDICAL CENTER INC (52-0689917) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	3	UMBWMS		✓
(4) UM BALTIMORE WASHINGTON MEDICAL SYSTEM (52-1830242) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	12 TYPE I	UMMSC		✓
(5) NORTH ARUNDEL DEVELOPMENT CORPORATION (52-1318404) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	REAL ESTATE	MD	501(C)(2)		NCC		✓
(6) NORTH COUNTY CORPORATION (52-1591355) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	REAL ESTATE	MD	501(C)(2)		UMBWMS		✓
(7) (SEE STATEMENT)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part II

Identification of Related Tax-Exempt Organizations (continued)

(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
(7) CHESTER RIVER HEALTH FOUNDATION INC (52-1338861) 100 BROWN STREET, CHESTERTOWN, MD 21620	FUNDRAISING	MD	501(C)(3)	8	UMSRH		✓
(8) UNIV OF MD SHORE REGIONAL HEALTH, INC (52-2046500) 100 BROWN STREET, CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	12 TYPE I	UMMSC		✓
(9) CHESTER RIVER HOSPITAL CENTER (52-0679694) 100 BROWN STREET, CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	3	UMSRH		✓
(10) CHESTER RIVER MANOR INC (52-6070333) 200 MORGNEC ROAD, CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	10	UMSRH		✓
(11) MARYLAND GENERAL CLINICAL PRACTICE GROUP (52-1566211) 827 LINDEN AVENUE, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	12 TYPE II	UMMTH		✓
(12) UNIVERSITY OF MARYLAND MIDTOWN HEALTH, INC (52-1175337) 827 LINDEN AVENUE, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	12 TYPE II	UMMSC		✓
(13) MARYLAND GENERAL HOSPITAL INC (52-0591667) 827 LINDEN AVENUE, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	3	UMMTH		✓
(14) CARE HEALTH SERVICES INC (52-1510269) 219 SOUTH WASHINGTON STREET, EASTON, MD 21601	HEALTHCARE	MD	501(C)(3)	10	SHS		✓
(15) MEMORIAL HOSPITAL FOUNDATION INC (52-1282080) 219 SOUTH WASHINGTON STREET, EASTON, MD 21601	FUNDRAISING	MD	501(C)(3)	12 TYPE I	SHS		✓
(16) UNIVERSITY OF MARYLAND COMMUNITY MEDICAL (52-1874111) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	3	UMSRH		✓
(17) SHORE HEALTH SYSTEM INC (52-0160538) 219 SOUTH WASHINGTON STREET, EASTON, MD 21601	HEALTHCARE	MD	501(C)(3)	3	UMSRH		✓
(18) JAMES LAWRENCE KERNAN HOSPITAL INC (52-0591639) 2200 KERNAN DRIVE, BALTIMORE, MD 21207	HEALTHCARE	MD	501(C)(3)	3	UMMSC		✓
(19) UMMS FOUNDATION, INC (52-2238893) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMMSC		✓
(20) UNIVERSITY OF MD MEDICAL SYSTEM CORP (52-1362793) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	3	N/A		✓
(21) UNIVERSITY OF MARYLAND CHARLES REGIONAL (52-2155576) PO BOX 1070, LA PLATA, MD 20646	HEALTHCARE	MD	501(C)(3)	12 TYPE III-FI	UMMSC		✓
(22) CIVISTA MEDICAL CENTER, INC (52-0445374) PO BOX 1070, LA PLATA, MD 20646	HEALTHCARE	MD	501(C)(3)	3	UMCRH		✓
(23) CHARLES REGIONAL MEDICAL CENTER FOUNDATION (52-1414564) PO BOX 1070, LA PLATA, MD 20646	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMCRH		✓
(24) UNIV OF MD ST. JOSEPH FOUNDATION, INC (52-1681044) 7601 OSLER DRIVE, TOWSON, MD 21204	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMSJHS		✓
(25) UMSJ HEALTH SYSTEM, LLC (46-2097818) 7601 OSLER DRIVE, TOWSON, MD 21204	HEALTHCARE	MD	501(C)(3)	3	UMMSC		✓
(26) UM UPPER CHESAPEAKE HEALTH SYSTEM, INC (52-1398513) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	12 TYPE III-O	UMMSC		✓
(27) UPPER CHESAPEAKE HEALTH FOUNDATION, INC (52-1398507) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMUCHS		✓
(28) UPPER CHESAPEAKE MEDICAL CENTER, INC (52-1253920) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	3	UMUCHS		✓
(29) UPPER CHESAPEAKE MEDICAL SERVICES, INC (52-1501734) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	10	UMUCHS		✓

(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
(30) UPPER CHESAPEAKE PROPERTIES, INC (52-1907237) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	REAL ESTATE	MD	501(C)(2)		UMUCHS		✓
(31) UPPER CHES RESIDENTIAL HOSPICE HOUSE, INC (26-0737028) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HOSPICE	MD	501(C)(3)	10	UMUCHS		✓
(32) HARFORD CRISIS CENTER, INC. (52-1229742) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HOME CARE	MD	501(C)(3)	12 TYPE II	UMUCHS		✓
(33) UM CAPITAL REGION HEALTH, INC (82-3596114) 250 W PRATT ST, STE 2400, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	12 TYPE III-FI	UMMSC		✓
(34) UCH LEGACY FUNDING CORPORATION (52-0882914) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	12 TYPE II	UMUCHS		✓
(35) DIMENSIONS HEALTH CORPORATION (52-1289729) 901 HARRY S. TRUMAN DRIVE N, UPPER MARLBORO, MD 20774	HEALTHCARE	MD	501(C)(3)	3	UMMSC		✓
(36) DIMENSIONS HEALTHCARE ASSOCIATES (52-1902711) 901 HARRY S. TRUMAN DRIVE N, UPPER MARLBORO, MD 20774	HEALTHCARE	MD	501(C)(3)	12 TYPE I	UMCAPRH		✓

Part III

Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ARUNDEL PHYSICIANS ASSOCIATES (52-2000762) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	APA, INC	N/A	N/A	N/A		✓			✓	
(2) BALTIMORE WASHINGTON IMAGING (20-0806027) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	UMBWMS	N/A	N/A	N/A		✓			✓	
(3) UNIVERSITYCARE LLC (52-1914892) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	HEALTHCARE	MD	UMMSC	N/A	N/A	N/A		✓			✓	
(4) O'DEA MEDICAL ARTS LIMITED PAR (52-1682964) 7601 OSLER DRIVE, TOWSON, MD 21204	RENTAL	MD	SJMC PROP.	N/A	N/A	N/A		✓			✓	
(5) ADVANCED IMAGING AT ST JOSEPH (52-1958002) 7601 OSLER DRIVE, TOWSON, MD 21204	HEALTHCARE	MD	UMSJMC	N/A	N/A	N/A		✓			✓	
(6) UNIVERSITY OF MARYLAND CHARLES (30-0956382) PO BOX 1070, LAPLATA, MD 20646	HEALTHCARE	MD	UMCRCP	N/A	N/A	N/A		✓			✓	
(7) BALTIMORE ASC VENTURES, LLC (82-4133899) 7620 YORK ROAD, TOWSON, MD 21204	HEALTHCARE	DE	UMSJMC	N/A	N/A	N/A		✓			✓	
(8) UCHS/UMMS REAL ESTATE TRUST (27-6803540) 520 UPPER CHESAPEAKE DRIVE, BEL AIR, MD 21014	HOLDING CO	MD	UMMSC	N/A	N/A	N/A		✓			✓	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ARUNDEL PHYSICIANS ASSOCIATES, INC (52-1992649) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES (52-1936656) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(3) BW PROFESSIONAL SERVICES, INC (52-1655640) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(4) NA EXECUTIVE BUILDING CONDO ASSN, INC 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(5) UM CHARLES REGIONAL CARE PARTNERS (52-2176314) PO BOX 1070, LA PLATA, MD 20646	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(6) UNIVERSITY MIDTOWN PROF CENTER (52-1891126) 827 LINDEN AVENUE, BALTIMORE, MD 21201	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(7) UNIVERSITY OF MARYLAND HEALTH ADVANTAGE (46-1411902) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(8) UNIVERSITY OF MARYLAND HEALTH PARTNERS (45-2815803) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(9) UNIVERSITY OF MARYLAND MEDICAL SYSTEM HE (45-2815722) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(10) UPPER CHESAPEAKE HEALTH VENTURES, INC (52-2031264) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(11) UPPER CHESAPEAKE MEDICAL CENTER LAND CON (77-0674478) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(12) UPPER CHESAPEAKE MEDICAL OFFICE BUILDING (52-1946829) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(13) SHORE ORTHOPEDICS, INC (37-1817262) 219 S WASHINGTON STREET, EASTON, MD 21601	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(14) MADISON MANOR, INC (52-1269059) 5801 42ND AVE, HYATTSVILLE, MD 20781	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(15) AFFILIATED ENTERPRISES, INC (52-1542144) 3001 HOSPITAL DRIVE, CHEVERLY, MD 20785	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(16) DIMENSIONS ASSURANCE LTD (98-0348082) PO BOX 1363, GENESIS BLDG, GRAND CAYMAN, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A		✓
(17) RIVERSIDE HEALTH OF DELAWARE, INC (46-3205820) 1966 GREENSPRING DRIVE, STE 600, TIMONIUM, MD 21093	HEALTHCARE	DE	N/A	C CORPORATION	N/A	N/A	N/A		✓
(18) RIVERSIDE HEALTH OF DC, INC (46-1411713) 1966 GREENSPRING DRIVE, STE 600, TIMONIUM, MD 21093	HEALTHCARE	DC	N/A	C CORPORATION	N/A	N/A	N/A		✓

CONSOLIDATED FINANCIAL STATEMENTS

University of Maryland Medical System Corporation and Subsidiaries
Years Ended June 30, 2021 and 2020
With Report of Independent Auditors

Ernst & Young LLP



University of Maryland Medical System Corporation and Subsidiaries

Consolidated Financial Statements

Years Ended June 30, 2021 and 2020

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Report of Independent Auditors

The Board of Directors
University of Maryland Medical System Corporation

We have audited the accompanying consolidated financial statements of University of Maryland Medical System Corporation and Subsidiaries, which comprise the consolidated balance sheets as of June 30, 2021 and 2020, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of University of Maryland Medical System Corporation and Subsidiaries at June 30, 2021 and 2020, and the consolidated results of their operations, changes in their net assets, and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst + Young LLP

October 28, 2021

University of Maryland Medical System Corporation and Subsidiaries

Consolidated Balance Sheets (In Thousands)

	June 30	
	2021	2020
Assets		
Current assets:		
Cash and cash equivalents	\$ 858,543	\$ 961,647
Assets limited as to use, current portion	54,457	64,026
Accounts receivable:		
Patient accounts receivable, net	529,825	472,351
Other	223,549	118,228
Inventories	105,076	105,879
Assets held for sale	-	149,563
Prepaid expenses and other current assets	32,233	60,178
Total current assets	1,803,683	1,931,872
Investments	1,355,157	927,366
Assets limited as to use, less current portion	1,338,262	1,113,986
Property and equipment, net	2,753,060	2,556,548
Investments in joint ventures	103,098	92,485
Other assets	501,852	517,654
Total assets	\$ 7,855,112	\$ 7,139,911
Liabilities and net assets		
Current liabilities:		
Trade accounts payable	\$ 429,032	\$ 302,133
Accrued payroll and benefits	343,770	282,410
Advances from third-party payors	563,933	773,947
Lines of credit	113,000	193,500
Short-term financing	-	150,000
Other current liabilities	133,624	129,813
Liabilities held for sale	-	65,461
Long-term debt subject to short-term remarketing arrangements	153,510	28,794
Current portion of long-term debt	29,751	40,468
Total current liabilities	1,766,620	1,966,526
Long-term debt, less current portion and amount subject to short-term remarketing arrangements	1,788,367	1,438,257
Other long-term liabilities	757,633	653,388
Interest rate swap liabilities	203,609	270,430
Total liabilities	4,516,229	4,328,601
Net assets:		
Without donor restrictions	3,036,143	2,055,346
With donor restrictions	302,740	755,964
Total net assets	3,338,883	2,811,310
Total liabilities and net assets	\$ 7,855,112	\$ 7,139,911

See accompanying notes to consolidated financial statements.

