

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2015

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning** 07/01, 2015, and ending 06/30, 2016

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> BALTIMORE WASHINGTON MEDICAL CENTER, INC. Doing Business As			<b>D Employer identification number</b> 52-0689917
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b> (410) 328-6984
	301 HOSPITAL DRIVE			
	City or town, state or province, country, and ZIP or foreign postal code GLEN BURNIE, MD 21061			<b>G Gross receipts \$</b> 426,769,707.  <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>F Name and address of principal officer:</b> KAREN E. OLS CAMP 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061				
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ MYBWMC.ORG				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1964 <b>M State of legal domicile:</b> MD	

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE THE HIGHEST QUALITY HEALTHCARE SERVICES TO THE COMMUNITIES WE SERVE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	3,396.
	6	Total number of volunteers (estimate if necessary)	6	250.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	89,348.	63,906.
	9	Program service revenue (Part VIII, line 2g)	370,788,632.	375,219,146.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,606,866.	2,343,062.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,859,360.	468,928.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	370,130,474.	378,095,042.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	169,482,430.	162,721,951.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	174,060,728.	185,685,431.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	343,543,158.	348,407,382.
19	Revenue less expenses. Subtract line 18 from line 12	26,587,316.	29,687,660.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	482,442,670.	493,574,322.
	21	Total liabilities (Part X, line 26)	313,554,153.	307,756,997.
22	Net assets or fund balances. Subtract line 21 from line 20	168,888,517.	185,817,325.	

**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.

<b>Sign Here</b>	▶ Signature of officer	04/26/2017			
	ALFRED A. PIETSCH Type or print name and title	SVP/CFO Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRANK GIARDINI	<i>Frank S. Giardini</i>	05/11/2017		P00532355
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
Firm's address ▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103			Phone no. 215-561-4200		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2015)

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	BALTIMORE WASHINGTON MEDICAL CENTER, INC.	52-0689917
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	301 HOSPITAL DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	GLEN BURNIE, MD 21061	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► S. MICHELLE LEE, 250 WEST PRATT STREET BALTIMORE, MD 21201

Telephone No. ► 410 328-1376 FAX No. ► 410 328-7497

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20\_\_\_\_ or

►  tax year beginning 07/01, 2015, and ending 06/30, 2016.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

<b>Cumulative e-File History 2015</b>	
<b>FED</b>	
Locator:	4219CV
Taxpayer Name:	Baltimore Washington Medical Center, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	10/10/2016 16:29:10
Acknowledgement Date:	10/10/2016 16:57:19
Status:	Accepted
Submission ID:	23695320162845000034

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	BALTIMORE WASHINGTON MEDICAL CENTER, INC.	52-0689917
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	301 HOSPITAL DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	GLEN BURNIE, MD 21061	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of  S. MICHELLE LEE, 250 WEST PRATT STREET BALTIMORE, MD 21201  
 Telephone No.  410 328-1376 Fax No.  410 328-7497

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 20 17 .

5 For calendar year \_\_\_\_\_, or other tax year beginning 07/01, 20 15, and ending 06/30, 20 16 .

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b> \$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b> \$	0.
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b> \$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  *Frank S. Gaudin* Title  TAX PRINCIPAL Date  01/31/2017

<b>Cumulative e-File History 2015</b>	
<b>FED</b>	
Locator:	4219CV
Taxpayer Name:	Baltimore Washington Medical Center, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	01/31/2017 10:01:52
Acknowledgement Date:	01/31/2017 10:27:21
Status:	Accepted
Submission ID:	23695320170315000020

**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:

THE MISSION OF BWMC IS TO PROVIDE THE HIGHEST QUALITY HEALTHCARE SERVICES TO THE COMMUNITIES WE SERVE. OUR VISION IS TO BE THE PREFERRED REGIONAL MEDICAL CENTER THROUGH NATIONALLY RECOGNIZED QUALITY, PERSONALIZED SERVICE AND OUTSTANDING PEOPLE.

**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 \$ 303,434,046. including grants of \$ ) (Revenue \$ 378,095,042. )

ATTACHMENT 1

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

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

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

**4e** Total program service expenses ▶ 303,434,046.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> 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> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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> . . . . .	X	
<b>5</b> 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> . . . . .		X
<b>6</b> 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> . . . . .		X
<b>7</b> 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> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> 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> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .		X
<b>11</b> 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.		
<b>a</b> 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> . . . . .	X	
<b>b</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> . . . . .	X	
<b>c</b> 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> . . . . .		X
<b>d</b> 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> . . . . .	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</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> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</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> . . . . .		X
<b>15</b> 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> . . . . .		X
<b>16</b> 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> . . . . .		X
<b>17</b> 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</i> (see instructions). . . . .		X
<b>18</b> 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> . . . . .		X
<b>19</b> 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> . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

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



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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 700P.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: S. MICHELLE LEE 250 WEST PRATT STREET BALTIMORE, MD 21201 410-328-1376

**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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(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) KAREN E. OLS CAMP PRESIDENT & CEO	5.00 45.00	X		X				0.	740,471.	10,856.
(2) R. KENT SCHWAB CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(3) KORKUT ONAL VICE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(4) KATHRYN B. FREELAND TREASURER	1.00 0.	X		X				0.	0.	0.
(5) JEFFREY S. ARMIGER SECRETARY	1.00 0.	X		X				0.	0.	0.
(6) PAMELA BEIDLE DIRECTOR	1.00 0.	X						0.	0.	0.
(7) MICHAEL P. CARUTHERS DIRECTOR	1.00 0.	X						0.	0.	0.
(8) ROBERT A. CHRENCIK DIRECTOR	1.00 49.00	X						0.	2,562,797.	23,637.
(9) THOMAS R. GARDNER DIRECTOR	1.00 0.	X						0.	0.	0.
(10) THOMAS B. HOWELL DIRECTOR	1.00 0.	X						0.	0.	0.
(11) STANLEY J. KLOS, JR. DIRECTOR	1.00 0.	X						0.	0.	0.
(12) FRANCES L. LESSANS DIRECTOR	1.00 0.	X						0.	0.	0.
(13) DAWN LINDSAY DIRECTOR	1.00 0.	X						0.	0.	0.
(14) MICHAEL S. RIEBMAN, MD DIRECTOR	1.00 0.	X						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) BAYINNAH SHABAZZ, M.D. DIRECTOR	1.00	X						0.	0.	0.
16) GEOFFREY N. SKLAR, MD DIRECTOR	1.00	X						0.	0.	0.
17) JOHN G. WARNER DIRECTOR	1.00	X						0.	0.	0.
18) RICHARD WILLIAMSON DIRECTOR	1.00	X						0.	0.	0.
19) LOUIS L. ZAGARINO DIRECTOR	1.00	X						0.	0.	0.
20) ALFRED A. PIETSCH SVP/CFO	5.00			X				0.	451,682.	26,883.
21) LAWRENCE S. LINDER SVP & CMO	5.00				X			0.	245,407.	26,831.
22) CATHERINE WHITAKER-KLICK VP - CNO	5.00				X			0.	302,557.	55,457.
23) KATHLEEN C. MCCOLLUM SVP & COO	5.00				X			0.	471,156.	26,555.
24) WILLIAM HENCIAK SR DIRECTOR - PAT FIN SERV	40.00					X		223,386.	0.	24,237.
25) CATHERINE CORWIN NURSE	40.00					X		167,972.	0.	25,860.
<b>1b Sub-total</b>								0.	3,303,268.	34,493.
<b>c Total from continuation sheets to Part VII, Section A</b>								924,169.	2,404,123.	243,809.
<b>d Total (add lines 1b and 1c)</b>								924,169.	5,707,391.	278,302.

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 **201**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **36**



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>	63,906.					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>						
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			63,906.				
<b>Program Service Revenue</b>			<b>Business Code</b>					
	<b>2a</b> NET PATIENT REVENUE		621990	375,219,146.	375,219,146.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			375,219,146.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			1,282,326.			1,282,326.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			0.				
	<b>5</b> Royalties . . . . . ▶			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
				1,097,738.				
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .		1,097,738.				
	<b>d</b> Net rental income or (loss) . . . . . ▶			1,097,738.			1,097,738.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
				49,735,401.				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .			48,674,665.			
		<b>c</b> Gain or (loss) . . . . .		1,060,736.				
	<b>d</b> Net gain or (loss) . . . . . ▶			1,060,736.			1,060,736.	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>							
		<b>b</b> Less: direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from fundraising events. . . . . ▶				0.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>								
	<b>b</b> Less: direct expenses . . . . . <b>b</b>							
	<b>c</b> Net income or (loss) from gaming activities. . . . . ▶			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>								
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>							
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			0.				
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b> CAFETERIA/SALES		722514	1,849,935.			1,849,935.		
<b>b</b> MEDICAL RECORDS REVENUE		900099	225,350.			225,350.		
<b>c</b> MANAGEMENT FEES		900099	57,595.			57,595.		
<b>d</b> All other revenue . . . . .		900099	-2,761,690.			-2,761,690.		
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			-628,810.					
<b>12 Total revenue.</b> See instructions. . . . . ▶			378,095,042.	375,219,146.		2,811,990.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	133,352,065.	113,349,255.	20,002,810.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,645,365.	3,948,560.	696,805.	
9 Other employee benefits . . . . .	14,992,193.	12,743,364.	2,248,829.	
10 Payroll taxes . . . . .	9,732,328.	8,272,479.	1,459,849.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	3,224,593.		3,224,593.	
c Accounting . . . . .	2,286,425.		2,286,425.	
d Lobbying . . . . .	18,887.		18,887.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	350,482.		350,482.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	13,778,778.	11,711,961.	2,066,817.	
12 Advertising and promotion . . . . .	116,422.	98,959.	17,463.	
13 Office expenses . . . . .	9,364,019.	7,959,416.	1,404,603.	
14 Information technology . . . . .	12,996,607.	11,047,116.	1,949,491.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	0.			
17 Travel . . . . .	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	6,003,094.	5,102,630.	900,464.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	23,109,327.	19,642,928.	3,466,399.	
23 Insurance . . . . .	5,109,849.	4,746,661.	363,188.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SUPPLIES - MEDICAL &amp; NON-MED</u>	52,165,939.	52,165,939.		
b <u>PURCHASED SERVICES</u>	27,375,223.	23,268,940.	4,106,283.	
c <u>BAD DEBT EXPENSE</u>	17,584,217.	17,584,217.		
d <u>PROFESSIONAL FEES</u>	9,468,584.	9,468,584.		
e All other expenses	2,732,985.	2,323,037.	409,948.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	348,407,382.	303,434,046.	44,973,336.	
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	59,773,936.	<b>1</b>	27,186,127.	
	<b>2</b> Savings and temporary cash investments	0.	<b>2</b>	0.	
	<b>3</b> Pledges and grants receivable, net	0.	<b>3</b>	0.	
	<b>4</b> Accounts receivable, net	28,369,399.	<b>4</b>	29,646,146.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.	
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.	
	<b>8</b> Inventories for sale or use	6,758,638.	<b>8</b>	6,150,138.	
	<b>9</b> Prepaid expenses and deferred charges	2,061,309.	<b>9</b>	3,186,218.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 530,528,025.			
	<b>b</b> Less: accumulated depreciation	10b 288,936,041.	230,368,203.	<b>10c</b>	241,591,984.
	<b>11</b> Investments - publicly traded securities	ATCH 3 35,843,000.	<b>11</b>	48,743,000.	
	<b>12</b> Investments - other securities. See Part IV, line 11	36,604,188.	<b>12</b>	73,024,755.	
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>13</b>	0.	
	<b>14</b> Intangible assets	0.	<b>14</b>	0.	
	<b>15</b> Other assets. See Part IV, line 11	82,663,997.	<b>15</b>	64,045,954.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	482,442,670.	<b>16</b>	493,574,322.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	54,296,792.	<b>17</b>	47,345,548.	
	<b>18</b> Grants payable	0.	<b>18</b>	0.	
	<b>19</b> Deferred revenue	0.	<b>19</b>	0.	
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0.	<b>23</b>	0.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.	
	<b>25</b> 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	259,257,361.	<b>25</b>	260,411,449.	
	<b>26 Total liabilities.</b> Add lines 17 through 25	313,554,153.	<b>26</b>	307,756,997.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets	161,866,279.	<b>27</b>	177,857,087.	
	<b>28</b> Temporarily restricted net assets	7,022,238.	<b>28</b>	7,960,238.	
	<b>29</b> Permanently restricted net assets	0.	<b>29</b>	0.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
	<b>33</b> Total net assets or fund balances	168,888,517.	<b>33</b>	185,817,325.	
	<b>34</b> Total liabilities and net assets/fund balances	482,442,670.	<b>34</b>	493,574,322.	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	378,095,042.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	348,407,382.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	29,687,660.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	168,888,517.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-4,769,777.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-7,989,075.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	185,817,325.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		
<b>3b</b>		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

<b>Name of the organization</b> BALTIMORE WASHINGTON MEDICAL CENTER, INC.	<b>Employer identification number</b> 52-0689917
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 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)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2015

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> 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>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b>	A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?	<b>1</b>	
<b>2</b>	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b>	Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b>	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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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) 2015

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

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

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



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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Schedule of Contributors**

**2015**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> BALTIMORE WASHINGTON MEDICAL CENTER, INC.	<b>Employer identification number</b> 52-0689917
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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 33 1/3 % 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> BALTIMORE WASHINGTON MEDICAL CENTER, INC.	<b>Employer identification number</b> 52-0689917
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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	_____	\$ 63,906.	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.)

Name of organization **BALTIMORE WASHINGTON MEDICAL CENTER, INC.**

Employer identification number

52-0689917

**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 <b>BALTIMORE WASHINGTON MEDICAL CENTER, INC.</b>	Employer identification number <b>52-0689917</b>
---	---

**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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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

**2015**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**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 BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  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)				

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

Schedule C (Form 990 or 990-EZ) 2015

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like influencing legislation, using volunteers, paid staff, media, mailings, publications, grants, direct contact, rallies, and other activities. Total amount reported is 18,887.

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

Table with 3 rows of questions and 3 columns: Question, Yes, No. Questions relate to dues received, in-house lobbying expenditures, and carryover of lobbying and political expenditures.