University of Maryland Medical System Corporation and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets
(In Thousands)

	Year Ended June 30	
	2021	2020
Operating revenue, gains, and other support:		
Net patient service revenue	\$ 4,288,842	\$ 3,915,931
State and county support	20,025	19,737
CARES Act – Provider relief funds	155,723	199,632
Other revenue	305,251	228,754
Total operating revenue, gains, and other support	<u>4,769,841</u>	<u>4,364,054</u>
Operating expenses:		
Salaries, wages, and benefits	2,428,690	2,230,484
Expendable supplies	882,966	760,113
Purchased services	705,847	696,028
Contracted services	305,273	276,959
Depreciation and amortization	244,277	235,891
Interest expense	32,467	46,561
Total operating expenses	<u>4,599,520</u>	<u>4,246,036</u>
Income from continuing operations	170,321	118,018
Nonoperating income and expenses, net:		
Unrestricted contributions	3,882	9,293
Equity in net income of joint ventures	11,230	3,536
Investment income, net	41,377	24,635
Change in fair value of investments	184,661	(4,884)
Change in fair value of undesignated interest rate swaps	65,325	(75,811)
Other nonoperating losses, net	(38,888)	(24,376)
Loss on early extinguishment of debt	(8,565)	–
Excess of revenues over expenses from continuing operations	<u>429,343</u>	<u>50,411</u>
(Loss) gain on discontinued operations, net	(529)	19,599
Excess of revenues over expenses	<u>\$ 428,814</u>	<u>\$ 70,010</u>

University of Maryland Medical System Corporation and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets (continued)
(In Thousands)

	Without Donor Restrictions	With Donor Restrictions	Total
Balance at June 30, 2019	\$ 1,973,405	\$ 764,219	\$ 2,737,624
Excess of revenues over expenses from continuing operations	50,411	–	50,411
Gain on discontinued operations, net	19,599	–	19,599
Investment gains, net	–	1,206	1,206
State support for capital	–	20,803	20,803
Contributions, net	–	18,111	18,111
Net assets released from restrictions used for operations and nonoperating activities	–	(6,307)	(6,307)
Net assets released from restrictions used for purchase of property and equipment	18,791	(18,791)	–
Change in economic and beneficial interests in the net assets of related organizations	27,283	(27,283)	–
Change in funded status of defined benefit pension plans	(36,971)	–	(36,971)
Other	2,828	4,006	6,834
Increase (decrease) in net assets	<u>81,941</u>	<u>(8,255)</u>	<u>73,686</u>
Balance at June 30, 2020	2,055,346	755,964	2,811,310
Excess of revenues over expenses from continuing operations	429,343	–	429,343
Loss on discontinued operations, net	(529)	–	(529)
Investment gains, net	–	15,589	15,589
State support for capital	–	15,189	15,189
Contributions, net	–	15,603	15,603
Net assets released from restrictions used for operations and nonoperating activities	–	(7,597)	(7,597)
Net assets released from restrictions used for purchase of property and equipment	386,238	(386,238)	–
Change in economic and beneficial interests in the net assets of related organizations	120,495	(107,725)	12,770
Change in funded status of defined benefit pension plans	52,567	–	52,567
Other	(7,317)	1,955	(5,362)
Increase (decrease) in net assets	<u>980,797</u>	<u>(453,224)</u>	<u>527,573</u>
Balance at June 30, 2021	<u>\$ 3,036,143</u>	<u>\$ 302,740</u>	<u>\$ 3,338,883</u>

See accompanying notes to consolidated financial statements.

University of Maryland Medical System Corporation and Subsidiaries

Consolidated Statements of Cash Flows
(In Thousands)

	Year Ended June 30	
	2021	2020
Operating activities		
Increase in net assets	\$ 527,573	\$ 73,686
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	244,277	235,891
Amortization of bond premium and deferred financing costs	(2,438)	1,477
Net realized gains and change in fair value of investments	(226,038)	(3,183)
Equity in net income of joint ventures	(11,230)	(3,536)
Change in economic and beneficial interests in net assets of related organizations	(14,741)	27,281
Change in fair value of interest rate swaps	(65,325)	74,256
Change in funded status of defined benefit pension plans	52,567	36,971
Restricted contributions, grants and other support, net	(46,381)	(40,120)
Loss on early extinguishment of debt	8,565	–
Loss on divestiture of UM Health Plans	3,266	–
Change in operating assets and liabilities:		
Patient accounts receivable	(57,474)	(13,027)
Other receivables, prepaid expenses, other current assets, and other assets	(97,198)	(76,747)
Inventories	803	(35,401)
Trade accounts payable, accrued payroll and benefits, other current liabilities, and other long-term liabilities	231,300	74,235
Advances from third-party payors	(210,014)	634,784
Net cash provided by operating activities	337,512	986,567
Investing activities		
Purchases and sales of investments and assets limited as to use, net	(467,307)	125,958
Purchases of alternative investments	(72,432)	(79,572)
Sales of alternative investments	91,351	101,417
Purchase of UM Ambulatory Care, LLC, net cash acquired	–	(608)
Purchases of property and equipment	(440,572)	(461,896)
Sale of UM Health Plan, LLC net cash proceeds	65,555	–
Transfer of funds from UCH Legacy Funding Corp	122,504	–
Distributions from joint ventures, net	2,327	1,922
Net cash used in investing activities	(698,574)	(312,779)

University of Maryland Medical System Corporation and Subsidiaries

Consolidated Statements of Cash Flows (continued)
(In Thousands)

	Year Ended June 30	
	2021	2020
Financing activities		
Proceeds from long-term debt	\$ 783,994	\$ –
Payment of debt issuance costs	(5,484)	(45,434)
Repayment of long-term debt and capital leases	(470,528)	–
(Repayments of) draws on lines of credit, net	(80,500)	32,200
Restricted contributions, grants, and other support	46,381	40,120
Net cash provided by financing activities	<u>273,863</u>	<u>26,886</u>
Net (decrease) increase in cash, cash equivalents, and restricted cash	(87,199)	700,674
Cash, cash equivalents, and restricted cash, beginning of year	1,212,623	511,949
Cash, cash equivalents, and restricted cash, end of year	<u>\$ 1,125,424</u>	<u>\$ 1,212,623</u>
Cash and cash equivalents	\$ 858,543	\$ 961,647
Restricted cash included in assets limited as to use	266,881	250,976
Cash, cash equivalents, and restricted cash, end of year	<u>\$ 1,125,424</u>	<u>\$ 1,212,623</u>
Discontinued operations		
Operating activities	\$ (6,452)	\$ 19,374
Investing activities	\$ –	\$ (569)
Financing activities	\$ –	\$ –
Supplemental disclosures of cash flow information		
Cash paid during the year for interest, net of amounts capitalized	<u>\$ 32,737</u>	<u>\$ 54,306</u>
Amount included in accounts payable for construction in progress	<u>\$ 43,215</u>	<u>\$ 45,415</u>

See accompanying notes to consolidated financial statements.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements

(In Thousands)

June 30, 2021

1. Organization and Summary of Significant Accounting Policies

Organization

The University of Maryland Medical System Corporation (the Corporation or 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. Prior to that time, the founding hospital was state-owned, operated and financed as part of the University of Maryland, now a part of the University System. As part of the privatization process, the Maryland General Assembly and the University of Maryland's Board of Regents adopted legislation (the Governance Legislation) separating the major health care delivery components from the University System to UMMS. This Governance Legislation provides for certain level of oversight by the State of Maryland to ensure UMMS' founding purposes are consistently set forth in its functions and operating practices.

Over its history, UMMS evolved into a multi-hospital system with academic, community and specialty service missions reaching primarily across Maryland. In continuing partnership with the University of Maryland School of Medicine, UMMS operates healthcare programs that improve the physical and mental health of thousands of people each day.

The accompanying consolidated financial statements include the accounts of the Corporation, its wholly owned subsidiaries, and entities controlled by the Corporation. In addition, the Corporation maintains equity interests in various unconsolidated joint ventures, which are described in Note 5. The significant operating divisions of the Corporation are described in further detail below.

All material intercompany balances and transactions have been eliminated in consolidation.

Recent Acquisitions and Divestitures

During the year ended June 30, 2020, the Corporation signed a letter of intent to sell the assets and liabilities of UM Health Plans, which included both the Medicaid Plan and Medicare Advantage Plan. Based on the criteria in Accounting Standards Codification (ASC) 205, *Discontinued Operations*, it was determined that the pending sale met the criteria for discontinued operations treatment. As of June 30, 2021 and 2020, assets held for sale were approximately \$0 and \$149,600 and liabilities held for sale were approximately \$0 and \$65,500, respectively. For the years ended

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

June 30, 2021 and 2020, operating revenues from discontinued operations were approximately \$117,112 and \$361,618, respectively. For the years ended June 30, 2021 and 2020, operating and nonoperating expenses from discontinued operations were approximately \$114,375 and \$342,019, respectively. The transaction was completed on October 10, 2020, resulting in a loss on sale of \$3,266, which is included in the net loss from discontinued operations of \$529 for the year ended June 30, 2021.

Effective March 1, 2020, the Corporation purchased the full interest in nine urgent care sites from ChoiceOne, which is a subsidiary of Fresenius Medical Care. Previously the urgent care sites were operated under a joint venture agreement between ChoiceOne and three affiliates: UM St. Joseph Medical Center, UM Shore Regional Health and UM Upper Chesapeake Health. Upon becoming a wholly-owned subsidiary of the Corporation, the nine sites were moved under one Company, University of Maryland Ambulatory Care, LLC (UM Ambulatory Care).

University of Maryland Medical Center (Medical Center)

The Medical Center, which is a major component of UMMS, is a 806-bed academic medical center located in Baltimore. The Medical Center has served as the teaching hospital of the School of Medicine of the University System of Maryland, Baltimore since 1823. As part of the privatization in 1984, only clinical faculty members of the School of Medicine may serve as medical staff of the Medical Center.

The Medical Center is comprised of two operating divisions: University Hospital, which includes the Greenebaum Cancer Center, and Shock Trauma Center. University Hospital, which generates approximately 80% of the Medical Center's admissions and patient days, is a tertiary teaching hospital providing over 70 clinical services and programs. The Greenebaum Cancer Center specializes in the treatment of cancer patients and is a site for clinical cancer research. The Shock Trauma Center, which specializes in emergency treatment of patients suffering severe trauma, generates approximately 20% of admissions and patient days.

The Medical Center's operations include UniversityCARE, LLC (UCARE), a physician hospital organization of which the Corporation owns a majority ownership interest and therefore consolidates, and 36 South Paca Street, LLC, a wholly owned subsidiary of the Corporation that operates a residential apartment building.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

The Corporation has certain agreements with various departments of the University of Maryland School of Medicine concerning the provision of professional and administrative services to the Corporation and its patients. Total expense under these agreements in the years ended June 30, 2021 and 2020, was approximately \$190,417 and \$168,438, respectively.

University of Maryland Rehabilitation and Orthopaedic Institute (ROI)

ROI is comprised of a medical/surgical and rehabilitation hospital in Baltimore with 137 licensed beds, which includes rehabilitation beds, chronic care beds, medical/surgical beds, and off-site physical therapy facilities.

A related corporation, The James Lawrence Kernan Endowment Fund, Inc. (Kernan Endowment), is governed by a separate, independent board of directors and is required to hold investments and income derived therefrom for the exclusive benefit of ROI. Accordingly, the accompanying consolidated financial statements reflect an economic interest in the net assets of the Kernan Endowment.

University of Maryland Medical Center Midtown Campus (Midtown)

Midtown is located in Baltimore city and is comprised of University of Maryland Midtown Hospital (UM Midtown), with 177 licensed beds, including 100 acute care beds and 77 chronic care beds and a wholly owned subsidiary providing primary care.

University of Maryland Baltimore Washington Medical System, Inc. (Baltimore Washington)

Baltimore Washington is located in Anne Arundel County, a suburb of Baltimore city, and is a health system comprised of University of Maryland Baltimore Washington Medical Center (UM Baltimore Washington), a 285-bed acute care hospital providing a broad range of services, and several wholly owned subsidiaries providing emergency physician and other services.

Baltimore Washington Medical Center Foundation, Inc. (BWMC Foundation) is governed by a separate, independent board of directors and is required to hold investments and income derived therefrom for the exclusive benefit of UM Baltimore Washington. Accordingly, the accompanying consolidated financial statements reflect an economic interest in the net assets of the BWMC Foundation.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

University of Maryland Shore Regional Health System (Shore Regional)

Shore Regional is a health system located on the Eastern Shore of Maryland. Shore Regional owns and operates University of Maryland Memorial Hospital (UM Memorial), a 132-bed acute care hospital providing inpatient and outpatient services in Easton, Maryland; University of Maryland Dorchester Hospital (UM Dorchester), a 34-bed acute care hospital providing inpatient and outpatient services in Cambridge, Maryland; University of Maryland Chester River Hospital Center (UM Chester River), a 21-bed acute care hospital providing inpatient and outpatient services to the residents of Kent and Queen Anne's counties; Shore Emergency Center at Queenstown (Shore Emergency Center), a free-standing emergency center; Memorial Hospital Foundation (Memorial Foundation), a nonprofit corporation established to solicit donations for the benefit of UM Memorial; Chester River Health Foundation (Chester River Foundation), a nonprofit corporation established to solicit donations for the benefit of UM Chester River; and several other subsidiaries providing various outpatient and home care services.

Dorchester General Hospital Foundation, Inc. (Dorchester Foundation) is governed by a separate, independent board of directors to raise funds on behalf of UM Dorchester. Shore Regional does not have control over the policies or decisions of the Dorchester Foundation, and accordingly, the accompanying consolidated financial statements reflect a beneficial interest in the net assets of the Dorchester Foundation.

University of Maryland Charles Regional Health System, Inc. (Charles Regional)

Charles Regional owns and operates University of Maryland Charles Regional Medical Center (UM Charles Regional), which is comprised of a 99-bed acute care hospital and other community healthcare resources providing inpatient and outpatient services to the residents of Charles County in Southern Maryland.

University of Maryland St. Joseph Health System, LLC (St. Joseph)

St. Joseph owns and operates University of Maryland St. Joseph Medical Center (UM St. Joseph), a 219-bed, Catholic acute care hospital located in Towson, Maryland, as well as other subsidiaries providing inpatient and outpatient services to the residents of Baltimore County.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

University of Maryland Upper Chesapeake Health System (Upper Chesapeake)

Upper Chesapeake is a health system located in Harford County, Maryland. Upper Chesapeake's healthcare delivery system includes two acute care hospitals, University of Maryland Upper Chesapeake Medical Center (UM Upper Chesapeake), a 174-bed acute care hospital and University of Maryland Harford Memorial Hospital (UM Harford Memorial), an 82-bed acute care hospital; a physician practice; a land holding company; and Upper Chesapeake Health Foundation.

University of Maryland Capital Region Health (Capital Region)

Capital Region is a health system located in Prince George's County. Capital Region owns and operates the new state-of-the-art UM Capital Region Medical Center (UM Prince George's), a 205-bed acute care teaching hospital providing an array of services including emergency medicine, behavioral health, cardiac surgery, women's and infants health and a Level II Trauma Center; UM Laurel Medical Center (UM Laurel), a free standing medical facility providing emergency medicine and outpatient surgery and UM Bowie Health Center (UM Bowie) a free standing medical facility providing emergency medicine and diagnostic imaging and lab services.

University of Maryland Medical System Foundation, Inc. (UMMS Foundation)

The UMMS Foundation, a not-for-profit foundation, was established for the purpose of soliciting contributions on behalf of the Corporation.

University of Maryland Quality Care Network (QCN)

QCN, a wholly owned subsidiary of UMMS, is a network comprised of UMMS employed physicians and independent physician practices in the UMMS service area. The participants bear shared responsibility for the care of a defined population of patients and can contract as one entity with payors.

Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Cash and Cash Equivalents

Cash and cash equivalents, excluding amounts shown within investments and assets limited as to use, consist of cash and interest-bearing deposits with maturities of three months or less from the date of purchase. Cash and cash equivalent balances may exceed amounts insured by federal agencies and, therefore, bear a risk of loss. The Corporation has not experienced such losses on these funds.

Investments and Assets Limited as to Use

The Corporation's investment portfolios, except alternative investments, are classified as trading and are reported in the consolidated balance sheets, as long-term assets, at June 30, 2021 and 2020. Unrealized holding gains and losses on trading securities with readily determinable market values as well as alternative investments are included in nonoperating income. Investment income, including realized gains and losses, is included in nonoperating income in the accompanying consolidated statements of operations and changes in net assets.

Assets limited as to use include investments set aside at the discretion of the board of directors for the replacement or acquisition of property and equipment, investments held by trustees under bond indenture agreements and self-insurance trust arrangements, and assets whose use is restricted by donors. Restricted investments are recorded in net assets with donor restrictions unless otherwise required by the donor or state law.

Assets limited as to use also include the Corporation's economic interests in financially interrelated organizations (Note 13).

Alternative investments, which the Corporation defines to include multi-strategy commingled funds, hedge funds, hedge fund-of-funds, and private equity investments, are recorded under the equity method of accounting. The equity method reflects the Corporation's share of the net asset values, as a practical expedient, which is based on the unit values of the interest as determined by the issuer sponsoring such interest dividing the fund's net assets at fair value by its units outstanding at the valuation dates. Because certain investments are not readily marketable, their fair value is subject to additional uncertainty, and therefore, values realized upon disposition may vary significantly from current reported values.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Investments are exposed to certain risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, changes in the value of investment securities could occur in the near term, and these changes could materially differ from the amounts reported in the accompanying consolidated financial statements.

Inventories

Inventories, consisting primarily of drugs and medical/surgical supplies, are carried at the lower of cost or market, on a first-in, first-out basis.

Economic Interests in Financially Interrelated Organizations

The Corporation recognizes its rights to assets held by recipient organizations, which accept cash or other financial assets from a donor and agree to use those assets on behalf of or transfer those assets, the return on investment of those assets, or both, to the Corporation. Changes in the Corporation's economic interests in these financially interrelated organizations are recognized in the accompanying consolidated statements of changes in net assets.

Property and Equipment

Property and equipment are stated at cost or estimated fair value at date of contribution, less accumulated depreciation. Depreciation is provided on a straight-line basis over the estimated useful lives of the depreciable assets. The estimated useful lives of the assets are as follows:

Buildings	20 to 40 years
Building and leasehold improvements	5 to 15 years
Equipment	3 to 15 years

Interest costs incurred on borrowed funds less interest income earned on the unexpended bond proceeds during the period of construction are capitalized as a component of the cost of acquiring those assets.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Gifts of long-lived assets, such as land, buildings, or equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Deferred Financing Costs

Costs incurred related to the issuance of long-term debt, which are included in long-term debt, are deferred and are amortized over the life of the related debt agreements or the related letter of credit agreements using the effective-interest method.

Impairment of Long-Lived Assets

Long-lived assets, such as property, plant, and equipment, and purchased intangibles subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by comparing the carrying amount of an asset to estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized in the amount by which the carrying amount of the asset exceeds the fair value of the asset. Assets to be disposed of would be separately presented in the consolidated balance sheets and reported at the lower of the carrying amount or fair value less costs to sell, and are no longer depreciated. The assets and liabilities of a disposed group classified as held for sale would be presented separately in the appropriate asset and liability sections of the consolidated balance sheets.

Impairment losses of \$2,900 and \$0 were recorded for the years ended June 30, 2021 and 2020, respectively.

Investments in Joint Ventures

When the Corporation does not have a controlling interest in an entity where less than 50% of the voting common stock is owned or does not exert a significant influence over the entity, the Corporation applies the equity method of accounting.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Self-Insurance

Under the Corporation's self-insurance programs (general and professional liability, workers' compensation, and employee health and long-term disability benefits), incurred claims are estimated primarily based upon actuarial methods which include incurred but not reported claims analysis and reported claims the severity of incidents and the expected timing of claim payments. These estimates are continually reviewed and adjusted as necessary based on experience. These adjustments are recorded within the current period operating income.

Net Assets

The Corporation classifies net assets based on the existence or absence of donor-imposed restrictions. Net assets without donor restrictions represent contributions, gifts, and grants, which have no donor-imposed restrictions or which arise as a result of operations. Net assets with donor restrictions are subject to donor-imposed restrictions that must or will be met either by satisfying a specific purpose and/or passage of time. Generally, the donors of these assets permit the use of all or part of the income earned on related investments for specific purposes. The restrictions associated with these net assets generally pertain to patient care, specific capital projects, and funding of specific hospital operations and community outreach programs.

Net Patient Service Revenue and Patient Accounts Receivable

In accordance with ASC 606, *Revenue from Contracts with Customers*, net patient service revenue, which includes hospital inpatient services, hospital outpatient services, physician services, and other patient services revenue, is recorded at the transaction price estimated by the Corporation to reflect the total consideration due from patients and third-party payors (including commercial payors and government programs) and others. Revenue is recognized over time as performance obligations are satisfied in exchange for providing goods and services in patient care. Revenue is recorded as these goods and services are provided. The services provided to a patient during an inpatient stay or outpatient visit represent a bundle of goods and services that are distinct and accounted for as a single performance obligation.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

The Corporation's estimate of the transaction price includes the Corporation's standard charges for the goods and services provided with a reduction recorded related to explicit price concessions for such items as contractual allowances, charity care, potential adjustments that may arise from payment and other reviews, and implicit price concessions such as uncollectible amounts. The price concessions are determined using the portfolio approach as a practical expedient to account for patient contracts as collective groups rather than individually. Based on historical experience, a significant portion of the self-pay population will be unable or unwilling to pay for services and only the amount anticipated to be collected is recognized the transactions price. Subsequent changes to the estimate of the transaction price are generally recorded as adjustment to net patient service revenue in the period of change. Subsequent changes that are determined to be the result of an adverse change in the payor's or patient's ability to pay are considered bad debt expense and recorded within operating expenses. Estimates for uncollectible amounts are based on the historical collections experience for similar payors and patients, current market conditions, and other relevant factors. The Corporation recognizes a significant amount of patient service revenue even though they do not assess the patient's ability to pay.

The standard charges for goods and services for the Medical Center, ROI, Midtown, Baltimore Washington, Shore Regional, Charles Regional, St. Joseph, Upper Chesapeake, and Capital Region reflects actual charges to patients based on rates established by the State of Maryland Health Services Cost Review Commission (HSCRC) in effect during the period in which the services are rendered. See Note 20 for further discussion on the HSCRC and regulated rates.

Patient accounts are recorded at the net realizable value based on certain assumptions determined by each payor. For third-party payors including Medicare, Medicaid, and commercial insurance, the net realizable value is based on the estimated contractual adjustments which is based on approved discounts on charges as permitted by the HSCRC. For self-pay accounts, which includes patients who are uninsured and the patient responsibility portion for patients with insurance, the net realizable value is determined using estimates of historical collection experience.

The Corporation has elected to apply the optional exemption in ASC 606-10-50-14a as all performance obligations relate to contracts with duration of less than one year. Under this exemption, the Corporation was not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. Any unsatisfied or partially unsatisfied performance obligations at the end of the year are completed within days or weeks of the end of the year.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Net patient service revenue by line of business are as follows:

	Year Ended June 30	
	2021	2020
Hospital inpatient and outpatient services	\$ 4,013,287	\$ 3,658,694
Physician services	267,800	238,498
Other	7,755	18,739
Net patient service revenue	\$ 4,288,842	\$ 3,915,931

Charity Care

The Corporation is committed to providing quality healthcare to all, regardless of one's ability to pay. Patients who meet the criteria of its charity care policy receive services without charge or at amounts less than its established rates. The criteria for charity care consider the household income in relation to the federal poverty guidelines. The Corporation provides services at no charge for patients with adjusted gross income equal to or less than 200% of the federal poverty guidelines. For uninsured patients with adjusted gross income greater than 200% of the federal poverty guidelines, a sliding scale discount is applied. Income and asset information obtained from patient credit reporting data are used to determine patients' ability to pay. The Corporation maintains records to identify and monitor the level of charity care it furnished under its charity care policy.

Due to the complexity of the eligibility process, the Corporation provides eligibility services to patients free of charge to assist in the qualification process. These eligibility services include, but are not limited to, the following:

- Financial assistance brochures and other information are posted at each point of service. When patients have questions or concerns, they are encouraged to call a toll-free number to reach customer service representatives during the business day. Financial assistance programs are published on the Corporation's Web site and included on the statements provided to patients.
- The Corporation offers assistance to patients in completing the applications for Medicaid or other government payment assistance programs, or applying for care under the Corporation's charity care policy, if applicable. The Corporation also employs an external firm to assist in the eligibility process.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

- Any patient, whether covered by insurance or not, may meet with a UMMS representative and receive financial counseling from UMMS' dedicated financial assistance unit.

The Corporation recognizes that a large number of uninsured and insured patients meet the charity care guidelines but do not respond to the Corporation's attempts to obtain necessary financial information. In these instances, the Corporation uses credit reporting data to properly classify these unpaid balances as charity care as opposed to bad debt expense. Utilization of income and asset information and credit reporting data indicate the vast majority of amounts reported as uncollectible (implicit price concessions) represent amounts due from patients that would otherwise qualify for charity benefits but do not respond to the Corporation's attempts to obtain the necessary financial information. In these cases, reasonable collection efforts are pursued, but yield few collections. Amounts determined to meet the criteria under the charity care policy or determined to be uncollectible from patients are reported as reductions to net patient service revenue.

The amounts reported as charity care represent the cost of rendering such services. Costs incurred are estimated based on the cost to charge ratio for each hospital and applied to charity care charges. The Corporation estimates the total direct and indirect costs to provide charity care were approximately \$48,257 and \$48,254 for the years ended June 30, 2021 and 2020, respectively.

Nonoperating Income and Expenses, Net

Other activities that are only indirectly related to the Corporation's primary business of delivering healthcare services are recorded as nonoperating income and expenses, and include investment income, equity in the net income of joint ventures, general donations and fund-raising activities, inherent contributions, changes in fair value of investments, changes in fair value of undesignated interest rate swaps, and settlement payments on interest rate swaps that do not qualify for hedge accounting treatment. Settlement payments on interest rate swaps were approximately \$24,527 and \$18,444 for the years ended June 30, 2021 and 2020, respectively, and are reported within other nonoperating losses, net.

Derivative Financial Instruments

The Corporation records derivative and hedging activities on the consolidated balance sheets at their respective fair values.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

The Corporation utilizes derivative financial instruments to manage its interest rate risks associated with long-term tax-exempt debt. The Corporation does not hold or issue derivative financial instruments for trading purposes.

The Corporation's specific goals are to (a) manage interest rate sensitivity by modifying the reprising or maturity characteristics of some of its tax-exempt debt, and (b) lower unrealized appreciation or depreciation in the market value of the Corporation's fixed-rate tax-exempt debt when that market value is compared with the cost of the borrowed funds. The effect of this unrealized appreciation or depreciation in market value; however, will generally be offset by the income or loss on the derivative instruments that are linked to the debt.

All derivative instruments are reported as other assets or interest rate swap liabilities in the consolidated balance sheets and measured at fair value. Currently, the Corporation is accounting for its interest rate swaps as economic hedges at fair value with changes in the fair value recognized in other nonoperating income and expenses.

Excess of Revenue over Expenses from Continuing Operations

The accompanying consolidated statements of operations and changes in net assets includes a performance indicator, excess of revenues over expenses from continuing operations. Changes in net assets without donor restrictions that are excluded from the performance indicator, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions, which, by donor restrictions, were to be used for the purpose of acquiring such assets), changes in the funded status of defined benefit pension plans, and other items that are required by generally accepted accounting principles to be reported separately.