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."

Table with 5 rows of questions and 3 columns: Question, Yes, No. Questions relate to dues from members, nondeductible lobbying and political expenditures (current year, carryover, total), and carryover of excess nondeductible lobbying and political expenditures.

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 PAGE 4



**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE II

OTHER ACTIVITIES

THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 6.15% AND 22.12% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C, PART II-B AS LOBBYING ACTIVITIES.

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.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

52-0689917

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2015

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: 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?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) OTHER INVESTMENTS	73,024,755.	FMV
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	73,024,755.	

**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)		
<b>Total.</b> (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) SELF INSURANCE TRUST	24,388,015.
(2) TERRAPIN REINSURANCE	18,702,773.
(3) COLLATERALIZED INVESTMENTS	8,000,000.
(4) LIMITED USE ASSET - BWMC FOUND	7,960,238.
(5) DEBT SERVICE AND CONSTRUCTION	4,994,928.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	64,045,954.

**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) DUE TO UMMS	168,722,588.
(3) AP - AFFILIATES	35,147,275.
(4) TERRAPIN REINSURANCE	18,702,773.
(5) PENSION LIABILITY	15,077,493.
(6) MALPRACTICE INSURANCE LIABILITY	13,094,202.
(7) ADVANCES - THIRD PARTY PAYORS	9,667,118.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	260,411,449.

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE PER AUDIT REPORT

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 BENEFITS THAT SHOULD BE RECOGNIZED.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> 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 _____ %	X	
<b>b</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 type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
<b>c</b> 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.		
<b>4</b> 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"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		X
<b>c</b> 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? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			4,367,541.		4,367,541.	1.32
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			4,367,541.		4,367,541.	1.32
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			1,659,522.	45,538.	1,613,984.	.05
<b>f</b> Health professions education (from Worksheet 5) . . . . .			2,675,280.		2,675,280.	.81
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			9,339,071.		9,339,071.	2.82
<b>h</b> Research (from Worksheet 7) . . . . .			673,976.		673,976.	.20
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			101,547.		101,547.	.03
<b>j Total.</b> Other Benefits . . . . .			14,449,396.	45,538.	14,403,858.	3.91
<b>k Total.</b> Add lines 7d and 7j. . . . .			18,816,937.	45,538.	18,771,399.	5.23

**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						
2 Economic development						
3 Community support			197.		197.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			9,741.		9,741.	
7 Community health improvement advocacy			396.		396.	
8 Workforce development						
9 Other						
10 Total			10,334.		10,334.	

**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? . . . . .	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . .		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	145,030,251.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	150,403,577.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	-5,373,326.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

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

**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)

	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
<b>1</b> BALTIMORE WASHINGTON MEDICAL CENTER 301 HOSPITAL DRIVE GLEN BURNIE MD 21061 WWW.MYBWMC.ORG 02-015	X	X					X			A
<b>2</b>										
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

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 BALTIMORE WASHINGTON MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12c regarding hospital facility licensing, CHNA, and implementation strategies.

**Part V Facility Information (continued)**

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group BALTIMORE WASHINGTON MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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:	X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	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):	X	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.MYBWMC.ORG</u>		
<b>b</b>	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.MYBWMC.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	X	
<b>18</b>	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:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group BALTIMORE WASHINGTON MEDICAL CENTER

		Yes	No
<b>19</b>	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:		X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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):		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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:		X
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

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

<b>22</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	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.		X
<b>24</b>	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.		X

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BALTIMORE WASHINGTON MEDICAL CENTER

LINE 5 - THE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH WAS COMPLETED ON MAY 12, 2015, ON WHICH DATE IT WAS APPROVED BY THE BOARD OF DIRECTORS AND IMPLEMENTED. THE CNHA TOOK 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.

THE ANNE ARUNDEL COUNTY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED UNDER THE AUSPICES OF THE HEALTHY ANNE ARUNDEL COALITION WITH LEADERSHIP FROM UM BWMC, ANNE ARUNDEL MEDICAL CENTER, ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH, ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC. AND THE ANNE ARUNDEL COUNTY PARTNERSHIP FOR CHILDREN, YOUTH AND FAMILIES. THE GOAL OF THE CHNA WAS TO HELP FRAME INFORMED DECISIONS ABOUT COMMUNITY HEALTH NEEDS AND TRENDS IN ANNE ARUNDEL COUNTY IN ORDER PLAN, IMPLEMENT AND EVALUATE ACTIONS TO ADDRESS THOSE NEEDS. THE CHNA WAS UNVEILED AT A COMMUNITY MEETING AND HAS BEEN MADE WIDELY AVAILABLE TO THE PUBLIC. THE CHNA IS INTENDED TO BE USED BY HOSPITALS, HEALTH CARE PROVIDERS, SOCIAL SERVICE ORGANIZATIONS, GOVERNMENT AGENCIES, COMMUNITY ORGANIZATIONS, BUSINESSES, COUNTY RESIDENTS AND OTHER KEY STAKEHOLDERS.

THE CHNA USED QUANTITATIVE AND QUALITATIVE METHODS AND WAS DESIGNED TO BE AS COMPREHENSIVE AS FEASIBLE. NO WRITTEN COMMENTS ON THE PREVIOUS CHNA WERE RECEIVED TO BE INCORPORATED INTO THIS CHNA. A COMMUNITY MEETING SPONSORED BY THE HEALTHY ANNE ARUNDEL COALITION TO DISCUSS AND PRIORITIZE THE CHNA FINDINGS WAS ATTENDED BY OVER SIXTY COMMUNITY MEMBERS, INCLUDING

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COUNTY RESIDENTS, HEALTH CARE AND SOCIAL SERVICE PROVIDER AND REPRESENTATIVES FROM SCHOOLS, BUSINESSES AND COMMUNITY ORGANIZATIONS.

THE QUANTITATIVE PORTION OF THE CHNA CONSISTED OF A SECONDARY DATA ANALYSIS OF VARIOUS LOCAL, STATE AND FEDERAL DATA SOURCES. THE CHNA PROVIDED A DETAILED DEMOGRAPHIC PROFILE OF ANNE ARUNDEL COUNTY AND ILLUSTRATED THE SOCIAL DETERMINANTS OF HEALTH THAT IMPACT RESIDENTS. THE CHNA INCLUDES ESTIMATES FROM HARD TO REACH PORTIONS OF THE POPULATION, SUCH AS DRUG USERS, DOMESTIC VIOLENCE VICTIMS, AND HOMELESS INDIVIDUALS. DATA ON THESE SUBPOPULATIONS PRIMARILY CAME FROM POLICE REPORTS, EMERGENCY DEPARTMENT (ED) DATA, AND THE PUBLIC SCHOOL SYSTEM. IT ONLY CAPTURES INDIVIDUALS WHO HAVE COME IN CONTACT WITH THESE SERVICES. THEREFORE, THE CHNA MAY UNDERESTIMATE THE TRUE BURDEN OF SOME HEATH ISSUES WITHIN ANNE ARUNDEL COUNTY. ANOTHER LIMITATION OF THE DATA IN THE REPORT IS THAT THERE IS A DELAY BETWEEN WHEN SECONDARY DATA IS COLLECTED AND MADE AVAILABLE.

FOCUS GROUPS AND KEY INFORMANT INTERVIEWS WERE USED TO SOLICIT THE THOUGHTS AND OPINIONS OF DIVERSE ANNE ARUNDEL COUNTY RESIDENTS, HEALTH CARE PROVIDERS, SOCIAL SERVICE PROVIDERS AND COMMUNITY LEADERS. A SHORTCOMING OF THE QUALITATIVE DATA IS THAT NOT ALL COMMUNITY PERSPECTIVES WILL BE OBTAINED, ALTHOUGH WE DID OUR BEST TO ENGAGE A DIVERSE AND REPRESENTATIVE SAMPLE.

A TOTAL OF SEVEN FOCUS GROUPS WERE CONDUCTED. THE SEVEN GROUPS

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INCLUDED:

- EMERGENCY DEPARTMENT AND EMERGENCY RESPONSE PROVIDERS
- NORTH COUNTY RESIDENTS AND STAKEHOLDERS
- SOUTH COUNTY RESIDENTS AND STAKEHOLDERS
- BEHAVIORAL HEALTH PATIENTS, FAMILY MEMBERS AND PROVIDERS
- LOW-INCOME YOUTH
- OLDER ADULTS
- HISPANIC COMMUNITY

THE KEY INFORMANTS THAT PROVIDED QUALITATIVE DATA FOR THE REPORT

INCLUDED:

- PRESIDENT AND CHIEF EXECUTIVE OFFICER, UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER
- PRESIDENT AND CHIEF EXECUTIVE OFFICER, ANNE ARUNDEL MEDICAL CENTER
- HEALTH OFFICER, ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH
- EXECUTIVE DIRECTOR, ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC.
- DIRECTOR, ANNE ARUNDEL COUNTY DEPARTMENT OF AGING AND DISABILITIES
- CLINICAL DIRECTOR, ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC.
- DIRECTOR, ANNE ARUNDEL COUNTY CRISIS RESPONSE
- PROGRAM DIRECTOR, DOMESTIC VIOLENCE PROGRAM, YWCA OF ANNAPOLIS AND ANNE ARUNDEL COUNTY
- HEALTH CONSULTANT, ANNE ARUNDEL COUNTY (FORMER COUNTY HEALTH OFFICER AND DEPUTY SECRETARY FOR PUBLIC HEALTH SERVICES AT THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE)
- TWO COUNTY LEGISLATIVE LEADERS

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WHEN USING THE CHNA DATA TO DETERMINE THE HOSPITAL'S COMMUNITY BENEFIT PRIORITIES, UM BWMC CONSULTED WITH THE MEDICAL CENTER'S ADMINISTRATIVE AND CLINICAL LEADERSHIP, STATE AND LOCAL HEALTH AND SOCIAL SERVICE OFFICIALS, OTHER HEALTH CARE PROVIDERS AND COMMUNITY MEMBERS. UM BWMC'S COMMUNITY HEALTH IMPROVEMENT PRIORITIES ARE ALIGNED WITH THE MARYLAND STATE HEALTH IMPROVEMENT PROCESS AND THE PRIORITIES OF OUR LOCAL HEALTH IMPROVEMENT COALITION, THE HEALTHY ANNE ARUNDEL COALITION.

LINE 6A

THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED IT'S CHNA INCLUDE:

- ANNE ARUNDEL MEDICAL CENTER

LINE 6B

THE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED IT'S CHNA INCLUDE:

ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH  
 ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC.  
 ANNE ARUNDEL COUNTY PARTNERSHIP FOR CHILDREN, YOUTH AND FAMILIES  
 HEALTHY ANNE ARUNDEL COALITION



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LINE 7

UM BWMC'S CHNA REPORT IS MADE WIDELY AVAILABLE TO THE PUBLIC. THE CHNA IS POSTED ON THE HOSPITAL'S WEB SITE AT [HTTP://WWW.MYBWMC.ORG/COMMUNITY-BENEFIT](http://www.mybwmc.org/community-benefit). THIS LINK ALLOWS THE VIEWER TO DOWNLOAD THE UM BWMC COMMUNITY BENEFIT IMPLEMENTATION PLAN THAT SUMMARIZES THE ANNE ARUNDEL COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT, PRIORITIZES THE IDENTIFIED COMMUNITY HEALTH NEEDS AND DESCRIBES UM BWMC'S STRATEGIES FOR ADDRESSING THOSE NEEDS. THE ANNE ARUNDEL COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT IS ALSO AVAILABLE FOR DOWNLOAD. PAPER COPIES OF CHNA DOCUMENTS ARE AVAILABLE UPON REQUEST.

THE HEALTHY ANNE ARUNDEL COALITION HELPED TO MAKE THE ANNE ARUNDEL COUNTY CHNA REPORT WIDELY AVAILABLE TO THE PUBLIC. THE HEALTHY ANNE ARUNDEL COALITION HOSTED A MEETING IN FEBRUARY 2016 TO PRESENT AND DISCUSS THE CHNA FINDINGS. APPROXIMATELY SIXTY AREA PROFESSIONALS AND COMMUNITY MEMBERS ATTENDED. A WEBSITE WAS DEVELOPED TO SHARE THE COUNTY-WIDE CHNA RESULTS ([WWW.AAHEALTH.ORG/CHNA](http://www.aahealth.org/chna)). THE CHNA WAS ALSO POSTED ON THE COALITION'S WEBSITE ([WWW.HEALTHYANNNEARUNDEL.ORG](http://www.healthyannearundel.org)) AND FACEBOOK PAGE. OTHER COALITION MEMBERS ALSO USED THEIR WEBSITES AND SOCIAL MEDIA TO PROMOTE THE RELEASE OF THE CHNA AND KEY FINDINGS. ADDITIONALLY, A PRESS RELEASE WAS ISSUED AND GENERATED SEVERAL NEWS STORIES, INCLUDING NEWSPAPER AND TELEVISION COVERAGE.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LINE 11

UM BWMC TOOK A MULTI-PRONGED APPROACH TO REVIEWING CHNA DATA, PRIORITIZING OUR LOCAL COMMUNITY HEALTH NEEDS AND DEVELOPING A COMPREHENSIVE COMMUNITY BENEFIT IMPLEMENTATION PLAN WITH STRATEGIES TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA. THIS APPROACH HELPED TO ASSURE THAT OUR COMMUNITY BENEFIT IMPLEMENTATION PLAN ADDRESSES THE MOST SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA WHILE ALSO BEING ALIGNED WITH UMMS COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND NATIONAL, STATE AND LOCAL PUBLIC HEALTH PRIORITIES. THE PLAN WAS ALSO DEVELOPED TO BE RESPONSIVE TO MARYLAND'S HEALTH SYSTEM TRANSFORMATION, INCLUDING THE INCREASED FOCUS ON POPULATION HEALTH AND COMMUNITY PARTNERSHIPS. THIS APPROACH ALSO HELPED TO ASSURE THAT WE HAD THE NECESSARY INFRASTRUCTURE AND RESOURCES TO SUCCESSFULLY IMPLEMENT OUR COMMUNITY BENEFIT IMPLEMENTATION PLAN.

OUR PLANNING PROCESS RESULTED IN THE FOLLOWING COMMUNITY BENEFIT STRATEGIC PRIORITIES BEING IDENTIFIED FOR UM BWMC'S FY16-18 COMMUNITY BENEFIT IMPLEMENTATION PLAN.

- CHRONIC HEALTH CONDITIONS (CANCER, CARDIOVASCULAR DISEASE, DIABETES, OBESITY/OVERWEIGHT, CHRONIC LOWER RESPIRATORY DISEASES)
- BEHAVIORAL HEALTH
- MATERNAL AND CHILD HEALTH
- HEALTH CARE ACCESS AND UTILIZATION

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-COMMUNITY SUPPORT

AN OVERARCHING THEME IS THE REDUCTION OF HEALTH DISPARITIES AMONG  
VULNERABLE POPULATIONS.

UM BWMC'S FY16-18 COMMUNITY BENEFIT IMPLEMENTATION PLAN CAN BE DOWNLOADED  
FROM [HTTP://WWW.MYBWMC.ORG/COMMUNITY-BENEFIT](http://www.mybwmc.org/community-benefit). IT PROVIDES AN OVERVIEW OF  
COMMUNITY BENEFIT AT UM BWMC, A SUMMARY OF THE CHNA, THE PROCESS USED TO  
PRIORITIZE COMMUNITY HEALTH NEEDS, AND A DESCRIPTION OF THE GOALS,  
STRATEGIES, KEY PARTNERS AND INTENDED OUTCOMES FOR EACH OF OUR IDENTIFIED  
COMMUNITY BENEFIT PRIORITIES. UM BWMC FOCUSES THE MAJORITY OF OUR  
COMMUNITY BENEFIT RESOURCES ON OUR IDENTIFIED IMPLEMENTATION STRATEGIES,  
AS THESE AREAS ARE IMPORTANT TO THE HEALTH OF THE COMMUNITY AND UM BWMC  
HAS THE INFRASTRUCTURE, CLINICAL EXPERTISE AND OTHER RESOURCES TO SUPPORT  
THESE STRATEGIES. BELOW ARE SOME HIGHLIGHTS OF UM BWMC'S FY 16  
INITIATIVES THAT SUPPORT THESE PRIORITIES:

COLOR YOUR HEART 5K FUN RUN: THIS EVENT WAS CREATED TO ENCOURAGE  
INDIVIDUALS AND FAMILIES TO ENGAGE IN FUN, HEART-HEALTHY EXERCISE.  
EXERCISE IS AN IMPORTANT ASPECT OF LEADING A HEALTHY LIFESTYLE. REGULAR  
EXERCISE, COUPLED WITH A HEALTHY DIET, CAN HELP REDUCE THE RISK OF  
OVERWEIGHT/OBESITY, DIABETES, CARDIOVASCULAR DISEASE, CANCER AND OTHER  
CONDITIONS. THE NON-COMPETITIVE EVENT ATTRACTED RUNNERS AND WALKERS OF  
ALL AGES AND ACTIVITY LEVELS. FAMILIES, FRIENDS AND EVEN A GIRL SCOUT  
TROOP PARTICIPATED TOGETHER. THE EVENT WAS PROMOTED AS A FUN RUN WITH THE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GOAL OF ENGAGING MEMBERS OF THE COMMUNITY WHO WOULD NOT TYPICALLY PARTICIPATE IN A 5K.

HEARTBEAT FOR HEALTH: UM BWMC HOSTED HEARTBEAT FOR HEALTH, ITS ANNUAL FAMILY-FRIENDLY HEART HEALTH EVENT, ON SATURDAY, FEBRUARY 20, 2016 AT THE SEVERNA PARK COMMUNITY CENTER. DANCE DEMONSTRATIONS AND DANCE LEARNING OPPORTUNITIES REPRESENTED A VARIETY OF DANCE STYLES AND CULTURAL REPRESENTATIONS. THE EVENT WAS ATTENDED BY OVER 400 ANNE ARUNDEL COUNTY RESIDENTS WHO PARTICIPATED IN HEART HEALTHY ACTIVITIES, HEALTH SCREENINGS AND MORE. ATTENDEES LEARNED ABOUT THE BENEFITS OF DANCE AND EXERCISE IN THE PREVENTION OF HEART DISEASE, DIABETES, AND OVERWEIGHT/OBESITY.

SMOKING CESSATION: SMOKING CESSATION CLASSES ARE OFFERED TO ADULTS AGES 18 AND OLDER. THE CLASSES EDUCATE PARTICIPANTS ON THE HEALTH RISKS ASSOCIATED WITH TOBACCO USE AND PROVIDE THE MECHANISMS (E.G. MEDICATION, COUNSELING) TO HELP PEOPLE QUIT.

VASCULAR SCREENINGS: FREE COMMUNITY SCREENINGS OF VASCULAR DISORDERS ARE DONE USING NON-INVASIVE, STATE-OF-THE-ART ULTRASOUND AND DOPPLER TECHNOLOGY. SCREENING RESULTS ARE REVIEWED WITH A PHYSICIAN OR NURSE PRACTITIONER IMMEDIATELY FOLLOWING THE SCREENING. PARTICIPANTS LEAVE THE SCREENING WITH A COPY OF THEIR RESULTS TO SHARE WITH THEIR PRIMARY CARE PROVIDER.

SUBSIDIZED PHYSICIAN SERVICES FOR PRIMARY CARE, TRANSITIONAL CARE AND

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WOMEN'S HEALTH: UM BWMC SUBSIDIZES PHYSICIAN PRACTICES THAT PROVIDE NEEDED OUTPATIENT CARE (PRIMARY CARE AND WOMEN'S HEALTH). IN FY16, UM BWMC AND UNIVERSITY OF MARYLAND COMMUNITY MEDICAL GROUP ESTABLISHED A TRANSITIONAL CARE CENTER FOR COMPLEX PATIENTS WITHOUT A CURRENT PRIMARY CARE PHYSICIAN AND PATIENTS WHO NEED ADDITIONAL MANAGEMENT BEFORE BEING SAFELY TRANSITIONED BACK TO THE CARE OF THEIR EXISTING PRIMARY CARE PHYSICIAN.

STORK'S NEST: STORK'S NEST IS A PRENATAL EDUCATION PROGRAM THAT OFFERS SEVERAL SESSIONS A YEAR IN ENGLISH AND SPANISH. ANY PREGNANT ANNE ARUNDEL COUNTY RESIDENT IS ELIGIBLE TO PARTICIPATE, HOWEVER, THE PROGRAM TARGETS PREGNANT WOMEN AT THE GREATEST RISK FOR HAVING POOR PREGNANCY OUTCOMES, SPECIFICALLY AFRICAN-AMERICAN WOMEN, TEENAGERS, WOMEN OF LOW SOCIOECONOMIC STATUS AND WOMEN WITH PREVIOUS POOR PREGNANCY OUTCOMES. PARTICIPANTS EARN POINTS BY ATTENDING CLASSES, GOING TO PRENATAL CARE APPOINTMENTS AND ADOPTING HEALTHY BEHAVIORS. PARTICIPANTS CONTINUE TO EARN POINTS UNTIL THEIR BABY TURNS ONE YEAR OLD BY ATTENDING WELL-BABY CHECKUPS AND MAKING SURE IMMUNIZATIONS ARE RECEIVED ON TIME. POINTS CAN BE USED TO "PURCHASE" PREGNANCY AND INFANT CARE ITEMS AT THE STORK'S NEST STORE.

FLU EDUCATION AND PREVENTION: EDUCATION AND OUTREACH REGARDING THE IMPORTANCE OF RECEIVING AN INFLUENZA VACCINE, PREVENTION OF DISEASE TRANSMISSION/SELF-CARE, HAND HYGIENE EDUCATION AND FREE SEASONAL INFLUENZA VACCINES ARE PROVIDED TO THE COMMUNITY.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LACK OF AFFORDABLE DENTAL SERVICES, ENVIRONMENTAL HEALTH CONCERNS AND TRANSPORTATION BARRIERS ARE COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA NOT DIRECTLY BEING ADDRESSED BY UM BWMC. UM BWMC WILL SUPPORT THE ADVANCEMENT OF COMMUNITY HEALTH IMPROVEMENT INITIATIVES IN THESE AREAS AS FEASIBLE. UM BWMC DOES NOT PROVIDE ROUTINE DENTAL CARE AT THIS TIME, BUT WE DO REFER PATIENTS TO LOW-COST DENTAL CLINICS FOR CARE. WE SUBSIDIZE ORAL SURGERY ON-CALL SERVICES AND HAVE ORAL SURGEONS ON OUR MEDICAL STAFF. WE ARE CURRENTLY PARTNERING WITH THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH TO OFFER DENTAL CARE COORDINATION SERVICES FOR PATIENTS PRESENTING TO THE ED WITH A DENTAL EMERGENCY. ENVIRONMENTAL HEALTH CONCERNS ARE BEING ADDRESSED BY THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH'S BUREAU OF ENVIRONMENTAL HEALTH SERVICES AND OTHER LOCAL ENVIRONMENTAL ADVOCACY ORGANIZATIONS. PUBLIC TRANSPORTATION IS NOT IN THE SCOPE OF SERVICES THAT UM BWMC CAN PROVIDE AS A HOSPITAL; HOWEVER, WE DO PROVIDE SOME TRANSPORTATION ASSISTANCE THROUGH OUR CARE MANAGEMENT PROGRAM AND OUR TRANSITIONAL CARE CENTER. WE ALSO PROVIDE TRANSPORTATION ASSISTANCE FOR PARTICIPANTS IN OUR STORK'S NEST PRENATAL EDUCATION PROGRAM. ANNE ARUNDEL AND SURROUNDING COUNTY GOVERNMENTS ARE COLLABORATING TO EXPAND ACCESS TO PUBLIC TRANSPORTATION IN THE CENTRAL MARYLAND REGION.

LINE 22D

ALL PATIENTS ARE CHARGED STATE REGULATED RATES REGARDLESS OF THEIR ABILITY TO PAY.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LINE 24

THE STATE OF MARYLAND IS A UNIQUE STATE IN REGARD TO THE PROVISION OF HEALTH CARE SERVICES AND THEIR RELATED CHARGES BY HOSPITALS. ALL HOSPITAL CHARGES PROCESSED TO ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, ARE SET THROUGH MARYLAND'S HEALTH SERVICES COST COMMISSION. ACCORDINGLY, ALL HOSPITAL CHARGES ARE NOT GROSS CHARGES AS DEFINED BY THE IRS UNDER INTERNAL REVENUE CODE SECTION 501(R)(5)(B).

**Part V Facility Information** (continued)

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

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

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



**Part VI Supplemental Information**

Provide the following information.

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

## RELATED ORGANIZATION REPORT

SCHEDULE H, PART I, LINE 6A

AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR EACH FISCAL YEAR ENDING JUNE 30. THIS REPORT IS SUBMITTED TO THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), A STATE REGULATORY AGENCY, BY DECEMBER 15 OF EACH YEAR.

IN ADDITION, THE ANNUAL COMMUNITY BENEFIT REPORT IS AVAILABLE UPON REQUEST AT THE ENTITY'S CORPORATE OFFICES.

## COSTING METHODOLOGY

SCHEDULE H, PART I, LINE 7

SCHEDULE H, PART I, LINE 7A, COLUMN (D)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

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.

SCHEDULE H, LINE 7B, COLUMNS (C) THROUGH (F)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR 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.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

SCHEDULE H, LINE 7F COLUMN (C) AND (D)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

THROUGH A VARIETY OF COMMUNITY BUILDING ACTIVITIES, UM BWMC PROMOTES HEALTH AND WELLNESS IN THE COMMUNITIES IT SERVES. THESE ACTIVITIES

**Part VI Supplemental Information**

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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INCLUDE COMMUNITY SUPPORT, COALITION BUILDING AND COMMUNITY HEALTH IMPROVEMENT ADVOCACY. UM BWMC PROVIDES LEADERSHIP TO MANY COMMUNITY COALITIONS AND COLLABORATIVE PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH. THE HEALTHY ANNE ARUNDEL COALITION (HAAC) IS JOINTLY LED BY THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH, UM BWMC AND ANNE ARUNDEL MEDICAL CENTER. THIS COALITION IS A PARTNERSHIP OF PUBLIC SECTOR AGENCIES, HEALTH CARE PROVIDERS AND PAYERS, COMMUNITY-BASED PARTNERS, THE BUSINESS COMMUNITY AND ACADEMIC INSTITUTIONS. PRIMARY HEALTH IMPROVEMENT PRIORITIES FOR THIS COALITION INCLUDE OBESITY PREVENTION, BEHAVIORAL HEALTH AND ACCESS TO CARE. OTHER COMMUNITY COALITION THAT UM BWMC PLAYS AN ACTIVE ROLE IN INCLUDE: CONQUER CANCER COALITION, FETAL AND INFANT MORTALITY REVIEW TEAM, CHANGE AGENTS COMMITTEE, DRUG AND ALCOHOL COUNCIL WORKGROUP AND THE FATAL OVERDOSE REVIEW TEAM. 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.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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BAD DEBT EXPENSE

SCHEDULE H, PART III, LINE 4

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 HEALTH CARE 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.

MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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IN MARYLAND, THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL.

IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO REFLECT THE CURRENT HEALTHCARE ENVIRONMENT. UNDER THIS NEW WAIVER, SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF:

1. REVENUE GROWTH PER CAPITA
2. MEDICARE HOSPITAL REVENUE PER BENEFICIARY
3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY
4. MEDICARE READMISSION RATES
5. HOSPITAL ACQUIRED CONDITION RATE

**Part VI Supplemental Information**

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COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9B

THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY.

PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS. 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

**Part VI Supplemental Information**

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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PROCESS.