Income Taxes

The Corporation and most of its subsidiaries are not-for-profit corporations formed under the laws of the State of Maryland, organized for charitable purposes and recognized by the Internal Revenue Service as tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code (the Code) pursuant to Section 501(a) of the Code. The effect of the taxable status of its for-profit subsidiaries is not material to the consolidated financial statements.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

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.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the promise becomes unconditional. Contributions are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction is satisfied, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Such amounts are classified as other revenue or transfers and additions to property and equipment. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions on the accompanying consolidated statements of operations.

Contributions to be received after one year are discounted at a fixed discount rate commensurate with the risks involved. An allowance for uncollectible contributions receivable is provided based upon management's judgment including such factors as prior collection history, type of contributions, and nature of fund-raising activity.

Fair Value Measurements

The following methods and assumptions were used by the Corporation in estimating the fair value of its financial instruments:

Cash and cash equivalents, accounts receivable, assets limited as to use, investments, trade accounts payable, accrued payroll and benefits, other accrued expenses, and advances from third-party payors – The carrying amounts reported in the consolidated balance sheets approximate the related fair values.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Pension plan assets – The Corporation applies Accounting Standards Update (ASU) 2009-12, *Fair Value Measurements and Disclosures (Topic 820): Investments in Certain Entities That Calculate Net Asset per Share (or Its Equivalent)*, to its pension plan assets. The guidance permits, as a practical expedient, fair value of investments within its scope to be estimated using the net asset value (NAV) or its equivalent. The alternative investments classified within the fair value hierarchy have been recorded using the NAV.

The Corporation discloses its financial assets, financial liabilities, and fair value measurements of nonfinancial items according to the fair value hierarchy required by generally accepted accounting principles that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted market prices (unadjusted) in active markets for identical assets or liabilities that the Corporation has the ability to access at the measurement date.
- Level 2 inputs are inputs other than quoted market prices including within Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 inputs are unobservable inputs for the asset or liability.

Assets and liabilities classified as Level 1 are valued using unadjusted quoted market prices for identical assets or liabilities in active markets. The Corporation uses techniques consistent with the market approach and the income approach for measuring fair value of its Level 2 and Level 3 assets and liabilities. The market approach is a valuation technique that uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. The income approach generally converts future amounts (cash flows or earnings) to a single present value amount (discounted).

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

As of June 30, 2021 and 2020, the Level 2 assets and liabilities listed in the fair value hierarchy tables presented in Notes 3 and 11 utilize the following valuation techniques and inputs:

Cash Equivalents

The fair value of investments in cash equivalent securities, with maturities within three months of the date of purchase, is determined using techniques that are consistent with the market approach. Significant observable inputs include reported trades and observable broker-dealer quotes.

U.S. Government and Agency Securities

The fair value of investments in U.S. Government, state, and municipal obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads.

Corporate Obligations

The fair value of investments in U.S. and international corporate bonds, including commingled funds that invest primarily in such bonds and foreign government bonds, is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker-dealer quotes, issuer spreads, and security specific characteristics, such as early redemption options. The fair value of collateralized corporate obligations is primarily determined using techniques consistent with the income approach, such as a discounted cash flow model. Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and quotes.

Derivative Liabilities

The fair value of derivative contracts is primarily determined using techniques consistent with the market approach. Derivative contracts include interest rate, credit default, and total return swaps. Significant observable inputs to valuation models include interest rates, treasury yields, volatilities, credit spreads, maturity, and recovery rates.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Alternative Investments

Alternative investments measured at fair value represent funds included on the consolidated balance sheet that are reported using net asset value (NAV) as a practical expedient. These amounts are not required to be categorized in the fair value hierarchy. The fair value of these investments is based on the net asset value information provided by the general partners. Fair value is based on the proportionate share of the NAV based on the most recent partners' capital statements received from the general partners. Certain alternative investments are utilizing NAV to calculate fair value and are included in alternative investments in the fair value hierarchy tables presented in Notes 3.

Commitments and Contingencies

Liabilities for loss contingencies arising from claims, assessments, litigation, fines, penalties, and other sources are recorded when it is probable that a liability has been incurred and the amount can be reasonably estimated. Legal costs incurred in connection with loss contingencies are expensed as incurred.

Going Concern

Management evaluates whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern within one year after the date the financial statements are issued. As of the date of this report, there are no conditions or events that raise substantial doubt about the Corporation's ability to continue as a going concern.

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

2. COVID-19 Pandemic and the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020

In response to COVID-19, the Coronavirus Aid, Relief and Economic Security (CARES) Act, was signed into law on March 27, 2020. The CARES Act authorizes funding to hospitals and other healthcare providers to be distributed through the Public Health and Social Services Emergency Fund (Relief Fund). Payments from the Relief Fund are to be used to prevent, prepare for, and respond to coronavirus, and shall reimburse the recipient for health care related expenses or lost revenues attributable to coronavirus and not required to be repaid, provided the recipients attest to and comply with the terms and conditions.

The U.S. Department of Health and Human Services' distributions from the Relief Fund include general distribution and targeted distributions to support hospitals in high impact areas and rural providers. For the years ended June 30, 2021 and 2020, the Corporation received and recognized as other operating revenue approximately \$155,700 and \$199,600, respectively, in relief funding.

In April 2020, the Corporation requested Medicare advanced payments under the Centers for Medicare and Medicaid Services' Accelerated and Advanced Payment Program designed to increase cash flow to Medicare providers and suppliers impacted by COVID-19. The Medicare advanced payment program allows eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. The Corporation received approximately \$641,300 of advanced payments with repayment to occur based upon the terms and conditions of the program. The remaining balance of \$569,651 represent contract liabilities under Topic 606, the current portion of \$419,651 is recorded in advances from third-party payors and the long-term portion of \$150,000 is recorded in other liabilities within the accompanying consolidated balance sheet as of June 30, 2021.

The CARES Act provided for deferred payment of the employer portion of social security taxes through December 31, 2020, with 50% of the deferred amount to December 31, 2021, and the remaining 50% due December 31, 2022. At June 30, 2021, the Corporation deferred \$76,662, which is recorded in accrued payroll and benefits and other long-term liabilities in the accompanying consolidated balance sheets.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

3. Investments and Assets Limited as to Use

The carrying values of assets limited as to use were as follows:

	June 30	
	2021	2020
Investments held for collateral	\$ 117,474	\$ 166,507
Debt service and reserve funds	56,384	37,696
Construction funds – held by trustee	496,355	204,366
Construction funds – held by the Corporation	128,756	174,675
Board designated funds	137,528	116,811
Self-insurance trust funds	277,274	215,162
Funds restricted by donors	115,853	91,975
Economic and beneficial interests in the net assets of related organizations <i>(Note 13)</i>	<u>63,095</u>	<u>170,820</u>
Total assets limited as to use	<u>1,392,719</u>	<u>1,178,012</u>
Less amounts available for current liabilities	<u>(54,457)</u>	<u>(64,026)</u>
Total assets limited as to use, less current portion	<u><u>\$ 1,338,262</u></u>	<u><u>\$ 1,113,986</u></u>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

3. Investments and Assets Limited as to Use (continued)

The carrying values of assets limited as to use were as follows:

	Investments Held for Collateral	Debt Service and Reserve Funds	Construction Funds	Board Designated Funds	Self- Insurance Trust Funds	Funds Restricted by Donors	Economic and Beneficial Interests	Total
June 30, 2021								
Cash and cash equivalents	\$ 72,439	\$ 17,856	\$ 285,949	\$ 62,057	\$ 2,133	\$ 19,393	\$ -	\$ 459,827
Corporate obligations	-	-	-	3,206	6,653	-	-	9,859
Fixed income funds	-	-	-	10,127	-	17,063	-	27,190
U.S. Government and agency securities	45,035	38,528	339,162	927	7,667	1,208	-	432,527
Common stocks, including mutual funds	-	-	-	40,923	8,975	50,069	-	99,967
Alternative investments	-	-	-	20,288	7,787	28,120	-	56,195
Assets held by other organizations	-	-	-	-	244,059	-	63,095	307,154
Total assets limited as to use	<u>\$ 117,474</u>	<u>\$ 56,384</u>	<u>\$ 625,111</u>	<u>\$ 137,528</u>	<u>\$ 277,274</u>	<u>\$ 115,853</u>	<u>\$ 63,095</u>	<u>\$ 1,392,719</u>
June 30, 2020								
Cash and cash equivalents	\$ 136,101	\$ 15,851	\$ 260,606	\$ 37,409	\$ 591	\$ 13,093	\$ -	\$ 463,651
Corporate obligations	-	-	-	365	12,381	974	-	13,720
Fixed income funds	-	-	-	18,350	394	16,106	-	34,850
U.S. Government and agency securities	30,406	21,845	118,435	169	2,782	449	-	174,086
Common stocks, including mutual funds	-	-	-	43,630	5,799	29,569	-	78,998
Alternative investments	-	-	-	16,888	10,830	31,784	-	59,502
Assets held by other organizations	-	-	-	-	182,385	-	170,820	353,205
Total assets limited as to use	<u>\$ 166,507</u>	<u>\$ 37,696</u>	<u>\$ 379,041</u>	<u>\$ 116,811</u>	<u>\$ 215,162</u>	<u>\$ 91,975</u>	<u>\$ 170,820</u>	<u>\$ 1,178,012</u>

Self-insurance trust funds include amounts held by the Maryland Medicine Comprehensive Insurance Program (MMCIP) for payment of malpractice claims. These assets consist primarily of cash, stocks and fixed-income and corporate obligations. MMCIP is a funding mechanism for the Corporation's malpractice insurance program. As MMCIP is not an insurance provider, transactions with MMCIP are recorded under the deposit method of accounting. Accordingly, the Corporation accounts for its participation in MMCIP by carrying limited-use assets representing the amount of funds contributed to MMCIP and recording a liability for claims, which is included in other current and other long-term liabilities in the accompanying consolidated balance sheets. These assets include the Corporation's portion of the investment pool shared with University of Maryland Faculty Physician, Inc., which is part of the University of Maryland School of Medicine.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

3. Investments and Assets Limited as to Use (continued)

The related restricted cash and cash equivalents included in investments held for collateral, debt service and reserve funds, construction funds (held by trustee), and funds restricted by donors are included in the accompanying consolidated statements of cash flows for the years ended June 30, 2021 and 2020.

The carrying values of investments were as follows:

	June 30	
	2021	2020
Cash and cash equivalents	\$ 229,597	\$ 54,553
Corporate obligations	18,569	56,424
Fixed income funds	86,415	91,095
U.S. Government and agency securities	36,013	26,062
Common stocks	304,043	235,673
Alternative investments:		
Hedge funds/private equity	222,861	193,250
Commingled funds	457,659	270,309
	<u>\$ 1,355,157</u>	<u>\$ 927,366</u>

Alternative investments include hedge fund, private equity, and commingled investment funds, which are valued using the equity method of accounting. As of June 30, 2021, the majority of these alternative investments are subject to 30 day or less notice requirements and are available to be redeemed on at least a monthly basis. Approximately \$139,600 of the alternative investments were subject to 31–60-day notice requirements and can only be redeemed monthly, quarterly, or annually. Other funds, totaling approximately \$78,000, are subject to over 60-day notice requirements and can only be redeemed monthly, quarterly, or annually. Of the funds with over 60-day notice requirements, approximately \$17,800 are subject to lockup restrictions and are not available to be redeemed until certain time restrictions are met, which range from one to three years. In addition, there are approximately \$8,200 of other funds that are subject to lockup restrictions and are not available to be redeemed until certain time restrictions are met, which range from one to three years. The Corporation had approximately \$5,006 of unfunded commitments in alternative investments as of June 30, 2021.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

3. Investments and Assets Limited as to Use (continued)

The following table presents investments and assets limited as to use that are measured at fair value on a recurring basis at June 30, 2021:

	Level 1	Level 2	Level 3	Total
Assets				
Investments:				
Cash and cash equivalents	\$ 229,597	\$ –	\$ –	\$ 229,597
Corporate obligations	–	18,569	–	18,569
Fixed income funds	86,415	–	–	86,415
U.S. Government and agency securities	22,643	13,370	–	36,013
Common stocks, including mutual funds	304,043	–	–	304,043
	<u>642,698</u>	<u>31,939</u>	<u>–</u>	<u>674,637</u>
Alternative investments, reported using NAV:				
Hedge funds/private equity				222,861
Commingled funds				457,659
Total Investments				<u>1,355,157</u>
Assets limited as to use:				
Cash and cash equivalents	459,827	–	–	459,827
Corporate obligations	–	9,859	–	9,859
Fixed income funds	27,190	–	–	27,190
U.S. Government and agency securities	421,558	10,969	–	432,527
Common stocks, including mutual funds	99,967	–	–	99,967
Investments held by other organizations	–	63,095	–	63,095
	<u>\$ 1,008,542</u>	<u>\$ 83,923</u>	<u>\$ –</u>	<u>1,092,465</u>
Alternative investments, reported using NAV:				
Investments held by other organizations*				244,059
Hedge funds/private equity				20,058
Commingled funds				36,137
				<u>\$ 1,392,719</u>

**“Investments held by other organizations” recorded using the NAV as a practical expedient includes assets of the MMCIP Self-insurance Trust, which holds Level 1, Level 2 and alternative investments within its portfolios. Alternative investments include hedge fund, private equity, and commingled investment funds, which are valued using the equity method of accounting. As of June 30, 2021, the majority of these alternative investments are subject to 30 day or less notice requirements and are available to be redeemed on at least a monthly basis.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

3. Investments and Assets Limited as to Use (continued)

The following table presents investments and assets limited as to use that are measured at fair value on a recurring basis at June 30, 2020:

	Level 1	Level 2	Level 3	Total
Assets				
Investments:				
Cash and cash equivalents	\$ 54,553	\$ –	\$ –	\$ 54,553
Corporate obligations	–	56,424	–	56,424
Fixed income funds	91,095	–	–	91,095
U.S. Government and agency securities	7,586	18,476	–	26,062
Common stocks, including mutual funds	235,673	–	–	235,673
	<u>388,907</u>	<u>74,900</u>	<u>–</u>	<u>463,807</u>
Alternative investments, reported at NAV:				
Hedge funds/private equity				270,309
Commingled funds				193,250
				<u>927,366</u>
Assets limited as to use:				
Cash and cash equivalents	463,651	–	–	463,651
Corporate obligations	–	13,720	–	13,720
Fixed income funds	34,850	–	–	34,850
U.S. Government and agency securities	170,795	3,291	–	174,086
Common stocks, including mutual funds	78,998	–	–	78,998
Investments held by other organizations	–	170,820	–	170,820
	<u>\$ 748,294</u>	<u>\$ 187,831</u>	<u>\$ –</u>	<u>936,125</u>
Alternative investments, reported using NAV:				
Investments held by other organizations*				182,385
Hedge funds/private equity				31,572
Commingled trusts				27,930
Total assets limited as to use				<u>\$ 1,178,012</u>

*“Investments held by other organizations” recorded using the NAV as a practical expedient includes assets of the MMCIP Self-insurance Trust, which holds Level 1, Level 2 and alternative investments within its portfolios. Alternative investments include hedge fund, private equity, and commingled investment funds, which are valued using the equity method of accounting. As of June 30, 2020, the majority of these alternative investments are subject to 30 day or less notice requirements and are available to be redeemed on at least a monthly basis.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

3. Investments and Assets Limited as to Use (continued)

Changes to Level 1 and Level 2 securities between June 30, 2021 and 2020, were the result of strategic investments and reinvestments, interest income earnings, and changes in the fair value of investments.

The Corporation's total return on its investments and assets limited as to use was as follows:

	Year Ended June 30	
	2021	2020
Dividends and interest, net of fees	\$ 12,011	\$ 17,775
Net realized gains	31,395	7,551
Change in fair value of trading securities and alternative investments	198,221	(4,368)
Total investment return	<u>\$ 241,627</u>	<u>\$ 20,958</u>

Total investment return is classified in the accompanying consolidated statements of operations as follows:

	Year Ended June 30	
	2021	2020
Nonoperating investment income, net	\$ 41,377	\$ 24,635
Change in fair value of unrestricted investments	184,661	(4,884)
Investment gains on net assets with donor restrictions	15,589	1,207
Total investment return	<u>\$ 241,627</u>	<u>\$ 20,958</u>

Investment return does not include the returns on the economic interests in the net assets of related organizations, the returns on the self-insurance trust funds, returns on undesignated interest rates swaps, or the returns on certain construction funds where amounts have been capitalized.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

4. Property and Equipment

The following is a summary of property and equipment:

	June 30	
	2021	2020
Land	\$ 182,586	\$ 203,544
Buildings	1,833,517	1,495,471
Building and leasehold improvements	1,118,868	1,080,875
Equipment	2,182,368	1,986,526
Construction in progress	500,982	635,895
	5,818,321	5,402,311
Less accumulated depreciation and amortization	(3,065,261)	(2,845,763)
	<u>\$ 2,753,060</u>	<u>\$ 2,556,548</u>

Remaining contractual commitments on construction projects were approximately \$128,500 at June 30, 2021, of which approximately \$28,800 relates to Capital Region.

Construction in progress includes building and renovation costs for assets that have not yet been placed into service. These costs relate to major construction projects as well as routine renovations under way at the Corporation's facilities.

5. Investments in Joint Ventures

The Corporation has equity method investments of approximately \$103,098 and \$92,485 at June 30, 2021 and 2020, respectively, in the following unconsolidated joint ventures:

	Ownership %	2021	2020
Mt. Washington Pediatric Hospital, Inc. (Mt. Washington)	50%	\$ 78,478	\$ 69,025
Terrapin Insurance	50%	975	975
Other investments	10%–51%	23,645	22,485
		<u>\$ 103,098</u>	<u>\$ 92,485</u>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

5. Investments in Joint Ventures (continued)

The Corporation recorded equity in net income of \$11,230 and \$3,536 related to these joint ventures for the years ended June 30, 2021 and 2020, respectively.

The following is a summary of the Corporation's joint ventures' combined unaudited condensed financial information as of and for the years ended June 30:

	2021			
	Mt. Washington	Terrapin	Others	Total
Current assets	\$ 38,597	\$ 27,718	\$ 42,638	\$ 108,953
Noncurrent assets	133,176	347,714	57,369	538,259
Total assets	<u>\$ 171,773</u>	<u>\$ 375,432</u>	<u>\$ 100,007</u>	<u>\$ 647,212</u>
Current liabilities	\$ 20,715	\$ 1,145	\$ 22,819	\$ 44,679
Noncurrent liabilities	7,018	372,337	13,592	392,947
Net assets	144,040	1,950	63,596	209,586
Total liabilities and net assets	<u>\$ 171,773</u>	<u>\$ 375,432</u>	<u>\$ 100,007</u>	<u>\$ 647,212</u>
Total operating revenue	\$ 65,855	\$ 18,318	\$ 94,130	\$ 178,303
Total operating expenses	(61,478)	(40,848)	(77,157)	(179,483)
Total nonoperating gains (losses), net	10,579	22,530	493	33,602
Contributions from (to) owners	-	-	(10,797)	(10,797)
Other changes in net assets, net	6,852	-	(2,288)	4,564
Increase (decrease) in net assets	<u>\$ 21,808</u>	<u>\$ -</u>	<u>\$ 4,381</u>	<u>\$ 26,189</u>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

5. Investments in Joint Ventures (continued)

	2020			
	Mt. Washington	Terrapin	Others	Total
Current assets	\$ 36,255	\$ 23,194	\$ 36,993	\$ 96,442
Noncurrent assets	107,664	294,881	46,096	448,641
Total assets	<u>\$ 143,919</u>	<u>\$ 318,075</u>	<u>\$ 83,089</u>	<u>\$ 545,083</u>
Current liabilities	\$ 13,560	\$ 705	\$ 18,914	\$ 33,179
Noncurrent liabilities	7,746	315,420	12,979	336,145
Net assets	122,613	1,950	51,196	175,759
Total liabilities and net assets	<u>\$ 143,919</u>	<u>\$ 318,075</u>	<u>\$ 83,089</u>	<u>\$ 545,083</u>
Total operating revenue	\$ 61,670	\$ 36,445	\$ 102,477	\$ 200,592
Total operating expenses	(61,533)	(38,494)	(87,599)	(187,626)
Total nonoperating gains (losses), net	2,320	2,049	(80)	4,289
Contributions from (to) owners	–	–	(10,400)	(10,400)
Other changes in net assets, net	3,780	–	(288)	3,492
Increase (decrease) in net assets	<u>\$ 6,237</u>	<u>\$ –</u>	<u>\$ 4,110</u>	<u>\$ 10,347</u>

6. Leases

The Corporation determines if an arrangement is a lease at inception. Operating leases are included in other assets, other current liabilities, and other long-term liabilities on the consolidated balance sheet. Finance leases are included in property, plant and equipment, other current liabilities, and other long-term liabilities on the accompanying consolidated balance sheet.

The Corporation's leases primarily consist of real estate leases for medical and administrative office buildings and the Corporation determines if an arrangement is a lease at inception of the contract. Operating leases are included in other assets, other current liabilities, and other long-term liabilities on the consolidated balance sheet. Finance leases are included in property, plant and equipment, other current liabilities, and other long-term liabilities on the accompanying consolidated balance sheet.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

6. Leases (continued)

Lease liabilities are recognized based on the present value, net of the future minimum lease payments over the lease term using the Corporation's incremental borrowing rate based on the information available at commencement. The ROU asset is derived from the lease liability and also includes any lease payments made and excludes lease incentives and initial direct costs incurred. Certain lease agreements for real estate include payments based on actual common area maintenance expenses and others include rental payments adjusted periodically for inflation. These variable lease payments are recognized in purchased services, net, but are not included in the ROU asset or liability balances. Lease agreements may include one or more renewal options which are at the Corporation's sole discretion. The Corporation does not consider the renewal options to be reasonably likely to be exercised, therefore they are not included in ROU assets and lease liabilities. Lease expense for minimum lease payments is recognized on a straight-line basis over the lease term for operating leases.

In accordance with ASC 842, the Corporation has elected to not recognize ROU assets and lease liabilities for short-term leases with a lease term of 12 months or less. The Corporation recognizes the lease payments associated with its short-term leases as an expense on a straight-line basis over the lease term. Variable lease payments associated with these leases are recognized and presented in the same manner as all other leases.

The following table summarizes the components of operating and finance lease assets and liabilities classified as current and noncurrent on the accompanying consolidated balance sheets:

		June 30	
	Balance Sheet Classification	2021	2020
Operating leases			
Operating lease ROU asset	Other assets	\$ 98,378	\$ 92,333
Operating lease obligation – current	Other current liabilities	(14,551)	(12,724)
Operating lease obligation – long-term	Other long-term liabilities	(87,039)	(81,951)
Finance leases			
Finance lease ROU asset	Property and equipment, net	\$ 38,144	\$ 47,598
Current finance lease liabilities	Other current liabilities	(433)	(760)
Long-term finance lease liabilities	Other long-term liabilities	(44,370)	(55,310)

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

6. Leases (continued)

The components of lease expense were as follows:

	Year Ended June 30	
	2021	2020
Finance lease expense:		
Amortization of ROU assets	\$ 3,819	\$ 1,518
Interest on lease liabilities	2,519	1,992
Total finance lease expense	<u>6,338</u>	3,510
Operating lease expense	20,765	16,159
Short-term/variable lease expense	14,713	12,848
Total lease expense	<u>\$ 41,816</u>	<u>\$ 32,517</u>

Commitments related to noncancelable operating and finance leases for each of the next five years and thereafter as of June 30, 2021, are as follows:

	Operating	Finance
2022	\$ 15,249	\$ 2,006
2023	14,463	2,006
2024	15,069	2,006
2025	14,861	2,006
2026	12,594	2,006
Thereafter	48,980	49,055
Total	<u>121,216</u>	<u>59,085</u>
Less: Present value discount	(19,626)	(14,282)
Lease liabilities	<u>\$ 101,590</u>	<u>\$ 44,803</u>

Other information is as follows:

	Year Ended June 30	
	2021	2020
Weighted average remaining lease terms (in years):		
Finance leases	9.52	11.17
Operating leases	9.44	10.25
Weighted average discount rate:		
Finance leases	3.53%	3.72%
Operating leases	3.25%	3.58%

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

7. Line of Credit

For the years ended June 30, 2021 and 2020, the Corporation had a \$250,000 revolving line of credit outstanding with a syndicate of banking partners. The line of credit is annually renewing and the current expiration date is August 25, 2022. Interest is calculated based on an optional base rate or percentage of 1-month LIBOR plus a credit spread. As of June 30, 2021 and 2020, the amount outstanding on the line of credit was \$113,000 and \$193,500, respectively. The calculated interest rates as of June 30, 2021 and 2020, was a range from 0.89% to 3.25%.

For the year ended June 30, 2020, the Corporation had \$225,000 in additional lines of credit consisting of separate agreements with three banking partners. The borrowing facilities were put in place to provide additional access to liquidity in the event it would be needed during the COVID-19 pandemic, and each of the facilities expired no later than May 2021. As of June 30, 2020, there were \$0 outstanding on these lines of credit, and the lines of credit expired as of June 30, 2021.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

8. Long-Term Debt and Other Borrowings

Long-term debt consists of the following:

	Interest Rate	Payable in Fiscal Year(s)	June 30	
			2021	2020
MHHEFA project revenue bonds:				
Corporation issue, payments due annually UCHS Term Loan:				
Series 2020B/D Bonds	3.05%–5.00%	2045–2049	\$ 752,680	\$ –
Series 2017D/E Bonds	4.00%–4.17%	2045–2049	189,965	189,965
Series 2017B/C Bonds	2.23%–5.00%	2018–2040	250,150	256,455
Series 2017A Bonds	Variable rate	2017–2043 ⁽¹⁾	41,635	42,840
Series 2016A–F Bonds	Variable rate	2017–2042 ⁽¹⁾	304,565	309,500
Series 2015 Bonds	3.63%–5.00%	2016–2042	72,140	73,630
Series 2013 Bonds	4.00%–5.00%	2014–2044	115,055	335,545
Series 2010 Bonds	4.75%–5.25%	2011–2032	–	41,510
Series 2008D/E Bonds	Variable rate	2025–2042	105,000	105,000
Series 2008F Bonds	4.50%–5.25%	2009–2024	–	20,630
Series 2007A Bonds	Variable rate	2008–2035	73,280	76,425
MHHEFA Pooled Loan Program	Variable rate	2017–2035	15,200	16,149
Other long-term debt:				
UCHS Term Loan	Variable rate	2021	–	150,000
Term loans	1.86%–4.44%	2009–2022	6,331	7,356
Other loans, mortgages and notes payable	3.25%–6.50%	Monthly, 2001–2035	12,678	12,678
Total debt			1,938,679	1,637,683
Less current portion of long-term debt			29,751	40,468
Less short-term financing			–	150,000
Less long-term debt subject to short-term remarketing agreements			153,510 ⁽¹⁾	28,794
			1,755,418	1,418,421
Plus unamortized premiums and discounts, net			44,215	28,713
Plus unamortized deferred financing costs			(11,573)	(8,877)
			<u>\$ 1,788,060</u>	<u>\$ 1,438,257</u>

⁽¹⁾Mandatory purchase options are due in the following (fiscal years), unless the bondholding bank and the Obligated Group agree to an extension: Series 2016A (2024), 2016B (2022), 2016C&D (2024), 2016E&F (2027, and 2017A (2022). As of the date of issuance, the obligated group is in the process of extending or replacing the agreements with mandatory purchase options due in 2022.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt and Other Borrowings (continued)

Pursuant to an Amended and Restated Master Loan Agreement dated December 1, 2017 (UMMS Master Loan Agreement), the Corporation and several of its subsidiaries have issued debt through Maryland Health and Higher Educational Facilities Authority (MHHEFA or the Authority). As security for the performance of the bond obligation under the Master Loan Agreement, the Authority maintains a security interest in the revenue of the obligors. The UMMS Master Loan Agreement contains certain restrictive covenants. These covenants require that rates and charges be set at certain levels, limit incurrence of additional debt, require compliance with certain operating ratios and restrict the disposition of assets.