UMMC MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION

AVAILABLE TO OUR PATIENTS INCLUDING, BUT NOT LIMITED TO:

-SIGNAGE IN MAIN ADMITTING AREAS AND EMERGENCY ROOMS OF THE HOSPITAL

-UMMC WEBSITE

-PATIENT HANDBOOK DISTRIBUTED TO ALL PATIENTS

-BROCHURES EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL

PATIENT CARE AREAS

-PATIENT PLAIN LANGUAGE SHEETS - NEWLY REVISED IN JUNE 2016, THIS HANDOUT

WAS REVISED AND IS AT THE 5TH GRADE READING LEVEL (AVAILABLE IN ENGLISH,

SPANISH, FRENCH & CHINESE BASED ON TOP LANGUAGES SPOKEN BY UMMC

PATIENTS)

-APPEARING IN PRINT MEDIA THROUGH LOCAL NEWSPAPERS

COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

UM BWC CONTINUOUSLY ASSESSES THE HEALTH NEEDS OF THE COMMUNITIES IT



**Part VI Supplemental Information**

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- 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.

SERVES. IN ADDITION THE CHNA THAT IS CONDUCTED EVERY THREE YEARS, UM BWMC REGULARLY ANALYZES INPATIENT AND EMERGENCY DEPARTMENT UTILIZATION DATA AND DATA FROM EMPLOYED OUTPATIENT PHYSICIAN PRACTICES. UM BWMC ALSO REVIEWS ANNE ARUNDEL COUNTY, MARYLAND AND NATIONAL HEALTH DATA AND TRENDS. UM BWMC AND UNIVERSITY OF MARYLAND MEDICAL SYSTEM ("UMMS") ALSO CONDUCT STUDIES TO ASSESS HEALTH NEEDS, SUCH AS THE PHYSICIAN NEEDS ASSESSMENT THAT WAS CONDUCTED IN 2014 IN PARTNERSHIP WITH THE ADVISORY BOARD COMPANY. ADDITIONALLY, UM BWMC RECEIVES INPUT AND FEEDBACK INTO COMMUNITY NEEDS THROUGH ITS PARTICIPATION IN COMMUNITY COALITIONS AND COMMITTEES. SOME OF THESE COALITIONS AND COMMITTEES ARE DESCRIBED IN THE NARRATIVE FOR PART II. UM BWMC'S PROCESS FOR CONDUCTING ITS MOST RECENT CHNA IS DESCRIBED IN DETAIL IN PART IV, SECTION C.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

SCHEDULE H, PART VI, LINE 3

UM BWMC PROVIDES EMERGENCY, INPATIENT, AND OTHER CARE REGARDLESS OF ABILITY TO PAY. UM BWMC'S FINANCIAL ASSISTANCE POLICY (FAP) WAS

**Part VI Supplemental Information**

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ESTABLISHED TO ASSIST PATIENTS IN OBTAINING FINANCIAL AID WHEN THE SERVICES RENDERED ARE BEYOND A PATIENT'S ABILITY TO PAY. A PATIENT'S INABILITY TO OBTAIN FINANCIAL ASSISTANCE DOES NOT IN ANY WAY PRECLUDE THE PATIENT'S RIGHT TO RECEIVE AND HAVE ACCESS TO MEDICAL TREATMENT AT UM BWMC. UM BWMC'S FAP COMPLIES WITH MARYLAND REGULATIONS, AND INCLUDES A STATEMENT THAT A DETERMINATION ON PROBABLE ELIGIBILITY WILL BE MADE WITHIN TWO BUSINESS DAYS FOLLOWING RECEIPT OF A PATIENT'S APPLICATION FOR FINANCIAL ASSISTANCE.

UM BWMC'S FINANCIAL ASSISTANCE POLICY PROVIDES ASSISTANCE RANGING UP TO 100% OF THE TOTAL COST OF HOSPITAL SERVICES. PHYSICIAN CHARGES FOR NON-HOSPITAL EMPLOYEES, WHICH ARE BILLED SEPARATELY, ARE EXCLUDED FROM UM BWMC'S FAP. PATIENTS ARE ENCOURAGED TO CONTACT THEIR PHYSICIANS DIRECTLY FOR FINANCIAL ASSISTANCE RELATED TO PHYSICIAN CHARGES.

UM BWMC'S FINANCIAL ASSISTANCE APPLICATION PACKET IS AVAILABLE IN ENGLISH, SPANISH AND KOREAN, CONSISTENT WITH FEDERAL REGULATIONS FOR TRANSLATING DOCUMENTS FOR LIMITED-ENGLISH PROFICIENT (LEP) POPULATIONS.

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THIS PACKET INCLUDES THE INFORMATION AND FORMS NEEDED TO APPLY FOR FINANCIAL ASSISTANCE. FOR EMERGENCY SERVICES, APPLICATIONS TO THE FINANCIAL ASSISTANCE PROGRAM ARE COMPLETED AND EVALUATED AFTER TREATMENT IS COMMENCED AND THE PROCESS WILL NOT DELAY PATIENTS FROM RECEIVING NECESSARY EMERGENCY AND INPATIENT CARE.

UM BWMC INFORMS PATIENTS AND PERSONS WHO WOULD OTHERWISE BE BILLED FOR SERVICES ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IN THE FOLLOWING MANNER:

1. UM BWMC PUBLISHES ANNUAL NOTICES INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE AT UM BWMC. THE NOTICES ARE PUBLISHED IN THE BALTIMORE SUN, MARYLAND GAZETTE AND THE CAPITAL, THE THREE MAIN NEWSPAPERS DISTRIBUTED IN THE UM BWMC'S COMMUNITY BENEFIT SERVICE AREA.
2. UM BWMC PREPARES ITS FINANCIAL ASSISTANCE INFORMATION IN A CULTURALLY SENSITIVE MANNER, AT A READING LEVEL APPROPRIATE FOR THE SERVICE AREA'S POPULATION AND IN SPANISH AND KOREAN, LANGUAGE PREVALENT IN UM BWMC'S COMMUNITY BENEFIT SERVICE AREA.

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3. UM BWMC POSTS INFORMATION ABOUT ITS FAP AND FINANCIAL ASSISTANCE

CONTACT INFORMATION IN THE BUSINESS OFFICE, ALL ADMISSION AREAS, THE EMERGENCY DEPARTMENT, AND OTHER OUTPATIENT AREAS THROUGHOUT THE FACILITY.

4. UM BWMC PROVIDES INDIVIDUALIZED NOTICE REGARDING THE HOSPITAL'S FAP AT THE TIME OF PREADMISSION OR ADMISSION TO EACH PERSON WHO SEEKS SERVICES IN THE HOSPITAL. INDIVIDUALS ARE PROVIDED A COPY OF THE FINANCIAL ASSISTANCE PATIENT INFORMATION SHEET. A COPY OF THE FINANCIAL ASSISTANCE PATIENT INFORMATION SHEET IS ATTACHED AS APPENDIX IV.

5. UM BWMC PROVIDES EACH PATIENT A PATIENT HANDBOOK UPON ADMISSION THAT CONTAINS INFORMATION ABOUT ITS FAP AND ANSWERS TO COMMON BILLING QUESTIONS.

6. UM BWMC PROVIDES INFORMATION ABOUT ITS FAP AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN PATIENT BILLS.

7. UM BWMC PROVIDES INFORMATION ABOUT ITS FAP, INCLUDING DOWNLOADABLE APPLICATION FORMS AND FINANCIAL ASSISTANCE CONTACT INFORMATION ON ITS WEB SITE IN ENGLISH, SPANISH AND KOREAN.

8. UM BWMC CONTRACTS WITH THE MA ELIGIBILITY FIRMS DECO AND ROI TO ASSIST

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PATIENTS WITH APPLYING FOR ITS FINANCIAL ASSISTANCE PROGRAM AND OTHER FINANCIAL ASSISTANCE PROGRAMS FOR HEALTH CARE SERVICES. UM BWMC DISCUSSES WITH PATIENTS OR THEIR FAMILIES THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID AND OTHER FEDERAL, STATE AND LOCAL PROGRAMS. PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO, THE MARYLAND HEALTH CONNECTION FOR ENROLLMENT IN MEDICAID AND QUALIFIED HEALTH PLANS AND THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH'S REACH (RESIDENTS ACCESSING A COALITION OF HEALTH) LOW-COST HEALTH CARE PROGRAM FOR UNINSURED ANNE ARUNDEL COUNTY RESIDENTS. UM BWMC WAS A PARTICIPATING PROVIDER IN THE REACH PROGRAM IN FY16.

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

THE FOLLOWING IS A SUMMARY DESCRIPTION OF THE COMMUNITY THAT UM BWMC 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

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NEEDS ASSESSMENT, AVAILABLE AT [HTTP://WWW.MYBWMC.ORG/COMMUNITY-BENEFIT](http://www.mybwmc.org/community-benefit).

UM BWMC CONSIDERS OUR COMMUNITY BENEFIT SERVICE AREA (CBSA) TO INCLUDE ALL OF ANNE ARUNDEL COUNTY. THIS IS CONSISTENT WITH OUR LEADERSHIP ROLE IN COUNTY-WIDE COLLABORATIVE POPULATION HEALTH INITIATIVES SUCH AS THE HEALTHY ANNE ARUNDEL COALITION (LOCAL HEALTH IMPROVEMENT COALITION) AND THE BAY AREA TRANSFORMATION PARTNERSHIP BETWEEN UM BWMC AND ANNE ARUNDEL MEDICAL CENTER.

UM BWMC PROVIDES ADDITIONAL COMMUNITY OUTREACH TO OUR PRIMARY SERVICE AREA AS DEFINED BY OUR GLOBAL BUDGET REVENUE AGREEMENT WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION. THESE ZIP CODES INCLUDE: 21061 - GLEN BURNIE (WEST); 21122 - PASADENA; 21060 - GLEN BURNIE (EAST); 21144 - SEVERN; 21225 - BROOKLYN.

THIS AREA SURROUNDING UM BWMC WHERE MOST OF OUR DISCHARGES ORIGINATE FROM HAS SOME OF THE MOST VULNERABLE, HIGH-RISK RESIDENTS IN ANNE ARUNDEL COUNTY BASED ON SOCIOECONOMIC AND HEALTH DATA. WE MAKE CONCERTED EFFORTS

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TO REACH VULNERABLE, AT-RISK POPULATIONS, INCLUDING THE UNINSURED, RACIAL/ETHNIC MINORITIES, PERSONS WITH RISKY HEALTH BEHAVIORS (E.G. SMOKING), AND PEOPLE WITH CHRONIC HEALTH CONDITIONS (E.G. DIABETES, CANCER).

ACCORDING TO 2013 CENSUS ESTIMATES, THE ANNE ARUNDEL COUNTY POPULATION IS 556,348, AN 11.2% INCREASE FROM 2000. THE HISPANIC POPULATION IN ANNE ARUNDEL COUNTY IS GROWING MORE SIGNIFICANTLY THAN ALL RACES/ETHNICITIES, INCREASING 170% FROM 2000 TO 2013. ANNE ARUNDEL'S HISPANIC POPULATION IS ALSO THE YOUNGEST, WITH A MEDIAN AGE OF 26.7 YEARS, WHEREAS NON-HISPANIC WHITES HAVE A MEDIAN AGE OF 42.2 YEARS. CURRENTLY, 13.1% OF ANNE ARUNDEL'S POPULATION IS 65 OR OLDER. THIS PORTION OF THE POPULATION IS EXPECTED TO INCREASE UNTIL 2030. AS SUCH, SENIORS WILL HAVE AN INCREASING IMPACT ON COUNTY SERVICES, SUPPORTS, RESOURCE ALLOCATION, AND HEALTH CARE USE.

THE INCOME GAP BETWEEN RICH AND POOR IN THE COUNTY HAS WIDENED SINCE 2010. THERE IS AN INCREASE AT BOTH ENDS OF THE ECONOMIC SCALE;

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HOUSEHOLDS LIVING BELOW THE POVERTY LINE AND HOUSEHOLDS WITH A COMBINED INCOME OF \$200,000 OR MORE. WHILE ANNE ARUNDEL COUNTY'S MEDIAN FAMILY INCOME OF \$101,268 IS HIGHER COMPARED TO THE STATE AND THE NATION, 6.3% OF ANNE ARUNDEL COUNTY RESIDENTS ARE LIVING BELOW THE POVERTY LEVEL. POVERTY IS CONCENTRATED IN THE NORTHERN AND SOUTHERN PORTIONS OF THE COUNTY. ZIP CODES WITH THE HIGHEST POVERTY LEVELS ARE 21225 (BROOKLYN), 21077 (HARMAN'S), 21226 (CURTIS BAY), 21060 (GLEN BURNIE-EAST), AND 21061 (GLEN BURNIE-WEST). THERE IS A CORRELATION BETWEEN LOW INCOME AND NUMBER OF ED VISITS. BROOKLYN, THE AREA WITH THE HIGHEST POVERTY LEVEL IN ANNE ARUNDEL COUNTY, ALSO HAD THE HIGHEST RATE OF ED VISITS, 960 PER 1,000 RESIDENTS, AND 186% HIGHER THAN THE COUNTY-WIDE RATE OF ED VISITS.

SOCIAL DETERMINANTS OF HEALTH CAN IMPACT INDIVIDUAL AND COMMUNITY HEALTH.

SOCIAL DETERMINANTS OF HEALTH INCLUDE RACE AND ETHNICITY, EMPLOYMENT STATUS AND INCOME LEVEL, EDUCATION, HOUSING QUALITY, NEIGHBORHOOD SAFETY, FAMILY AND SOCIAL SUPPORTS, AND SENSE OF COMMUNITY BELONGING. MANY DEMOGRAPHIC AND HEALTH INDICATORS ASSOCIATED WITH POORER HEALTH STATUS AND OUTCOMES ARE FOUND IN THE NORTHERN AND SOUTHERN PORTIONS OF THE



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COUNTY.