The Obligated Group under the UMMS Master Loan Agreement includes the Medical Center, ROI, UM Midtown, UM Baltimore Washington, Shore Health (UM Memorial and UM Dorchester), UM Chester River, UM Charles Regional, UM St. Joseph, UM Upper Chesapeake, UM Harford Memorial, UM Laurel, UM Prince George's, Bowie Health Center (Bowie), and the UMMS Foundation. Each member of the Obligated Group is jointly and severally liable for the repayment of the obligations under the UMMS Master Loan Agreement.

Under the terms of the UMMS Master Loan Agreement and other loan agreements, certain funds are required to be maintained on deposit with the Master Trustee to provide for repayment of the obligations of the Obligated Group (Note 3).

The Corporation had a term loan in the amount of \$150,000 related to the acquisition of Upper Chesapeake, which the Corporation obtained long term financing during fiscal year 2021 to repay the term loan prior to its maturity date, and has classified this obligation as a short-term financing at June 30, 2020, in the consolidated balance sheet. See further discussion below in Series 2020B and 2020E issuance.

In December 2018, MHHEFA issued \$145,265 of tax-exempt Revenue Bonds, Series 2017D, and \$44,700 taxable Revenue Bonds, Series 2017E. These proceeds are to be used for the purpose of financing a portion of the costs of acquisition, construction and equipping of certain capital projects related to Capital Region, including (a) construction of a new regional medical center and an adjacent new ambulatory care center and (b) construction of a new freestanding medical facility.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt and Other Borrowings (continued)

On July 2, 2020, MHHEFA issued \$152,680 of tax-exempt Revenue Bonds, Series 2020B, and \$600,000 taxable Revenue Bonds, Series 2020D. The proceeds were used for the purpose of refinancing existing debt, including the repayment of the Upper Chesapeake term loan (see above) and the redemption of the Series 2008F, 2010, and 2013A Bonds. The remaining proceeds are to be used for the purpose of financing a portion of the costs of construction and equipping of certain capital projects related to Medical Center, Baltimore Washington, Shore Regional, Upper Chesapeake and Capital Region.

The aggregate annual future maturities of long-term debt according to the original terms of the Master Loan Agreement and all other loan agreements are as follows for the years ending June 30:

2022	\$ 183,261
2023	101,857
2024	182,547
2025	40,037
2026	36,707
Thereafter	1,394,270
	<u>\$ 1,938,679</u>

The Corporation's Series 2007A and 2008D-E Bonds are variable rate demand bonds requiring remarketing agents to purchase and remarket any bonds tendered before the stated maturity date. The reimbursement obligations with respect to the letters of credit are evidenced and secured by the respective bonds. To provide liquidity support for the timely payment of any bonds that are not successfully remarketed, the Corporation has entered into letter-of-credit agreements with three banking institutions. These agreements have terms that expire in 2022 through 2026. If the bonds are not successfully remarketed, the Corporation is required to pay an interest rate specified in the letter-of-credit agreement, and the principal repayment of bonds may be accelerated to require repayment in periods ranging from 20 to 60 months from the date of the failed remarketing. The Corporation has reflected the amount of its long-term debt that is subject to these short-term remarketing arrangements as a separate component of current liabilities in its consolidated balance sheets. In the event that bonds are not remarketed, the Corporation maintains available letters of credit and has the ability to access other sources to obtain the necessary liquidity to comply with accelerated repayment terms. All variable rate demand bonds were successfully remarketed as of June 30, 2021 and 2020.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

8. Long-Term Debt and Other Borrowings (continued)

The approximate interest rates on outstanding debt bearing interest at variable rates were as follows:

	June 30	
	2021	2020
Series 2008D Bonds	0.02%	0.11%
Series 2008E Bonds	0.01	0.12
Series 2007A Bonds	0.02	0.09
Series 2016A Bonds	1.07	1.13
Series 2016B Bonds	0.95	1.01
Series 2016C Bonds	0.68	0.75
Series 2016D Bonds	0.91	0.98
Series 2016E Bonds	0.80	0.87
Series 2016F Bonds	0.78	0.84
Series 2017A Bonds	0.60	0.67
Series 1985 Pooled Loan Program (MHHEFA)	0.50	1.00
UCHS Term Loan	–	0.89

9. Interest Rate Risk Management

The Corporation uses a combination of fixed and variable rate debt to finance capital needs. The Corporation maintains an interest rate risk-management strategy that uses interest rate swaps to minimize significant, unanticipated earnings fluctuations that may arise from volatility in interest rates.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

9. Interest Rate Risk Management (continued)

At June 30, 2021 and 2020, the Corporation's notional values of outstanding interest rate swaps were \$723,266 and \$735,015, respectively, the details of which were as follows:

	Notional Amount	Pay Rate	Receive Rate	Maturity Date	Mark to Market
June 30, 2021					
Swap #1	\$ 78,551	3.59%	70% 1-month LIBOR	7/1/2031	\$ (10,785)
Swap #2	84,000	3.93	68% 1-month LIBOR	7/1/2041	(33,829)
Swap #3	21,000	4.24	68% 1-month LIBOR	7/1/2041	(9,346)
Swap #4	30,800	3.99	67% 1-month LIBOR	7/1/2034	(6,709)
Swap #5	24,380	3.54	70% 1-month LIBOR	7/1/2031	(3,297)
Swap #6	196,000	3.93	68% 1-month LIBOR	7/1/2041	(78,952)
Swap #7	49,000	4.24	68% 1-month LIBOR	7/1/2041	(22,021)
Swap #8	71,825	4.00	67% 1-month LIBOR	7/1/2034	(15,698)
Swap #9	2,075	3.63	67% 1-month LIBOR	7/1/2032	(209)
Swap #10	92,475	3.92	67% 1-month LIBOR	1/1/2043	(28,611)
Swap #11	73,160	0.51	67% 1-month LIBOR + 0.5133%	1/1/2038	1,887
	<u>723,266</u>				<u>(207,660)</u>
Valuation adjustments					4,051
Total	<u>\$ 723,266</u>				<u>\$ (203,609)</u>
June 30, 2020					
Swap #1	\$ 79,800	3.59%	70% 1-month LIBOR	7/1/2031	\$ (15,036)
Swap #2	84,000	3.93	68% 1-month LIBOR	7/1/2041	(45,040)
Swap #3	21,000	4.24	68% 1-month LIBOR	7/1/2041	(12,364)
Swap #4	32,025	3.99	67% 1-month LIBOR	7/1/2034	(8,987)
Swap #5	24,770	3.54	70% 1-month LIBOR	7/1/2031	(4,606)
Swap #6	196,000	3.93	68% 1-month LIBOR	7/1/2041	(105,113)
Swap #7	49,000	4.24	68% 1-month LIBOR	7/1/2041	(28,855)
Swap #8	74,700	4.00	67% 1-month LIBOR	7/1/2034	(21,020)
Swap #9	2,465	3.63	67% 1-month LIBOR	7/1/2032	(307)
Swap #10	95,475	3.92	67% 1-month LIBOR	1/1/2043	(38,240)
Swap #11	75,780	0.51	67% 1-month LIBOR + 0.5133%	1/1/2038	2,351
	<u>735,015</u>				<u>(277,217)</u>
Valuation adjustments					6,787
Total	<u>\$ 735,015</u>				<u>\$ (270,430)</u>

The mark-to-market values of the Corporation's interest rate swaps include a valuation adjustment representing the creditworthiness of the counterparties to the swaps.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

9. Interest Rate Risk Management (continued)

The Corporation recorded a net nonoperating gain (loss) on changes in the fair value of nonqualifying interest rate swaps of \$65,325 and \$(75,811) for the years ended June 30, 2021 and 2020, respectively.

The swap agreements are included in the consolidated balance sheets at their fair value of \$203,609 and \$270,430 as of June 30, 2021 and 2020, respectively, an amount that is based on observable inputs other than quoted market prices in active markets for identical liabilities (Level 2 in the fair value hierarchy).

The Corporation is subject to a collateral posting requirement with two of its swap counterparties. Collateral posting requirements are based on the Corporation's long-term debt credit ratings, as well as the net liability position of total interest rate swap agreements outstanding with that counterparty. The amount of such posted collateral was \$117,600 and \$165,848 at June 30, 2021 and 2020, respectively. As of June 30, 2021 and 2020, the Corporation met its collateral posting requirement through the use of collateralized investments and cash equivalents, which were selected and purchased by the Corporation and subsequently transferred to the custody of the swap counterparty. The amount of posted investments that is required to meet the collateral requirement is computed daily and is accounted for as a component of the Corporation's assets limited as to use on the accompanying consolidated balance sheets as of that date. Any excess investment value is considered a component of the Corporation's unrestricted investment portfolio and is included in investments on the accompanying consolidated balance sheets as of that date.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

10. Other Liabilities

Other liabilities consist of the following:

	June 30	
	2021	2020
Professional and general malpractice liabilities	\$ 380,715	\$ 351,441
Advances from third party payors	150,000	–
Accrued pension obligations	66,011	130,903
Lease obligations – operating	101,590	94,675
Lease obligations – finance	44,803	56,070
Deferred payroll taxes	38,331	26,971
Accrued interest payable	27,883	22,200
Other miscellaneous	81,924	100,941
Total other liabilities	<u>891,257</u>	<u>783,201</u>
Less current portion	<u>(133,624)</u>	<u>(129,813)</u>
Other long-term liabilities	<u>\$ 757,633</u>	<u>\$ 653,388</u>

11. Retirement Plans

Employees of the Corporation are included in various retirement plans established by the Corporation, the Medical Center, ROI, Midtown, Baltimore Washington, Shore Regional, Charles Regional, St. Joseph, Upper Chesapeake, and Capital Region. Participation by employees in their specific plan(s) has evolved based upon the organization by which they were first employed and the elections that they made at the times when their original employers became part of the Corporation. The following is a brief description of each of the retirement plans in which employees of the Corporation participate:

Defined Benefit Plans

University of Maryland Medical Center Midtown Campus Retirement Plan for Non-Union Employees (Midtown Plan) – A noncontributory defined benefit plan covering substantially all nonunion employees. The benefits are based on years of service and compensation. Contributions to this plan are made to satisfy the minimum funding requirements of ERISA. In 2006, Midtown froze the defined benefit pension plan.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

11. Retirement Plans (continued)

Baltimore Washington Medical Center Pension Plan (Baltimore Washington Plan) – A noncontributory defined benefit pension plan covering full-time employees who have been employed for at least one year and have reached 21 years of age. In 2018, Baltimore Washington closed the defined benefit pension plan to new hires.

On June 30, 2015, the Corporation amended the Baltimore Washington Medical Center Pension Plan to provide for the merger of the Midtown Plan and the Charles Regional Plan into the Baltimore Washington Plan and to change the name of the newly consolidated plan to the University of Maryland Medical System Corporate Pension Plan (the Corporate Plan). All provisions of the respective previous plans shall continue to apply to the respective applicable participants. All of the assets of the three formerly separate plans are now available to pay benefits for all participants under the newly consolidated Corporate Plan.

Civista Health Inc. Retirement Plan and Trust (Charles Regional Plan) – A noncontributory defined benefit pension plan covering employees that have worked at least one thousand hours per year during three or more plan years. Plan benefits are accumulated based upon a combination of years of service and percent of annual compensation. Charles Regional makes annual contributions to the plan based upon amounts required to be funded under provisions of ERISA.

Dimensions Health Corporation Pension Plan (Capital Region Pension Plan) – A noncontributory defined benefit pension plan covering substantially all employees. For employees not covered under collective-bargaining agreements and employees who are represented by the 1199 SEIU Health Care Workers East – Health Care Workers union (formerly District 1199E-DC, SEIU union and formerly Local No. 63 union), the Plan operates as a cash balance plan. The annual contribution by the Corporation is allocated to individual employee accounts based on years of service and the individual's retirement account. For employees represented by the 1199 SEIU Health Care Workers East – Registered Nurses Chapter union (formerly Professional Staff Nurses Association union), benefits are based on years of service and average final compensation. On December 31, 2007, the Capital Region Pension Plan was frozen. No further benefit accruals will be made to the Plan. The Plan freeze substantially reduces annual funding obligations beginning with Plan year 2008. The Corporation's funding policy is to contribute such actuarially determined amounts as necessary to provide assets sufficient to meet the benefits to be paid to the Plan participants and to meet the funding requirements of the Employees Retirement Income Security Act of 1974 (ERISA).