THERE ARE A VARIETY OF NEEDS CONCERNING SOCIAL DETERMINANTS OF HEALTH. THERE IS A LACK OF PUBLIC TRANSPORTATION THROUGHOUT ANNE ARUNDEL COUNTY, AND THE OPERATING BUS ROUTES HAVE LIMITED HOURS. THIS IS ESPECIALLY AN ISSUE FOR THE COUNTY'S LOW-INCOME AND ELDERLY RESIDENTS. LIMITED TRANSPORTATION AFFECTS RESIDENTS' ABILITY TO ACCESS HEALTH CARE SERVICES AND THEIR EDUCATIONAL AND EMPLOYMENT OPTIONS. TWELVE PERCENT OF COUNTY RESIDENTS LIVE IN AREAS CONSIDERED FOOD DESERTS AND DON'T HAVE READY ACCESS TO HEALTHY EATING OPTIONS WHICH CONTRIBUTES TO HIGHER LEVELS OF OBESITY AND ASSOCIATED CHRONIC HEALTH CONDITIONS SUCH AS DIABETES. HOMEOWNERS AND RENTERS SPEND OVER A THIRD OF THEIR INCOME ON HOUSING, 34.3% AND 49.5% RESPECTIVELY, AND 9,000 FAMILIES ARE ON THE WAITING LIST FOR PUBLIC HOUSING. THE AMOUNT OF MONEY SPENT ON HOUSING LIMITS THE FUNDS AVAILABLE FOR MEETING OTHER PERSONAL NEEDS, INCLUDING HEALTH CARE, HEALTHY FOOD, AND OPPORTUNITIES FOR PHYSICAL ACTIVITY AND RECREATIONAL ACTIVITIES THAT CAN REDUCE STRESS.

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ANNE ARUNDEL COUNTY IS SERVED BY TWO MAJOR HOSPITALS: ANNE ARUNDEL MEDICAL CENTER (AAMC) IN ANNAPOLIS AND THE UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC) IN GLEN BURNIE. BOTH HOSPITALS ARE AFFILIATED WITH ACADEMIC MEDICAL CENTERS, WHICH OFFER ADVANTAGES TO PATIENTS REQUIRING HIGHLY-SPECIALIZED TERTIARY CARE. MEDSTAR HARBOR HOSPITAL, WHICH IS LOCATED JUST NORTH OF THE COUNTY LINE IN BALTIMORE CITY, ALSO SERVES COUNTY RESIDENTS. ADDITIONALLY, THERE ARE FOUR FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) THAT SERVE COUNTY RESIDENTS: CHASE BREXTON HEALTH CARE, TOTAL HEALTH CARE, FAMILY HEALTH CENTERS OF BALTIMORE, AND OWENSVILLE PRIMARY CARE. THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH OFFERS A RANGE OF PHYSICAL AND BEHAVIORAL HEALTH SERVICES AT FIVE CLINIC SITES. THE ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC. PROVIDES A WIDE RANGE OF MENTAL HEALTH SERVICES TO MEDICAID RECIPIENTS AND OTHER LOW-INCOME AND UNINSURED COUNTY RESIDENTS WHO MEET CERTAIN CRITERIA. OTHER HEALTH CARE SERVICES AVAILABLE IN THE COUNTY INCLUDE PRIMARY CARE PRACTICES, OUTPATIENT SPECIALTY CARE, COMMUNITY CLINICS, URGENT CARE FACILITIES AND RETAIL STORE-BASED HEALTH CLINICS.

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MANY PROVIDERS OF HEALTH CARE OFFER FINANCIAL ASSISTANCE. ALL HOSPITALS IN MARYLAND HAVE FINANCIAL ASSISTANCE POLICIES THAT PROVIDE MEDICALLY NECESSARY SERVICES TO ALL PEOPLE REGARDLESS OF THEIR ABILITY TO PAY. DEPENDING ON THEIR CIRCUMSTANCES, PATIENTS CAN RECEIVE COVERAGE FOR UP TO 100% OF THEIR MEDICALLY NECESSARY CARE. PAYMENT PLANS ARE ALSO AVAILABLE. FQHCS, COMMUNITY CLINICS AND GOVERNMENTAL PROVIDERS OFFER SERVICES ON A SLIDING SCALE OR FREE BASIS. ASSISTANCE WITH ENROLLING IN PUBLICLY FUNDED ENTITLEMENT PROGRAMS AND HEALTH INSURANCE PLANS THROUGH THE STATE HEALTH BENEFIT EXCHANGE ARE AVAILABLE FROM THE HOSPITALS, COUNTY HEALTH DEPARTMENTS, SOCIAL SERVICE AGENCIES AND THE MARYLAND HEALTH CONNECTION. HOWEVER, IT IS IMPORTANT TO NOTE THAT NOT ALL HEALTH CARE PROVIDERS, PARTICULARLY BEHAVIORAL HEALTH PROVIDERS, ACCEPT ALL INSURANCE PLANS OR SELF-PAY PATIENTS.

IN MARYLAND, UNDER THE AFFORDABLE CARE ACT (ACA), PERSONS WHOSE INCOME IS UP TO 138% OF THE POVERTY LEVEL ARE ELIGIBLE FOR MEDICAID. THE NUMBER OF MEDICAID ENROLLMENTS INCREASED FROM 68,166 IN JANUARY 2013 TO 84,616 IN

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DECEMBER 2014. HOWEVER, THERE ARE STILL MANY PRIMARY CARE PROVIDERS WHO DO NOT ACCEPT MEDICARE/MEDICAID. IN ADDITION, A SMALL PERCENTAGE OF COUNTY RESIDENTS SUCH AS UNDOCUMENTED PEOPLE, THOSE NOT ENROLLED IN MEDICAID DESPITE BEING ELIGIBLE, AND PEOPLE OPTING TO PAY THE ANNUAL PENALTY INSTEAD OF PURCHASING INSURANCE WILL REMAIN UNINSURED.

ACCESS TO PRIMARY CARE PHYSICIANS, DENTISTS, AND MENTAL HEALTH SERVICES ARE DEMONSTRATED NEEDS WITHIN THE COUNTY. THE RATIO OF PATIENTS TO PRIMARY CARE PHYSICIANS IS 1,430:1, PATIENTS TO DENTISTS IS 1,518:1, AND PATIENTS TO MENTAL HEALTH PROVIDERS IS 718:1. ALL RATIOS ARE LOWER THAN THE STATE IN GENERAL. ADDITIONALLY, 6.6% OF THE POPULATION DOES NOT HAVE HEALTH INSURANCE. THE HISPANIC POPULATION HAS THE HIGHEST RATE OF UNINSURED IN THE COUNTY (22%).

THERE WERE AN ESTIMATED 59,533 HOSPITALIZATIONS IN ANNE ARUNDEL COUNTY DURING 2013 AT A RATE OF 107.1 STAYS PER 1,000 INDIVIDUALS. HOSPITAL ADMISSIONS WERE HIGHEST AMONG THOSE 65 AND OLDER, AT A RATE OF 267.9 STAYS PER 1,000. IN 2013, ANNE ARUNDEL COUNTY RESIDENTS MADE

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APPROXIMATELY 186,124 ED VISITS TO HOSPITALS WITHIN MARYLAND AT A RATE OF 355 VISITS PER 1,000 INDIVIDUALS. 85.6% OF ALL ED VISITS BY ANNE ARUNDEL COUNTY RESIDENTS IN 2013 WERE DUE TO ACUTE CONDITIONS AND 14.3% WERE DUE TO CHRONIC CONDITIONS. MOOD DISORDER WAS THE MOST COMMON CHRONIC CONDITION (12.2%) FOR ED VISITS FOLLOWED BY ASTHMA (11.6%), ALCOHOL-RELATED DISORDERS (7.2%), ANXIETY DISORDERS (6.0%), HEADACHES/MIGRAINES (5.9%) AND SUBSTANCE-RELATED DISORDERS (3.9%). THESE CHRONIC CONDITIONS ARE AMBULATORY-SENSITIVE AND COULD POTENTIALLY BE BETTER PREVENTED AND MANAGED THROUGH OUTPATIENT CARE AND COMMUNITY SUPPORTS.

FOR PATIENT CARE TO BE EFFECTIVE, PATIENTS AND THEIR CAREGIVERS NEED TO UNDERSTAND THE INFORMATION ABOUT THEIR HEALTH CONDITION AND TREATMENT THAT THEIR HEALTH CARE PROVIDER IS TRYING TO TEACH THEM. HEALTH LITERACY IS THE DEGREE TO WHICH INDIVIDUALS HAVE THE CAPACITY TO OBTAIN, PROCESS, AND UNDERSTAND BASIC HEALTH INFORMATION AND SERVICES NEEDED TO MAKE INFORMED HEALTH DECISIONS. LOW HEALTH LITERACY CAN RESULT IN MEDICATION ERRORS, COMPLICATIONS, UNNECESSARY ED VISITS, LOW RATES OF TREATMENT

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COMPLIANCE, AND ULTIMATELY HIGHER MORTALITY RATES. LOWER HEALTH LITERACY HAS BEEN ASSOCIATED WITH AGE, RACE, ETHNICITY, EDUCATIONAL LEVEL AND NATIVE LANGUAGE. INITIATIVES THAT SEEK TO IMPROVE HEALTH LITERACY AND INCREASE COMMUNICATION BETWEEN PATIENTS AND PROVIDERS COULD HELP ANNE ARUNDEL COUNTY IMPROVE THE QUALITY OF CARE, HELP DIRECT PATIENTS TO THE APPROPRIATE CLINICAL SETTING (FOR EXAMPLE, GOING TO SEE THEIR PRIMARY CARE PATIENT INSTEAD OF GOING TO THE ED) AND BETTER MEET THE NEEDS OF THE GROWING OLDER ADULT AND HISPANIC POPULATIONS.

IN 2013, A TOTAL OF 4,042 DEATHS OCCURRED IN ANNE ARUNDEL COUNTY. THE COUNTY'S LEADING CAUSES OF DEATH REPRESENT PRIMARILY POTENTIALLY PREVENTABLE CHRONIC HEALTH CONDITIONS. THE TWO LEADING CAUSES OF DEATH CANCER (1,006) AND HEART DISEASE (892), ACCOUNTED FOR NEARLY 47% OF ALL DEATHS. OF THE TOP TEN CAUSES OF DEATH, FIVE ARE ASSOCIATED WITH RISK FACTORS THAT ARE PREVENTABLE SUCH AS HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, OVERWEIGHT/OBESITY, TOBACCO USE, AND LACK OF PHYSICAL ACTIVITY.

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DEATH RATES FROM ALL CANCER TYPES HAVE DECREASED 21% OVER THE PAST DECADE  
IN ANNE ARUNDEL COUNTY. HOWEVER, CANCER IS STILL THE LEADING CAUSE OF  
DEATH, FOLLOWED BY HEART DISEASE. THE COUNTY HAS A HIGHER CANCER  
INCIDENCE RATE OVERALL WHEN COMPARED TO MARYLAND AND THE UNITED STATES.  
HIGHER INCIDENCE RATES FOR FEMALE BREAST CANCER, LUNG AND BRONCHUS  
CANCER, MELANOMA AND PROSTATE CANCER ARE SEEN IN THE COUNTY WHILE THE  
INCIDENCE OF COLORECTAL CANCER AND CERVICAL CANCER IS LOWER THAN THE  
STATE AND THE NATION. IN 2013, 22% OF ALL DEATHS IN ANNE ARUNDEL COUNTY  
WERE FROM HEART DISEASE.

OVERWEIGHT AND OBESITY ARE SIGNIFICANT HEALTH ISSUES IN THE COUNTY,  
LEADING TO RELATED HEALTH PROBLEMS SUCH AS DIABETES. WHILE THE NUMBER OF  
OVERWEIGHT INDIVIDUALS (MEASURED BY BODY MASS INDEX) DECREASED FROM 36.2%  
IN 2011 TO 32.6% IN 2013, THE NUMBER OF OBESE INDIVIDUALS INCREASED FROM  
28.3% TO 30.5% DURING THE SAME TIME PERIOD. IN 2013, DIABETES WAS THE  
SEVENTH LEADING CAUSE OF DEATH IN ANNE ARUNDEL COUNTY OVERALL. WHEN  
BROKEN DOWN BY RACE/ETHNICITY DIABETES RANKED AS THE FOURTH LEADING CAUSE  
OF DEATH AMONG BLACKS AND THE FIFTH LEADING CAUSE OF DEATH AMONG

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HISPANICS.

IN 2013, THERE WERE 186,124 ED VISITS BY ANNE ARUNDEL COUNTY RESIDENTS, 9,544 (5.1%) OF THESE ED VISITS WERE FOR BEHAVIORAL HEALTH RELATED CONDITIONS. MOOD DISORDERS WERE THE LEADING CAUSE OF BEHAVIORAL HEALTH RELATED ED VISITS (34.1%), FOLLOWED BY ALCOHOL-RELATED DISORDERS (20.2%), ANXIETY DISORDERS (16.8%) AND SUBSTANCE-RELATED DISORDERS (14.1%). WITHIN NORTHERN ANNE ARUNDEL COUNTY, BEHAVIORAL HEALTH ED VISIT RATES ARE HIGHEST (AND ABOVE THE COUNTY-WIDE RATE) IN BROOKLYN (21225), CURTIS BAY (21226), AND GLEN BURNIE (21061, 210600). THESE AREAS ARE ALSO KNOWN TO BE DISPROPORTIONATELY IMPACTED BY SOCIAL STRESSORS (E.G. HIGHER POVERTY, JOBLESSNESS, LOWER EDUCATION, VIOLENCE, HOUSING QUALITY).

THERE IS A NEED FOR ADDITIONAL BEHAVIORAL HEALTH SERVICES IN ANNE ARUNDEL COUNTY. MANY BEHAVIORAL HEALTH PROVIDERS LIMIT THE HEALTH INSURANCES, IF ANY, THAT THEY ACCEPT. ADDITIONALLY, THERE ARE FEW SPANISH SPEAKING MENTAL HEALTH COUNSELORS AVAILABLE TO MEET THE NEEDS OF THE COUNTY'S GROWING HISPANIC POPULATION. IN 2014, THE ANNE ARUNDEL COUNTY MENTAL



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HEALTH AGENCY, INC. SERVED 11,321 MEDICAID AND OTHER, LOW-INCOME UNINSURED INDIVIDUALS, AN 11% INCREASE SINCE 2013 AND A 145% INCREASE SINCE 2002. USE OF THIS AGENCY'S MENTAL HEALTH SERVICES FOR CHILDREN HAS ALSO INCREASED BY 14.5% FOR CHILDREN 6-12 YEARS AND 6.9% FOR CHILDREN 13-17 YEARS OLD SINCE 2013.

MIRRORING NATIONAL AND STATE TRENDS, ANNE ARUNDEL COUNTY IS STRUGGLING WITH A GROWING OPIOID OVERDOSE PROBLEM. ON JANUARY 27, 2015, COUNTY EXECUTIVE STEVE SCHUH DECLARED HEROIN ADDICTION A PUBLIC HEALTH EMERGENCY IN ANNE ARUNDEL COUNTY. THE COUNTY HAS THE 3RD HIGHEST LEVEL OF PRESCRIPTION OPIOID-RELATED DEATHS IN MARYLAND (AFTER BALTIMORE CITY AND BALTIMORE COUNTY). HEROIN RELATED DEATHS HAVE INCREASED BY 29.2% BETWEEN 2013 AND 2014.

DOMESTIC VIOLENCE AND SEXUAL ASSAULT OR ABUSE VICTIMS ARE PRESENTING AT LOCAL EMERGENCY DEPARTMENTS IN INCREASING NUMBERS. THE NUMBER OF VICTIMS IS DIFFICULT TO ACCURATELY MEASURE BECAUSE MANY VICTIMS DO NOT REPORT THE CRIMES DUE TO FEAR AND SHAME. EVEN WHEN VICTIMS ARE HURT ENOUGH TO VISIT

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THE ED, THEY MAY CLAIM THEIR INJURIES ARE DUE TO OTHER CAUSES. THE NUMBER OF VICTIMS, BOTH ACTUAL AND REPORTED, IS ANTICIPATED TO CONTINUE TO RISE ACCORDING THE CHNA.

THE INFANT MORTALITY RATE IN ANNE ARUNDEL COUNTY BETWEEN 2010 AND 2014 WAS 5.5 DEATHS PER 1,000 LIVE BIRTHS WHICH IS LOWER THAN BOTH THE UNITED STATES (6.0 DEATHS PER 1,000 LIVE BIRTHS) AND MARYLAND (6.6 DEATHS PER 1,000 LIVE BIRTHS) DURING THE SAME PERIOD. ALTHOUGH THE OVERALL INFANT MORTALITY RATE IS LOWER FOR THE COUNTY THAN THE STATE AVERAGE, DISPARITIES EXIST WHEN STRATIFYING THE DATA BY RACE AND ETHNICITY. BLACKS HAVE THE HIGHEST INFANT MORTALITY RATE IN THE COUNTY (11.2 DEATHS PER 1,000 LIVE BIRTHS) COMPARED TO 5.3 DEATHS AND 4.0 DEATHS PER 1,000 BIRTHS FOR HISPANICS AND WHITES RESPECTIVELY.

LOW BIRTH WEIGHT (LESS THAN 2,500 GRAMS) IS THE SINGLE MOST IMPORTANT FACTOR AFFECTING NEONATAL MORTALITY (NEWBORN INFANTS UP TO 28 DAYS OLD) AND A SIGNIFICANT DETERMINANT OF POST NEONATAL MORTALITY (NEWBORN INFANT BETWEEN 28 AND 364 DAYS OLD). LOW BIRTH WEIGHT INFANTS RUN THE RISK OF

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DEVELOPING HEALTH ISSUES RANGING FROM RESPIRATORY DISORDERS TO NEURODEVELOPMENTAL DISABILITIES. IN ANNE ARUNDEL COUNTY, THE PERCENTAGE OF LOW BIRTH WEIGHT BABIES IS DROPPING SLOWLY AND IS LESS THAN THE STATE AVERAGE AT 8.7%. HOWEVER, THERE ARE SEVERAL ZIP CODES CONCENTRATED IN THE NORTHERN PART OF THE COUNTY WHERE THE PERCENTAGE OF LOW BIRTH WEIGHT INFANTS IS MUCH HIGHER THAN THE OVERALL COUNTY AVERAGE OF 7.9%, ESPECIALLY IN BROOKLYN, SEVERN, LAUREL, GLEN BURNIE (WEST), HANOVER, MILLERSVILLE, AND JESSUP.

THE CHNA HIGHLIGHTED MANY COMMUNITY HEALTH STRENGTHS FOR ANNE ARUNDEL COUNTY, BUT ALSO IDENTIFIED MANY OPPORTUNITIES FOR IMPROVING THE COUNTY'S HEALTH AND WELL-BEING. THERE IS A DEMONSTRATED NEED FOR INCREASED EDUCATIONAL, WORK FORCE AND ECONOMIC DEVELOPMENT INITIATIVES TO REDUCE UNEMPLOYMENT AND DECREASE POVERTY. THERE IS ALSO A NEED FOR MENTORING, YOUTH DEVELOPMENT AND LEADERSHIP PROGRAMS TO SUPPORT THE COUNTY'S FUTURE.

THE CHNA AND MARYLAND'S ALL-PAYER MODEL BOTH POINT TO THE NEED FOR UM

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BWMC AND OTHER HOSPITALS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH,  
 BUILD PARTNERSHIPS WITH NEW AND DIFFERENT INDIVIDUALS AND ORGANIZATIONS,  
 EXPAND EXISTING COLLABORATIONS AND INCREASE COMMUNICATION ACROSS ALL  
 SECTORS.

PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

UM BWMC'S MISSION IS TO PROVIDE THE HIGHEST QUALITY HEALTH CARE SERVICES  
 TO THE COMMUNITIES WE SERVE. WE EXTEND OUR SERVICES BEYOND THE HOSPITAL  
 WALLS AND OUTSIDE OF OUR CAMPUS THROUGH PARTNERSHIPS WITH ORGANIZATIONS  
 THROUGHOUT OUR COMMUNITY. WE ARE ALWAYS ENGAGING IN NEW COLLABORATIONS  
 AND ENHANCING EXISTING ONES TO MEET THE NEEDS OF THE COMMUNITY AND REACH  
 PEOPLE WE HAVEN'T REACHED BEFORE. WE PLACE A PARTICULAR EMPHASIS ON  
 REACHING VULNERABLE POPULATIONS AND ADDRESSING THE HEALTH IMPROVEMENT  
 PRIORITIES IDENTIFIED THROUGH OUR CHNA.

OUR COMMUNITY BENEFIT PROGRAM INCLUDES COMMUNITY OUTREACH AND HEALTH

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EDUCATION SERVICES TO PROVIDE PEOPLE WITH THE EDUCATION AND TOOLS TO LEAD HEALTHIER LIVES, SCREENINGS SO THAT PEOPLE CAN BE DIAGNOSED WITH DISEASES WHEN THEY ARE MOST TREATABLE, SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES, FINANCIAL ASSISTANCE TO THOSE WHO COULD NOT OTHERWISE AFFORD HEALTH CARE SERVICES, SUBSIDIES TO INCREASE ACCESS TO CARE, HEALTH CARE WORKFORCE DEVELOPMENT, PARTNERSHIP DEVELOPMENT AND OTHER COMMUNITY BUILDING ACTIVITIES. AS PART OF OUR COMMITMENT TO PROVIDE THE HIGHEST QUALITY OF HEALTH CARE SERVICES TO THE COMMUNITIES WE SERVE, UM BWMC IS WORKING TO ENSURE PATIENTS CAN RECEIVE THE RIGHT CARE, AT THE RIGHT PLACE AND AT THE RIGHT TIME. UM BWMC IS HELPING CONNECT COMMUNITY MEMBERS WITH MEDICAL AND SOCIAL RESOURCES TO HELP THEM BE HEALTHIER. OUR FY16 ANNUAL OPERATING PLAN, WHICH IS DERIVED FROM OUR STRATEGIC PLAN, INCLUDED A FOCUS ON POPULATION HEALTH AND REDUCING POTENTIALLY AVOIDABLE UTILIZATION, SPECIFICALLY RELATED TO READMISSIONS.

UM BWMC COLLABORATES WITH NUMEROUS EXTERNAL PARTNERS FOR THE PROMOTION OF COMMUNITY HEALTH. UM BWMC WORKS WITH MANY COUNTY GOVERNMENT AGENCIES INCLUDING THE ANNE ARUNDEL COUNTY DEPARTMENTS OF HEALTH, AGING AND

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DISABILITIES, RECREATION AND PARKS, AND SOCIAL SERVICES, THE OFFICE OF COMMUNITY AND CONSTITUENT SERVICES, AND ANNE ARUNDEL COUNTY PUBLIC SCHOOLS. WE COLLABORATE WITH ANNE ARUNDEL MEDICAL CENTER, MEDSTAR HARBOR HOSPITAL, FEDERALLY QUALIFIED HEALTH CENTERS (CHASE BREXTON HEALTH CARE, TOTAL HEALTH CARE) AND PRIMARY CARE, BEHAVIORAL HEALTH, SPECIALTY AND POST-ACUTE CARE PROVIDERS. MOST IMPORTANTLY, WE PARTNER WITH LOCAL COMMUNITY AND FAITH BASED ORGANIZATIONS SUCH AS MARYLAND HEALTH CARE FOR ALL, MARCH OF DIMES MARYLAND CHAPTER, ZETA PHI BETA SORORITY - RHO ETA ZETA CHAPTER, SAFE SITTER, AMERICAN RED CROSS, AMERICAN CANCER SOCIETY, JUDY CENTER AT HILLTOP ELEMENTARY, GLEN BURNIE IMPROVEMENT ASSOCIATION, SEVERNA PARK COMMUNITY CENTER, ARUNDEL MILLS MALL, SEVERAL LOCAL BUSINESSES AND CHAMBERS OF COMMERCE AND NUMEROUS CHURCHES.

IN FY16, KEY HEALTH PROMOTION INITIATIVES INCLUDED COLOR YOUR HEART 5K FUN RUN, HEARTBEAT FOR HEALTH DANCE, SMOKING CESSATION CLASSES, VASCULAR SCREENINGS, SUBSIDIZED PHYSICIAN SERVICES FOR PRIMARY CARE, TRANSITIONAL CARE AND WOMEN'S HEALTH, STORK'S NEST PRENATAL EDUCATION PROGRAM AND FLU EDUCATION AND PREVENTION. THESE INITIATIVES WERE DISCUSSED IN GREATER

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DETAIL IN THE SUPPLEMENTAL INFORMATION PROVIDED FOR PART IV, SECTION C, ITEM 11. THESE INITIATIVES WERE ALSO DESCRIBED IN GREATER DETAIL IN THE FY16 COMMUNITY BENEFIT REPORT SUBMITTED TO THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), A STATE REGULATORY AGENCY.

IN ADDITION TO THE COMMUNITY OUTREACH ACTIVITIES DESCRIBED ABOVE, UM BWMC PROVIDES SUPPORT TO OUR COMMUNITIES IN NUMEROUS OTHER WAYS. WE HOST BLOOD DRIVES, EXERCISE CLASSES, CHILDBIRTH CLASSES AND EDUCATIONAL EVENTS FOR CANCER SURVIVORSHIP. WE ALLOW COMMUNITY GROUPS TO UTILIZE OUR CONFERENCE FACILITIES FREE OF CHARGE. WE ALSO MAKE DONATIONS TO CERTAIN COMMUNITY ORGANIZATIONS. WE ALSO PARTICIPATE WITH IN EMERGENCY PREPAREDNESS PLANNING TO ASSURE APPROPRIATE HEALTH SERVICES ARE AVAILABLE DURING EMERGENCY SITUATIONS. OUR COMMUNITY BENEFIT IMPLEMENTATION PLAN, AVAILABLE AT [HTTP://WWW.MYBWMC.ORG/COMMUNITY-BENEFIT](http://www.mybwmc.org/community-benefit), DETAILS OUR GOALS, STRATEGIES, KEY PARTNERS AND INTENDED OUTCOMES RELATED TO THE PROMOTION OF COMMUNITY HEALTH.

IN FY15-16, UM BWMC COLLABORATED WITH ANNE ARUNDEL MEDICAL CENTER TO FORM

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- 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.

THE BAY AREA TRANSFORMATION PARTNERSHIP (BATP). OUR LOCAL HEALTH IMPROVEMENT COALITION AND NUMEROUS GOVERNMENTAL AGENCIES, HEALTH CARE PROVIDERS, AND COMMUNITY AGENCIES ARE ALSO PART OF THIS PARTNERSHIP. IN FY16, BATP WAS AWARDED \$4.3 MILLION TO REDUCE POTENTIALLY AVOIDABLE UTILIZATION AMONG MEDICARE AND MEDICARE/MEDICAID DUAL-ELIGIBLE HIGH-UTILIZERS. THE BATP INCLUDES A PORTFOLIO OF POPULATION HEALTH IMPROVEMENT PROJECTS TO IMPROVE ACCESS TO CARE AND STRENGTHEN CARE COORDINATION.

THE UM BWC BOARD OF DIRECTORS COMMUNITY BENEFIT COMMITTEE PROVIDES OVERSIGHT AND GUIDANCE TO UM BWC'S COMMUNITY BENEFIT PROGRAMMING. THIS COMMITTEE IS COMPRISED OF MEMBERS OF THE UM BWC BOARD OF DIRECTORS (INCLUDING UM BWC'S PRESIDENT AND CHIEF EXECUTIVE OFFICER), MEMBERS OF THE UM BWC FOUNDATION BOARD OF DIRECTORS AND A MEMBER OF UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) EXECUTIVE LEADERSHIP. THE COMMITTEE IS STAFFED BY UM BWC EXECUTIVE TEAM MEMBERS INCLUDING THE SENIOR VICE PRESIDENT AND CHIEF OPERATING OFFICER, SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER AND VICE PRESIDENT FOR STRATEGY AND BUSINESS



**Part VI Supplemental Information**

Provide the following information.

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

DEVELOPMENT. THIS COMMITTEE RECOMMENDS THE ADOPTION OF THE CHNA, THE COMMUNITY BENEFIT IMPLEMENTATION PLAN AND ANNUAL REPORTS TO THE UM BWMC BOARD OF DIRECTORS. THIS COMMITTEE ALSO PROVIDES FEEDBACK RELATED TO COMMUNITY BENEFIT STRATEGIES AND MONITORS THE IMPLEMENTATION OF COMMUNITY BENEFIT ACTIVITIES. THE UM BWMC BOARD OF DIRECTORS FORMALLY ADOPTS THE CHNA, THE COMMUNITY BENEFIT IMPLEMENTATION PLAN AND ANNUAL REPORTS. THIS COMMITTEE ALSO ENSURES THAT POPULATION HEALTH IMPROVEMENT AND COMMUNITY BENEFIT INITIATIVES ARE INCLUDED IN THE MEDICAL CENTER'S STRATEGIC AND ANNUAL OPERATING PLANS. THE MAJORITY OF OUR BOARD MEMBERS RESIDE IN THE ORGANIZATION'S SERVICE AREA AND ARE NOT EMPLOYEES, INDEPENDENT CONTRACTORS OR FAMILY MEMBERS THEREOF.