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

11. Retirement Plans (continued)

Dimensions Health Corporation Post Retirement Benefit Plans (Capital Region Post Retirement Benefit Plans) – A postretirement health care plan is provided to both salaried and non-salaried employees who have retired and certain other employees who were eligible to retire prior to July 1, 1995. The plan is contributory for those who retired prior to July 1, 1995, with retiree contributions adjusted annually. Employees who retired on July 1, 1995, and later are eligible to participate in the plan by paying 100% of the premiums without corporate contributions. The Corporation's policy has been to fund this plan on an as needed basis.

A defined postretirement life insurance plan is a noncontributory plan for all eligible retirees prior to July 1, 2001. For employees represented by the 1199 SEIU Health Care Workers East – Registered Nurses Chapter union, the plan was no longer offered to new retirees as of July 1, 1999. Effective July 1, 2001, the plan was modified to become contributory for the nonunion employees and employees represented by the 1199 SEIU Health Care Workers East – Health Care Workers union who retired prior to July 1, 2001 and for the employees represented by the 1199 SEIU Health Care Workers East – Registered Nurses Chapter union who retired prior to July 1, 1999. The Corporation's policy has been to fund its share of these benefits as they are incurred.

The Corporation recognizes the funded status (i.e., the difference between the fair value of plan assets and projected benefit obligations) of its defined benefit pension plans as an asset or liability in its consolidated balance sheets. The Corporation recognizes changes in the funded status in the year in which the changes occur as changes in unrestricted net assets. All defined benefit pension plans use a June 30 measurement date.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

11. Retirement Plans (continued)

The following tables set forth the combined benefit obligations and assets of the defined benefit plans:

	June 30	
	2021	2020
Change in projected benefit obligations:		
Benefit obligations at beginning of year	\$ 448,997	\$ 425,709
Settlements	(18,623)	–
Service cost	3,378	3,337
Interest cost	13,168	15,299
Actuarial loss and other	4,973	30,743
Benefit payments	(16,826)	(26,091)
Projected benefit obligations at end of year	<u>\$ 435,067</u>	<u>\$ 448,997</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	\$ 318,094	\$ 317,176
Actual return on plan assets	63,831	9,529
Settlements	(18,623)	–
Employer contributions	22,580	17,480
Benefit payments	(16,826)	(26,091)
Fair value of plan assets at end of year	<u>\$ 369,056</u>	<u>\$ 318,094</u>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

11. Retirement Plans (continued)

The funded status of the plans and amounts recognized as accrued payroll and benefits and other long-term liabilities in the accompanying consolidated balance sheets are as follows:

	June 30	
	2021	2020
Funded status, end of period:		
Fair value of plan assets	\$ 369,056	\$ 318,094
Projected benefit obligations	435,067	448,997
Net funded status	(66,011)	(130,903)
Accumulated benefit obligation at end of year	433,076	446,100
Amounts recognized in consolidated balance sheets at June 30:		
Accrued pension obligation	(66,011)	(130,903)
	(66,011)	(130,903)
Amounts recognized in net assets without donor restrictions at June 30:		
Net actuarial loss	(54,745)	(108,221)
Prior service cost	(990)	(86)
	\$ (55,735)	\$ (108,307)

The accrued pension obligation includes \$62,717 and \$98,365 as of June 30, 2021 and 2020, respectively, related to the Capital Region Pension Plan described above.

The estimated amounts that will be amortized from net assets without donor restrictions into net periodic pension cost in fiscal year 2022 are as follows:

Net actuarial loss	\$ 3,038
Prior service cost	149
	\$ 3,187

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

11. Retirement Plans (continued)

The components of net periodic pension cost are as follows:

	Year Ended June 30	
	2021	2020
Service cost	\$ 3,378	\$ 3,337
Interest cost	13,168	15,299
Expected return on plan assets	(18,275)	(19,782)
Prior service cost recognized	72	72
Recognized losses	11,918	3,953
Net periodic pension cost	<u>\$ 10,261</u>	<u>\$ 2,879</u>

Components of net benefit cost other than the service cost of \$3,378 and \$3,337 in 2021 and 2020, respectively, were recorded in other nonoperating losses, net in the accompanying consolidated statements of operations and changes in net assets for the years ended June 30, 2021 and 2020. Service cost is included as a component of fringe benefits, which is recorded as salaries, wages, and benefits in the accompanying consolidated statements of operations.

The following table presents the weighted average assumptions used to determine benefit obligations for the plans:

	June 30	
	2021	2020
Discount rate	2.34%–3.02%	2.34%–3.03%
Rate of compensation increase (for nonfrozen plan)	3.00	3.00

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

11. Retirement Plans (continued)

The following table presents the weighted average assumptions used to determine net periodic benefit cost for the plans:

	Year Ended June 30	
	2021	2020
Discount rate	2.35%–3.05%	3.25%–3.70%
Expected long-term return on plan assets	5.50–6.00	6.00–6.50
Rate of compensation increase (for nonfrozen plan)	3.00	3.00

The investment policies of the Corporation's pension plans incorporate asset allocation and investment strategies designed to earn superior returns on plan assets consistent with reasonable and prudent levels of risk. Investments are diversified across classes, sectors, and manager style to minimize the risk of loss. The Corporation uses investment managers specializing in each asset category, and regularly monitors performance and compliance with investment guidelines. In developing the expected long-term rate of return on assets assumption, the Corporation considers the current level of expected returns on risk-free investments, the historical level of the risk premium associated with the other asset classes in which the portfolio is invested, and the expectations for future returns of each asset class. The expected return for each asset class is then weighted based on the target allocation to develop the expected long-term rate of return on assets assumption for the portfolio.

The Corporation's pension plans' target allocation and weighted average asset allocations at the measurement date of June 30, 2021 and 2020, by asset category, are as follows:

Asset Category	Target Allocation	Percentage of Plan Assets as of June 30	
		2021	2020
Cash and cash equivalents	0%–10%	5%	8%
Fixed income securities	20%–40%	35	29
Equity securities	30%–50%	41	38
Global assets allocation	10%–20%	11	16
Hedge funds/private equity	5%–15%	8	9
		100%	100%

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

11. Retirement Plans (continued)

Equity and fixed income securities include investments in hedge fund of funds that are categorized in accordance with each fund's respective investment holdings.

The table below presents the Corporation's combined investable assets of the defined benefit pension plans aggregated by the fair value hierarchy as described in Note 1(u):

	Level 1	Level 2	Level 3	Investments Reported at NAV*	Total
June 30, 2021					
Cash and cash equivalents	\$ 19,803	\$ –	\$ –	\$ –	\$ 19,803
Corporate obligations		12,798	–	–	12,798
Government and agency bonds	12,869	18,366	–	–	31,235
Fixed income funds	29,002	–	–	–	29,002
Common stocks	34,419	–	–	–	34,419
Equity mutual funds	89,229	–	–	–	89,229
Alternative investments:					
Hedge funds/private equity	–	–	–	30,149	30,149
Commingled funds	–	–	–	122,421	122,421
	\$ 185,322	\$ 31,164	\$ –	\$ 152,570	\$ 369,056
June 30, 2020					
Cash and cash equivalents	\$ 13,728	\$ 11,120	\$ –	\$ –	\$ 24,848
Corporate obligations	–	21,447	–	–	21,447
Government and agency bonds	7,565	9,993	–	–	17,558
Fixed income funds	–	–	–	12,639	12,639
Common stocks	25,047	–	–	–	25,047
Equity mutual funds	36,973	12,749	–	10,084	59,806
Other mutual funds	22,405	–	–	–	22,405
Alternative investments:					
Hedge funds/private equity	–	–	–	28,397	28,397
Commingled funds	–	–	–	105,947	105,947
	\$ 105,718	\$ 55,309	\$ –	\$ 157,067	\$ 318,094

*Fund investments reported at NAV as practical expedient.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued) (In Thousands)

11. Retirement Plans (continued)

Alternative investments include hedge funds and commingled investment funds. The majority of these alternative investments held as of June 30, 2021, are subject to notice requirements of 30 days or less and are available to be redeemed on at least a monthly basis. There are funds, totaling \$32,800, which are subject to notice requirements of 30-60 days and are available to be redeemed on a monthly or quarterly basis. Funds totaling \$11,200 are subject to notice requirements of 90 days and can be redeemed monthly or quarterly. Of these funds, one fund totaling \$1,200 is subject to a lock-up restriction of three years. The Corporation had no unfunded commitments as of June 30, 2021.

The Corporation expects to contribute \$19,725 to its defined benefit pension plans for the fiscal year ended June 30, 2022.

The following benefit payments, which reflect expected future employee service, as appropriate, are expected to be paid from plan assets in the following years ending June 30:

2022	\$	23,433
2023		24,394
2024		24,143
2025		24,518
2026		24,734
2027–2031		122,055

The expected benefits to be paid are based on the same assumptions used to measure the Corporation's benefit obligation at June 30, 2021.

Defined Contribution Plans

The Corporation offers a number of defined contribution benefits through 403(b) and 401(k) programs that were established by its affiliate hospitals. These plans allow for deferral of compensation or employer matching of compensation subject to vesting requirements.

Total annual retirement costs incurred by the Corporation for the previously discussed defined contribution plans were \$51,023 and \$50,456 for the years ended June 30, 2021 and 2020, respectively. Such amounts are included in salaries, wages and benefits in the accompanying consolidated statements of operations.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

12. Net Assets with Donor Restrictions

Net assets are restricted primarily for the following purposes:

	June 30	
	2021	2020
Facility construction and renovations, research, education, and other:		
Capital Region	\$ 42,851	\$ 424,034
All others	196,794	161,110
Economic and beneficial interests in the net assets of related organizations	<u>63,095</u>	<u>170,820</u>
	<u>\$ 302,740</u>	<u>\$ 755,964</u>

Net assets were released from donor restrictions by expending funds satisfying the restricted purposes or by occurrence of other events specified by donors as follows:

	Year Ended June 30	
	2021	2020
Purchases of equipment and construction costs	\$ 386,238	\$ 18,791
Research, education, uncompensated care, and other	7,597	6,307
	<u>\$ 393,835</u>	<u>\$ 25,098</u>

The Corporation's endowments consist of donor-restricted funds established for a variety of purposes. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

The Corporation has interpreted the Maryland Uniform Prudent Management of Institutional Funds Act (MUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Corporation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

12. Net Assets with Donor Restrictions (continued)

accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund are classified in net assets with donor restrictions until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by MUPMIFA. In accordance with MUPMIFA, the Corporation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. The duration and preservation of the fund
2. The purposes of the Corporation and the donor-restricted endowment fund
3. General economic conditions
4. The possible effect of inflation and deflation
5. The expected total return from income and the appreciation of investments
6. Other resources of the Corporation
7. The investment policies of the Corporation.

Endowment net assets are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
June 30, 2021			
Donor-restricted endowment funds	\$ 126	\$ 60,287	\$ 60,413
June 30, 2020			
Donor-restricted endowment funds	\$ 43	\$ 67,165	\$ 67,208

Donor restricted endowment funds within net assets with donor restrictions whose use is restricted in perpetuity were \$57,271 and \$50,243 as of June 30, 2021 and 2020, respectively.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

12. Net Assets with Donor Restrictions (continued)

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or MUPMIFA requires the Corporation to retain as a fund of perpetual duration. The Corporation does not have any donor-restricted endowment funds that are below the level that the donor or MUPMIFA requires.

Investment Strategies

The Corporation has adopted policies for corporate investments, including endowment assets that seek to maximize risk-adjusted returns with preservation of principal. Endowment assets include those assets of donor-restricted funds that the Corporation must hold in perpetuity or for a donor-specified period(s). The endowment assets are invested in a manner that is intended to hold a mix of investment assets designed to meet the objectives of the account. The Corporation expects its endowment funds, over time, to provide an average rate of return that generates earnings to achieve the endowment purpose.

To satisfy its long-term rate-of-return objectives, the Corporation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Corporation employs a diversified asset allocation structure to achieve its long-term return objectives within prudent risk constraints.

The Corporation monitors the endowment funds' returns and appropriates average returns for use. In establishing this practice, the Corporation considered the long-term expected return on its endowment. This is consistent with the Corporation's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term, as well as to provide additional real growth through new gifts and investment return.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

13. Economic and Beneficial Interests in the Net Assets of Related Organizations

The Corporation is supported by several related organizations that were formed to raise funds on behalf of the Corporation and certain of its subsidiaries. These interests are accounted for as either economic or beneficial interests in the net assets of such organizations.

The following is a summary of economic and beneficial interests in the net assets of financially interrelated organizations:

	June 30	
	2021	2020
Economic interests in:		
UCH Legacy Funding Corporation	\$ –	\$ 122,430
The James Lawrence Kernan Hospital Endowment Fund, Incorporated	46,297	34,766
Baltimore Washington Medical Center Foundation, Inc.	12,297	9,213
Total economic interests	58,594	166,409
Beneficial interest in the net assets of:		
Dorchester General Hospital Foundation, Inc.	3,172	3,082
Prince George’s Hospital Center Foundation, Inc.	1,267	1,267
Laurel Regional Hospital Auxiliary, Inc.	62	62
	\$ 63,095	\$ 170,820

The UCH Legacy Funding Corporation was formed in December 2013 to hold funds restricted for capital improvements at Upper Chesapeake. As a part of the July 2020 debt issuance, the Corporation obtained permanent financing for the capital projects and the funds are included in assets limited as to use (construction funds) in the June 30, 2021 balance sheet. The Corporation subsequently dissolved the UCH Legacy Funding Corporation effective December 2020.