UM BWMC EXTENDS MEDICAL STAFF PRIVILEGES TO QUALIFYING PHYSICIANS IN THE COMMUNITY.

UM BWMC OPERATES UNDER A UNIQUE REGULATORY SYSTEM THAT CAPS HOSPITAL REVENUES AND PROVIDES ADJUSTMENTS TO ALLOW FOR POPULATION HEALTH IMPROVEMENT INVESTMENTS. UNDER MARYLAND'S GLOBAL BUDGET REVENUE MODEL,

**Part VI Supplemental Information**

Provide the following information.

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

UM BWMC REPORTS ON A REGULAR BASIS HOW IT IS INVESTING IN EFFORTS TO  
IMPROVE POPULATION HEALTH.

AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

UM BWMC IS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS). WE  
COLLABORATE WITH OTHER UMMS HOSPITALS TO DEVELOP AND IMPLEMENT  
ACTIVITIES, PROGRAMS AND INITIATIVES TO HELP MARYLANDERS LIVE HEALTHIER  
LIVES AND TO IDENTIFY THE MOST IMPACTFUL WAYS WE CAN GIVE BACK TO  
COMMUNITIES THROUGHOUT MARYLAND. UMMS CONVENES A MONTHLY COMMUNITY  
HEALTH IMPROVEMENT COMMITTEE MEETING THAT INCLUDES LEADERS FOR COMMUNITY  
HEALTH IMPROVEMENT ACROSS THE SYSTEM. THERE IS A ROUNDTABLE AT EACH  
MEETING TO DISCUSS BEST PRACTICES AND STRATEGIES, PROGRAM EVALUATION  
METHODOLOGIES, COMMUNITY BENEFIT REPORTING AND OTHER CONCERNS OR TOPICS  
OF INTEREST. THE COMMUNITY HEALTH IMPROVEMENT COMMITTEE SELECTS  
COMMUNITY HEALTH CONCERNS THAT IMPACT ALL SYSTEM HOSPITALS AND DEVOTES  
COLLABORATIVE RESOURCES AND EXPERTISE TO ADDRESSING THOSE CONCERNS.

**Part VI** Supplemental Information

Provide the following information.

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

COMMUNITY BENEFIT REPORT STATE FILINGS

SCHEDULE H, PART VI, LINE 7

MARYLAND

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, 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.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

52-0689917

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**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 in line 1a? . . . . .

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**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 . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KAREN E. OLSAMP PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	466,147.	191,651.	82,673.	10,600.	256.	751,327.	0.
2 ROBERT A. CHRENCIK DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,254,208.	1,054,693.	253,896.	10,600.	13,037.	2,586,434.	0.
3 ALFRED A. PIETSCH SVP/CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	290,461.	113,400.	47,821.	10,600.	16,283.	478,565.	0.
4 LAWRENCE S. LINDER SVP & CMO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	213,629.	0.	31,778.	10,600.	16,231.	272,238.	0.
5 CATHERINE WHITAKER-KLIC VP - CNO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	236,272.	62,832.	3,453.	39,175.	16,282.	358,014.	0.
6 KATHLEEN C. MCCOLLUM SVP & COO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	320,143.	107,508.	43,505.	10,600.	15,955.	497,711.	0.
7 WILLIAM HENCIK SR DIRECTOR - PAT FIN SERV	(i)	186,965.	28,452.	7,969.	11,169.	13,068.	247,623.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 CATHERINE CORWIN NURSE	(i)	166,019.	0.	1,953.	12,262.	13,598.	193,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 DEBORAH HALL VP - QUALITY	(i)	152,559.	21,211.	1,978.	7,030.	13,068.	195,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 BRIAN COTTER DIRECTOR - PHARMACY	(i)	155,776.	22,331.	4,298.	7,296.	0.	189,701.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 JOYCE MYERS DIRECTOR - PERIOPERATIVE	(i)	153,281.	19,869.	1,508.	14,671.	417.	189,746.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 RANDY DAVIS PHYSICIAN/FORMER DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	928,083.	0.	5,238.	9,450.	6,054.	948,825.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to 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.

SCHEDULE J, PART I, LINE 1A

UNIVERSITY OF MARYLAND MEDICAL SYSTEM EXECUTIVES RECEIVE A BENEFIT PACKAGE PAID BY A RELATED ORGANIZATION WHICH MAY BE USED TOWARDS HEALTH CLUB DUES OR OTHER HEALTH MAINTENANCE PROGRAMS. SUCH BENEFITS ARE CAPPED AT \$7,000, \$5,000 OR \$3,000 DEPENDING ON JOB TITLE AS DESCRIBED IN THE PROGRAM DOCUMENTS.

PART I, LINE 3

COMPENSATION OF OFFICERS

ALL COMPENSATION TO OFFICERS REPORTED ON PART VII OF THE FORM 990 WAS PAID BY A RELATED ORGANIZATION, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION ("UMMSC") OR ANOTHER RELATED ENTITY IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM. THE FOLLOWING ARE USED BY THE RELATED ENTITY TO ESTABLISH THE COMPENSATION OF ORGANIZATION'S CEO:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

**Part III Supplemental Information**

Complete this part to 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.

PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

DURING THE FISCAL YEAR ENDED JUNE 30, 2016, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM ("UMMS") SUPPLEMENTAL NONQUALIFIED 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.

CATHERINE WHITAKER-KLICK

DURING THE FISCAL YEAR ENDED JUNE 30, 2016, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UMMS SUPPLEMENTAL NONQUALIFIED PLAN. THE OFFICERS AND KEY EMPLOYEES LISTED BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTABLE AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION:

**Part III Supplemental Information**

Complete this part to 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.

KAREN E. OLSCAMP

ALFRED A. PIETSCH

LAWRENCE S. LINDER

KATHLEEN C. MCCOLLUM

ROBERT A. CHRENCIK

PART I, LINE 7

NON-FIXED PAYMENTS

BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS AND KEY EMPLOYEES.



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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: **BALTIMORE WASHINGTON MEDICAL CENTER, INC.**  
Employer identification number: **52-0689917**

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

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

1	(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)													
<b>Total</b> . . . . . ▶							\$						

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

1	(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 IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GEOFFREY SKLAR, M.D.	DIRECTOR	212,360.	SEE BELOW		X
(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).

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV

GEOFFREY SKLAR, M.D., WHO IS A BOARD MEMBER OF THE UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL SYSTEM, IS ALSO THE CHIEF MEDICAL OFFICER OF CHESAPEAKE UROLOGY ASSOCIATES.

CHESAPEAKE UROLOGY ASSOCIATES PROVIDES PHYSICIAN SERVICES, OVERSIGHT, RISK MANAGEMENT AND PHYSICIAN RECRUITMENT SERVICES TO THE HEALTH SYSTEM.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

MEMBER DISCLOSURE

PART VI, SECTION A, LINE 6, LINE 7A AND LINE 7B

BALTIMORE WASHINGTON MEDICAL SYSTEM, INC. (BWMS) IS THE SOLE MEMBER OF  
BALTIMORE WASHINGTON MEDICAL CENTER, INC. ("BWMC"). BWMS MAY ELECT ONE OR  
MORE BOARD MEMBERS OF THE GOVERNING BODY AND ALL DECISIONS OF THE  
GOVERNING BODY MUST BE APPROVED BY BWMS.

FORM 990 REVIEW PROCESS

PART VI, SECTION B, LINE 11B

THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE ACCOUNTING FIRM OF GRANT  
THORNTON. ACCOUNTING PERSONNEL IN FINANCE SHARED SERVICES AT THE  
UNIVERSITY OF MARYLAND MEDICAL SYSTEM ("UMMS") GATHER THE INFORMATION  
NEEDED TO COMPLETE THE RETURN AND INPUT THE DATA INTO THE GRANT THORNTON  
TAX ORGANIZER, WHICH IS AN EXCEL-BASED SYSTEM.

WHEN ALL DATA HAS BEEN ENTERED, THE INFORMATION IS SUBMITTED TO GRANT  
THORNTON FOR IMPORTATION INTO THEIR TAX SOFTWARE. AT THIS POINT, GRANT  
THORNTON STAFF MEMBERS REVIEW THE DATA, ASK FOR ADDITIONAL INFORMATION IF  
NEEDED AND PREPARE THE TAX RETURN. EACH RETURN IS REVIEWED AT SEVERAL  
LEVELS AT GRANT THORNTON INCLUDING THE TAX PARTNER. AFTER THEIR REVIEW  
PROCESS, A DRAFT RETURN IS SENT TO THE ACCOUNTING STAFF AT UMMS FOR AN  
IN-HOUSE REVIEW.

UPON COMPLETION OF THE IN-HOUSE REVIEW, GRANT THORNTON IS INSTRUCTED TO

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
---	--

MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN. THE FINAL RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS THE RETURN.

PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN OR OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. AT THE DISCRETION OF THE REVIEWING BOARD MEMBER, SUCH MEMBER WILL BRING ANY ISSUES OR QUESTIONS RELATED TO THE COMPLETED IRS FORM 990 TO THE ATTENTION OF THE BOARD.

NOTWITHSTANDING THE ABOVE, A BOARD RESOLUTION IS NOT REQUIRED FOR THE FILING OF THE ORGANIZATION'S IRS FORM 990. EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.

CONFLICT OF INTEREST POLICY  
PART VI, SECTION B, LINE 12C

THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL 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. A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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MEDICAL SYSTEM CORPORATION ("UMMSC") REVIEWS THE RESPONSES FOR UMMSC AND JAMES LAWRENCE KERNAN HOSPITAL. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN UMMS REVIEWS THE RESPONSES FOR THOSE ENTITIES.

THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED FOR UMMSC, AND JAMES LAWRENCE KERNAN HOSPITAL. WITH RESPECT TO THE OTHER ENTITIES IN UMMS, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT. IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY.

WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE. SUCH INDIVIDUAL HAVING A POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS.

ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION:

ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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OF AGREEMENT.

IN ADDITION, A BOARD DISCLOSURE REPORT IS FILED WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION ON AN ANNUAL BASIS SHOWING ANY BUSINESS TRANSACTIONS BETWEEN THE BOARD MEMBERS AND THE ORGANIZATION.

EXECUTIVE COMPENSATION

PART VI, SECTION B, LINE 15

THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:

EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.

THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

PUBLIC DISCLOSURE

PART VI, SECTION C, LINE 19

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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IN GENERAL, FINANCIAL AND TAX INFORMATION RELATING TO THE ORGANIZATION IS DEEMED PROPRIETARY AND NOT SUBJECT TO DISCLOSURE UPON REQUEST. HOWEVER, SPECIFIC PROVISIONS OF FEDERAL AND STATE LAW REQUIRE THE ORGANIZATION TO DISCLOSE CERTAIN LIMITED FINANCIAL AND TAX DATA UPON A SPECIFIC REQUEST FOR THAT INFORMATION.

REQUESTS FOR FORM 990 AND FORM 1023:

A REQUESTOR SEEKING TO REVIEW AND/OR OBTAIN A COPY OF THE ORGANIZATION'S IRS FORM 990 OR FORM 1023 AS FILED WITH THE INTERNAL REVENUE SERVICE, INCLUDING ALL SCHEDULES AND ATTACHMENTS, MAY APPEAR IN PERSON OR SUBMIT A WRITTEN REQUEST. THE MOST RECENT THREE YEARS OF IRS FORM 990 MAY BE REQUESTED. IF THE REQUESTER APPEARS IN PERSON, THE INDIVIDUAL IS DIRECTED TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION AND THE FORM 990 AND/OR FORM 1023 ARE MADE AVAILABLE FOR INSPECTION.

THE INDIVIDUAL IS PERMITTED TO REVIEW THE RETURN, TAKE NOTES AND REQUEST A COPY. IF REQUESTED, A COPY IS PROVIDED ON THE SAME DAY. A NOMINAL FEE IS CHARGED FOR MAKING THE COPIES. THE ORGANIZATION MAY HAVE AN EMPLOYEE PRESENT DURING THE PUBLIC INSPECTION OF THE DOCUMENT.

WRITTEN REQUESTS FOR AN ENTITY'S FORM 990 OR FORM 1023 ARE DIRECTED IMMEDIATELY TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION. THE REQUESTED COPIES ARE MAILED WITHIN 30 DAYS OF THE REQUEST. REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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REQUESTOR.

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

IF THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF OUR ORGANIZATION ARE SUBJECT TO THE FEDERAL PUBLIC DISCLOSURE RULES (OR STATE PUBLIC DISCLOSURE RULES), THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE. OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT.

HOURS FOR RELATED ORGANIZATIONS

PART VII, SECTION A, COLUMN (B)

UMMS IS A MULTI-ENTITY HEALTH CARE SYSTEM THAT INCLUDES 11 ACUTE CARE HOSPITALS, 1 ACUTE CARE HOSPITAL OWNED IN A JOINT VENTURE ARRANGEMENT AND VARIOUS SUPPORTING ENTITIES. A NUMBER OF INDIVIDUALS PROVIDE SERVICES TO VARIOUS ENTITIES WITHIN THE SYSTEM. IN GENERAL, THE OFFICERS AND KEY EMPLOYEES OF UMMS AVERAGE IN EXCESS OF 40 HOURS PER WEEK SERVING THE DIFFERENT ENTITIES THAT COMPRISE UMMS.



Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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## PART XI, LINE 9

UNFUNDED PENSION LIABILITY	\$	(6,225,000)
CHANGE IN BWMC FD NET ASSETS	\$	938,000
CAPITAL TRANSFER TO AFFILIATES	\$	(2,841,485)
OTHER	\$	139,410
		-----
TOTAL	\$	(7,989,075)
		=====

## TAX EXEMPT BONDS

FORM 990, PART IV LINE 24A

PURSUANT TO A MASTER LOAN AGREEMENT DATED JUNE 20, 1991 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE "CORPORATION") 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 THE CORPORATION, THE JAMES LAWRENCE KERNAN HOSPITAL, INC., MARYLAND GENERAL HOSPITAL, INC., BALTIMORE WASHINGTON MEDICAL CENTER, INC., SHORE HEALTH SYSTEM, INC., CHESTER RIVER HOSPITAL CENTER, INC., CIVISTA MEDICAL CENTER, INC., UNIVERSITY OF MARYLAND ST.

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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JOSEPH MEDICAL CENTER, LLC, UPPER CHESAPEAKE MEDICAL CENTER, INC., HARFORD MEMORIAL HOSPITAL, INC. AND THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION, INC. 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 \$1,417,355,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2016. ALL OF THE BONDS WERE ISSUED IN THE NAME OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

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ATTACHMENT 1

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FORM 990, PART III - PROGRAM SERVICE, LINE 4A

BWMC IS A COMMUNITY HOSPITAL WITH 334 LICENSED BEDS. 17,650 PATIENTS WERE ADMITTED IN FISCAL YEAR ENDED JUNE 30, 2016, ACCOUNTING FOR 71,390 PATIENT DAYS OF CARE. 95,708 PATIENTS WERE TREATED IN THE CENTER'S EMERGENCY DEPARTMENT. 12,892 PATIENTS REQUIRED SURGICAL PROCEDURES IN THE CENTER'S OPERATING AND ENDOSCOPY ROOMS.

THE MEDICAL CENTER TREATED 421,952 PATIENTS IN THEIR ANCILLARY DEPARTMENTS: LABORATORY, RADIOLOGY, PULMONARY, RESPIRATORY, REHABILITATION, OP-INFUSION AND EEG-SLEEP STUDIES.

THE MEDICAL CENTER EMPLOYED 3,396 EMPLOYEES IN CALENDAR YEAR 2015.

THE CENTER'S MISSION IS TO PROVIDE QUALITY HEALTH CARE TO ALL, REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, AGE, HANDICAP OR ABILITY TO PAY. BWMC ALSO PROVIDES NUMEROUS FREE PROGRAMS AND

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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ATTACHMENT 1 (CONT'D)

SERVICES SUCH AS HEALTH CARE SEMINARS, BLOOD PRESSURE AND CHOLESTEROL SCREENINGS, EXERCISE PROGRAMS, PUBLIC SPEAKING ENGAGEMENTS, ETC. THE CENTER'S FACILITIES ARE ALSO UTILIZED BY MANY PUBLIC SERVICE GROUPS AND ORGANIZATIONS THROUGHOUT THE YEAR AT NO CHARGE.

DURING FISCAL YEAR ENDED JUNE 30, 2016, BWMC PROVIDED \$5,655,016 OF CHARITY CARE TO THOSE WHO QUALIFIED UNDER REGULATORY GUIDELINES AND WROTE OFF ANOTHER \$17,584,217 OF PATIENT SERVICE REVENUE AS BAD DEBTS.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CAREFUSION SOLUTIONS LLC PYXIS PRODUCTS 25082 NETWORK PLACE CHICAGO, IL 60673-1250	MEDICAL SERVICES	1,960,891.
SEVERN ANESTHESIA SERVICES PA PO BOX 403 MILLERSVILLE, MD 21108	PHYSICIAN SERVICES	1,378,165.
B E SMITH INC PO BOX 219241 KANSAS CITY, MO 64121-9241	STAFFING SERVICES	1,055,171.
CHESAPEAKE MEDICAL STAFFING 2401 YORK ROAD TIMONIUM, MD 21093	STAFFING SERVICES	970,171.
DIGITRACE CARE SERVICES 200 CORPORATE PLACE PEABODY, MA 01960	HEALTHCARE	872,623.

Name of the organization BALTIMORE WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-0689917
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ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
ALTERNATIVE INVESTMENTS	35,843,000.	48,743,000.	FMV
TOTALS	<u>35,843,000.</u>	<u>48,743,000.</u>	

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

**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)					
(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)	11A	UMBWMS		X
(2) BALTIMORE WASHINGTON HEALTHCARE SERVICES 52-1830243 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	11A	UMBWMS		X
(3) UMD BALTIMORE WASHINGTON MEDICAL SYSTEM 52-1830242 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	11A	UMMSC		X
(4) BW MEDICAL CENTER FOUNDATION INC 52-1813656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	FUNDRAISING	MD	501(C)(3)	11C	UMBWMS		X
(5) NORTH ARUNDEL DEVELOPMENT CORPORATION 52-1318404 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	501(C)(2)		NCC		X
(6) NORTH COUNTY CORPORATION 52-1591355 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	501(C)(2)		UMBWMS		X
(7) CHESTER RIVER HEALTH FOUNDATION INC 52-1338861 100 BROWN STREET CHESTERTOWN, MD 21620	FUNDRAISING	MD	501(C)(3)	08	UMSRH		X

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

Schedule R (Form 990) 2015

**SCHEDULE R  
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OMB No. 1545-0047

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Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

**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)					
(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) UNIV OF MD SHORE REGIONAL HEALTH, INC 100 BROWN STREET CHESTERTOWN, MD 21620 52-2046500	HEALTHCARE	MD	501(C)(3)	11A	UMMSC		X
(2) CHESTER RIVER HOSPITAL CENTER 100 BROWN STREET CHESTERTOWN, MD 21620 52-0679694	HEALTHCARE	MD	501(C)(3)	03	UMSRH		X
(3) CHESTER RIVER MANOR INC 200 MORGNEC ROAD CHESTERTOWN, MD 21620 52-6070333	HEALTHCARE	MD	501(C)(3)	09	UMSRH		X
(4) MARYLAND GENERAL CLINICAL PRACTICE GROUP 827 LINDEN AVENUE BALTIMORE, MD 21201 52-1566211	HEALTHCARE	MD	501(C)(3)	11B	UMMTH		X
(5) MARYLAND GENERAL COMM HEALTH FOUNDATION 827 LINDEN AVENUE BALTIMORE, MD 21201 52-2147532	FUNDRAISING	MD	501(C)(3)	11C	UMMTH		X
(6) UNIVERSITY OF MARYLAND MIDTOWN HEALTH 827 LINDEN AVENUE BALTIMORE, MD 21201 52-1175337	HEALTHCARE	MD	501(C)(3)	11B	UMMSC		X
(7) MARYLAND GENERAL HOSPITAL INC 827 LINDEN AVENUE BALTIMORE, MD 21201 52-0591667	HEALTHCARE	MD	501(C)(3)	03	UMMTH		X

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

Schedule R (Form 990) 2015

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

52-0689917

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

Table with 6 columns: (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. Rows 1-6 are empty.

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.

Table with 9 columns: (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). Rows 1-7 contain data for various organizations.

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

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Department of the Treasury  
Internal Revenue Service

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▶ **Attach to Form 990.**

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Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

**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)					
(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) UMMS FOUNDATION, INC. 52-2238893 22 SOUTH GREENE STREET BALTIMORE, MD 21201	FUNDRAISING	MD	501(C)(3)	11A	UMMSC		X
(2) UNIVERSITY OF MD MEDICAL SYSTEM CORP. 52-1362793 22 SOUTH GREENE STREET BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X
(3) UNIVERSITY OF MARYLAND CHARLES REGIONAL 52-2155576 PO BOX 1070 LA PLATA, MD 20646	HEALTHCARE	MD	501(C)(3)	11C	UMMSC		X
(4) CIVISTA MEDICAL CENTER, INC. 52-0445374 PO BOX 1070 LA PLATA, MD 20646	HEALTHCARE	MD	501(C)(3)	03	UMCRH		X
(5) CHARLES REGIONAL MEDICAL CENTER FDN. 52-1414564 PO BOX 1070 LA PLATA, MD 20646	FUNDRAISING	MD	501(C)(3)	11A	UMCRH		X
(6) CHARLES REGIONAL MEDICAL CENTER AUXILIAR 52-1131193 PO BOX 1070 LA PLATA, MD 20646	FUNDRAISING	MD	501(C)(3)	11A	UMCRH		X
(7) UNIV OF MD ST. JOSEPH FOUNDATION, INC 52-1681044 7601 OSLER DRIVE TOWSON, MD 21204	FUNDRAISING	MD	501(C)(3)	11A	UMMSC		X

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

Schedule R (Form 990) 2015



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

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▶ **Attach to Form 990.**

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Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

**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)					
(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) HARFORD MEMORIAL HOSPITAL, INC. 52-0591484 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	03	UMUCHS		X
(2) UCH LEGACY FUNDING CORPORATION 52-0882914 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	11A	UMUCHS		X
(3) UNIV OF MD UPPER CHESAPEAKE HEALTH SYS. 52-1398513 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	11C; III-FI	UMUCHS		X
(4) UPPER CHESAPEAKE HEALTH FOUNDATION, INC. 52-1398507 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	11A	UMUCHS		X
(5) UPPER CHESAPEAKE MEDICAL CENTER, INC. 52-1253920 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	03	UMUCHS		X
(6) UPPER CHESAPEAKE MEDICAL SERVICES, INC. 52-1501734 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	09	UMUCHS		X
(7) UPPER CHESAPEAKE PROPERTIES, INC. 52-1907237 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	501(C)(2)		UMUCHS		X

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

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Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

**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)					
(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) UPPER CHES RESIDENTIAL HOSPICE HOUSE, IN 26-0737028 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HOSPICE	MD	501(C)(3)	07	UMUCHS		X
(2) UPPER CHESAPEAKE/ST. JOE'S HOME CARE, INC 52-1229742 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HOME CARE	MD	501(C)(3)	09	UMUCHS		X
(3) UMSJ HEALTH SYSTEM, LLC 46-0797956 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	501(C)(3)		UMMSC		X
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

**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) ARUNDEL PHYSICIANS ASSOCIATES 301 HOSPITAL DRIVE GLEN BURNIE	HEALTHCARE	MD	N/A									
(2) BALTIMORE WASHINGTON IMAGING, 301 HOSPITAL DRIVE GLEN BURNIE	HEALTHCARE	MD	N/A									
(3) INNOVATIVE HEALTH LLC 52-19972 29165 CANVASBACK DRIVE, SUITE	BILLING	MD	N/A									
(4) CENTRAL MARYLAND RADIOLOGY ONC 10710 CHARTER DRIVE COLUMBIA,	HEALTHCARE	MD	UMMSC									
(5) UNIVERSITYCARE LLC 52-1914892 22 SOUTH GREENE STREET BALTIMO	HEALTHCARE	MD	UMMSC									
(6) O'DEA MEDICAL ARTS LIMITED PAR 7601 OSLER DRIVE TOWSON, MD 21	RENTAL	MD	UMMSC									
(7) ADVANCED IMAGING AT ST. JOSEPH 7601 OSLER DRIVE TOWSON, MD 21	HEALTHCARE	MD	N/A									

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

(a) 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 CORP					
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES, 52-1936656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORP					
(3) BW PROFESSIONAL SERVICES, INC. 52-1655640 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORP					
(4) UNIV OF MARYLAND CHARLES REGIONAL CARE P 52-2176314 PO BOX 1070 LA PLATA, MD 20646	HEALTHCARE	MD	N/A	C CORP					
(5) UNIVERSITY MIDTOWN PROF CENTER, A CONDOM 52-1891126 827 LINDEN AVENUE BALTIMORE, MD 21201	REAL ESTATE	MD	UMMSC	C CORP					
(6) NA EXECUTIVE BUILDING CONDO ASSN, INC. 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	N/A	C CORP					
(7) TERRAPIN INSURANCE COMPANY 98-0129232 P.O. BOX 1109 GRAND CAYMAN, CJ KY1-1102	INSURANCE	CJ	UMMS	C CORP					

**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) UCHS/UMMS REAL ESTATE TRUST 27 520 UPPER CHESAPEAKE DR BEL AI	REAL ESTATE	MD	N/A									
(2) UNIVERSITY OF MARYLAND CHARLES PO BOX 1070 LAPLATA, MD 20646	HEALTHCARE	MD	N/A									
(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) UMMS SELF INSURANCE TRUST 52-6315433 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UMMS	TRUST					
(2) UPPER CHESAPEAKE INSURANCE COMPANY 98-0468438 P.O BOX 1109 GRAND CAYMAN, CJ	CAPTIVE INSURANCE	MD	UMUCHS	LTD					
(3) UPPER CHESAPEAKE HEALTH VENTURES, INC. 52-2031264 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	UMMS	C CORP					
(4) UPPER CHESAPEAKE MEDICAL CENTER LAND CON 77-0674478 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	UC MED CRT	C CORP					
(5) UPPER CHESAPEAKE MEDICAL OFFICE BUILDING 52-1946829 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	UC HLTH VENT	C CORP					
(6) UNIVERSITY OF MARYLAND HEALTH ADVANTAGE, 46-1411902 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UMMS	C CORP					
(7) UNIVERSITY OF MARYLAND HEALTH PARTNERS, 45-2815803 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UMMS	C CORP					

**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.

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

**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.

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity?.

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.

Table with 3 columns: Question (1a-1s), Yes, No. Rows include: 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? 1a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. 1b Gift, grant, or capital contribution to related organization(s). 1c Gift, grant, or capital contribution from related organization(s). 1d Loans or loan guarantees to or for related organization(s). 1e Loans or loan guarantees by related organization(s). 1f Dividends from related organization(s). 1g Sale of assets to related organization(s). 1h Purchase of assets from related organization(s). 1i Exchange of assets with related organization(s). 1j Lease of facilities, equipment, or other assets to related organization(s). 1k Lease of facilities, equipment, or other assets from related organization(s). 1l Performance of services or membership or fundraising solicitations for related organization(s). 1m Performance of services or membership or fundraising solicitations by related organization(s). 1n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 1o Sharing of paid employees with related organization(s). 1p Reimbursement paid to related organization(s) for expenses. 1q Reimbursement paid by related organization(s) for expenses. 1r Other transfer of cash or property to related organization(s). 1s 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.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows (1) through (6) are currently empty.

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

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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