At the discretion of its board of trustees, the Kernan Endowment Fund may pledge securities to satisfy various collateral requirements on behalf of ROI and may provide funding to ROI to support various clinical programs or capital needs.

BWMC Foundation was formed in July 2000 and supports the activities of UM Baltimore Washington by soliciting charitable contributions on its behalf.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

**13. Economic and Beneficial Interests in the Net Assets of Related Organizations
(continued)**

Shore Regional maintains a beneficial interest in the net assets of Dorchester Foundation, a nonprofit corporation organized to raise funds on behalf of Dorchester Hospital. Shore Regional does not have control over the policies or decisions of the Dorchester Foundation.

The Prince George's Hospital Center Foundation, Inc. the Laurel Regional Hospital Auxiliary, Inc. and the Laurel Regional Hospital Foundation, Inc. were established to solicit contributions from the general public solely for the funding of capital acquisitions and operations of the associated Capital Region hospitals. Capital Region does not have control over the policies or decisions of these entities. In the current year the Prince George's Hospital Center Foundation, Inc. changed its name to University of Maryland Capital Region Health Foundation, Inc. and the Laurel Regional Hospital Foundation, Inc. was closed, and its assets were transferred into the new University of Maryland Capital Region Health Foundation, Inc.

A summary of the combined unaudited condensed financial information of the financially interrelated organizations in which the Corporation holds an economic or beneficial interest is as follows:

	June 30	
	2021	2020
Current assets	\$ 5,461	\$ 4,086
Noncurrent assets	57,735	166,835
Total assets	<u>\$ 63,196</u>	<u>\$ 170,921</u>
Current liabilities	\$ 101	\$ 101
Net assets	63,095	170,820
Total liabilities and net assets	<u>\$ 63,196</u>	<u>\$ 170,921</u>
Total operating revenue	\$ 6,179	\$ 1,897
Total operating expense	2,117	(1,380)
Other changes in net assets	(116,021)	(27,800)
Total decrease in net assets	<u>\$ (107,725)</u>	<u>\$ (27,283)</u>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued) (In Thousands)

14. State and County Support

The Corporation received \$3,500 and \$3,400 in support for the Shock Trauma Center operations from the State of Maryland for the years ended June 30, 2021 and 2020, respectively.

In support of Capital Region operations, the Corporation received the following:

	Year Ended June 30	
	2021	2020
State of Maryland	\$ 15,000	\$ 15,000
Prince George's County government	483	295
Magruder Memorial Hospital Trust	1,042	1,042
	<u>\$ 16,525</u>	<u>\$ 16,337</u>

The State of Maryland appropriates funds for construction costs incurred, equipment purchases made, and other capital support. The Corporation recognizes this support as the funds are expended for the intended projects. The Corporation expended and recorded \$15,189 and \$20,803 during the years ended June 30, 2021 and 2020, respectively.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

15. Functional Expenses

The Corporation provides healthcare services to residents within its geographic location. Expenses related to providing these services, based on management's estimates of expense allocations, are as follows:

	Healthcare Service				Corporate Services, Other, and	Total
	Hospital & Ambulatory	Retail Pharmacy	Physician Practices	Risk Taking	Eliminations	
Year ended June 30, 2021						
Operating expenses:						
Salaries, wages, and benefits	\$ 1,808,585	\$ 7,167	\$ 292,180	\$ 3,950	\$ 316,808	\$ 2,428,690
Expendable supplies	727,209	98,385	39,515	31	17,826	882,966
Purchased services:						
Purchased services	940,438	13,611	70,092	1,673	(319,967)	705,847
Contracted services	311,675	–	36,209	–	(42,611)	305,273
Depreciation and amortization	234,050	–	2,268	–	7,959	244,277
Interest expense	41,429	–	–	–	(8,962)	32,467
Total operating expenses	<u>\$ 4,063,386</u>	<u>\$ 119,163</u>	<u>\$ 440,264</u>	<u>\$ 5,654</u>	<u>\$ (28,947)</u>	<u>\$ 4,599,520</u>
Year ended June 30, 2020						
Operating expenses:						
Salaries, wages, and benefits	\$ 1,682,480	\$ 5,928	\$ 272,804	\$ 4,887	\$ 264,385	\$ 2,230,484
Expendable supplies	626,029	90,169	34,401	16	9,498	760,113
Purchased services:						
Purchased services	884,976	14,488	70,665	2,978	(277,079)	696,028
Contracted services	291,951	–	28,243	–	(43,235)	276,959
Depreciation and amortization	236,360	–	2,022	–	(2,491)	235,891
Interest expense	47,426	–	–	696	(1,561)	46,561
Total operating expenses	<u>\$ 3,769,222</u>	<u>\$ 110,585</u>	<u>\$ 408,135</u>	<u>\$ 8,577</u>	<u>\$ (50,483)</u>	<u>\$ 4,246,036</u>

Corporate services are allocated primarily using percentage of net patient service revenue.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

16. Liquidity and Availability of Resources

The Corporation had financial assets available to management for general expenditure within one year of the financial reporting date, or June 30, 2021 and 2020, as follows:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 858,543	\$ 961,647
Receivables, net	753,374	590,579
Assets limited as to use – Board designated	137,528	116,811
Investments	<u>1,355,157</u>	<u>927,366</u>
Total financial assets available within one year	3,104,602	2,596,403
Less:		
Amounts unavailable for general expenditures within one year due to:		
Alternative investments subject to lockup restrictions	<u>26,000</u>	<u>19,900</u>
Total financial assets available to management for general expenditure within one year	<u>\$ 3,078,602</u>	<u>\$ 2,576,503</u>

17. Insurance

The Corporation maintains self-insurance programs for professional and general liability risks, employee health, employee long-term disability, and workers' compensation. The accrued liabilities for these programs were as follows:

	<u>June 30</u>	
	<u>2021</u>	<u>2020</u>
Professional and general malpractice liabilities	\$ 380,715	\$ 351,441
Employee health	23,358	27,201
Employee long-term disability	3,792	4,751
Workers' compensation	<u>25,627</u>	<u>23,430</u>
Total self-insured liabilities	433,493	406,823
Less current portion	<u>(64,189)</u>	<u>(64,550)</u>
	<u>\$ 369,305</u>	<u>\$ 342,273</u>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

17. Insurance (continued)

The Corporation provides for and funds the present value of the costs for professional and general liability claims and insurance coverage related to the projected liability from asserted and unasserted incidents, which the Corporation believes may ultimately result in a loss. In management's opinion, these accruals provide an adequate and appropriate loss reserve. The professional and general malpractice liabilities presented above include \$253,670 and \$243,143 as of June 30, 2021 and 2020, respectively, for which related insurance receivables have been recorded within other assets on the accompanying consolidated balance sheets.

The Corporation and each of its affiliates are self-insured for professional and general liability claims up to the limits of \$1,000 on individual claims and \$3,000 in the aggregate on an annual basis. For amounts in excess of these limits, the risk of loss has been transferred to Terrapin, an unconsolidated joint venture. Terrapin provides insurance for claims in excess of \$1,000 individually and \$3,000 in the aggregate up to \$150,000 individually and \$175,000 in the aggregate under claims made policies between the Corporation and Terrapin. For claims in excess of Terrapin's coverage limits, if any, the Corporation retains the risk of loss.

As discussed in Note 5, Terrapin is a joint venture corporation in which a 50% equity interest is owned by the Corporation and a 50% equity interest is owned by Faculty Physicians, Inc.

Total malpractice insurance expense for the Corporation, net of investment earnings on the MMCIP self-insurance trust assets, during the years ended June 30, 2021 and 2020, was approximately \$29,661 and \$69,374, respectively.

18. Business and Credit Concentrations

The Corporation provides healthcare services through its inpatient and outpatient care facilities located in the State of Maryland. The Corporation generally does not require collateral or other security in extending credit; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits receivable under their health insurance programs, plans, or policies (e.g., Medicare, Medicaid, Blue Cross, workers' compensation, health maintenance organizations (HMOs), and commercial insurance policies).

The Corporation maintains cash accounts with highly rated financial institutions, which generally exceed federally insured limits. The Corporation has not experienced any losses from maintaining cash accounts in excess of federally insured limits, and as such, management does not believe the Corporation is subject to any significant credit risks related to this practice.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(In Thousands)

18. Business and Credit Concentrations (continued)

The Corporation had receivables from patients and third-party payors as follows:

	June 30	
	2021	2020
Medicare	31%	27%
Medicaid	29	32
Commercial insurance and HMOs	20	20
Blue Cross	13	14
Self-pay and others	7	7
	100%	100%

The Corporation recorded net patient service revenues from patients and third-party payors as follows:

	Year Ended June 30	
	2021	2020
Medicare	41%	37%
Medicaid	24	24
Commercial insurance and HMOs	20	24
Blue Cross	11	10
Self-pay and others	4	5
	100%	100%

19. Certain Significant Risks and Uncertainties

The Corporation provides general acute healthcare services in the State of Maryland. The Corporation and other healthcare providers in Maryland are subject to certain inherent risks, including the following:

- Dependence on revenues derived from reimbursement by the federal Medicare and state Medicaid programs;
- Regulation of hospital rates by the State of Maryland Health Services Cost Review Commission;

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

19. Certain Significant Risks and Uncertainties (continued)

- Government regulation, government budgetary constraints, and proposed legislative and regulatory changes; and
- Lawsuits alleging malpractice and related claims.

Such inherent risks require the use of certain management estimates in the preparation of the Corporation's consolidated financial statements, and it is reasonably possible that a change in such estimates may occur.

The Medicare and state Medicaid reimbursement programs represent a substantial portion of the Corporation's revenues, and the Corporation's operations are subject to a variety of other federal, state, and local regulatory requirements. Failure to maintain required regulatory approvals and licenses and/or changes in such regulatory requirements could have a significant adverse effect on the Corporation.

Changes in federal and state reimbursement funding mechanisms and related government budgetary constraints could have a significant adverse effect on the Corporation.

The healthcare industry is subject to numerous laws and regulations from federal, state, and local governments. The Corporation's compliance with these laws and regulations can be subject to periodic governmental review and interpretation, which can result in regulatory action unknown or unasserted at this time. Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the ordinary course of business, none of which, in the opinion of management, are expected to result in losses in excess of insurance limits or have a materially adverse effect on the Corporation's financial position.

The federal government and many states have aggressively increased enforcement under Medicare and Medicaid antifraud and abuse laws and physician self-referral laws (STARK law and regulation). Recent federal initiatives have prompted a national review of federally funded healthcare programs. In addition, the federal government and many states have implemented programs to audit and recover potential overpayments to providers from the Medicare and Medicaid programs. The Corporation has implemented a compliance program to monitor conformance with applicable laws and regulations, but the possibility of future government review and enforcement action exists.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(In Thousands)

20. Maryland Health Services Cost Review Commission

Effective July 1, 2013, the Health System and the Health Services Cost Review Commission (HSCRC) agreed to implement the Global Budget Revenue (GBR) methodology for the following hospitals: Medical Center, ROI, UM Midtown, UM Baltimore Washington, UM Charles Regional, UM St. Joseph, UM Memorial, UM Dorchester, UM Chester River, Shore Emergency Center, UM Upper Chesapeake, UM Harford Memorial, UM Prince George's, and UM Laurel. The agreements will continue each year and on July 1 of each year thereafter; the agreements will renew for a one-year period unless it is canceled by the HSCRC or by the Corporation. The agreements were in place for the years ended June 30, 2021 and 2020. The GBR model is a revenue constraint and quality improvement system designed by the HSCRC to provide hospitals with strong financial incentives to manage their resources efficiently and effectively in order to slow the rate of increase in healthcare costs and improve healthcare delivery processes and outcomes. The GBR model is consistent with the Corporation's mission to provide the highest value of care possible to its patients and the communities it serves.

The GBR agreements establish a prospective, fixed revenue base "GBR cap" for the upcoming year. This includes both inpatient and outpatient regulated services. Under GBR, a hospital's revenue for all HSCRC regulated services is predetermined for the upcoming year, regardless of changes in volume, service mix intensity, or mix of inpatient or outpatient services that occurred during the year. The GBR agreement allows the Corporation to adjust unit rates, within certain limits, to achieve the overall revenue base for the Corporation at yearend. Any overcharge or undercharge versus the GBR cap is prospectively subtracted from the subsequent year's GBR cap. Although the GBR cap is fixed each year, it does not adjust for changes in volume or service mix. The GBR cap is also adjusted annually for inflation, and for changes in payor mix and uncompensated care. The Corporation will receive an annual adjustment to its cap for the change in population in the Corporation's service areas. GBR is designed to encourage hospitals to operate efficiently by reducing excess utilization and managing patients in the appropriate care delivery setting. The HSCRC also may impose various other revenue adjustments, which could be significant in the future.

21. Subsequent Events

The Corporation evaluated all events and transactions that occurred after June 30, 2021 and through October 28, 2021, the date the consolidated financial statements were issued. Other than described below, the Corporation did not have any material subsequent events during the period.

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