

Cumulative e-File History 2011	
FED	
Locator:	4219CV
Taxpayer Name:	Baltimore Washington Medical Center, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	05/14/2013 11:58:19
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Status:	Accepted
Submission ID:	23695320131345000011

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning 07/01, 2011, and ending 06/30, 2012

▶ Do not send to the IRS. Keep for your records.

▶ See instructions on back.

2011

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

52-0689917

Name and title of officer

ALFRED A. PIETSCH, TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-E0 and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>340396802.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	_____
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN

1	4	2	3	7
---	---	---	---	---

 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Alfred A. Pietsch* Date ▶ 5-8-13

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

2	3	6	9	5	3	3	6	6	0	5
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Grant Thornton* Date ▶ 5/8/13

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2011)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

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	C Name of organization BALTIMORE WASHINGTON MEDICAL CENTER, INC. Doing Business As			D Employer identification number 52-0689917	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (410) 328-6984	
	City or town, state or country, and ZIP + 4 GLEN BURNIE, MD 21061			G Gross receipts \$ 358,917,426.	
	F Name and address of principal officer: KAREN E. OLS CAMP 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <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	J Website: ▶ MYBWMC.ORG			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1964			M State of legal domicile: MD	

Part I Summary

Activities & Governance	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)	20	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	3,084	
	6	Total number of volunteers (estimate if necessary)	254	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	326,215,805.	336,091,823.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,245,993.	822,666.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,292,191.	3,482,313.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	333,753,989.	340,396,802.
Expenses	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)	147,835,299.	156,728,863.
	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-24f)	166,765,537.	170,386,644.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	314,600,836.	327,115,507.	
19	Revenue less expenses. Subtract line 18 from line 12	19,153,153.	13,281,295.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	411,912,797.	438,495,833.
	21	Total liabilities (Part X, line 26)	277,864,448.	317,006,981.
	22	Net assets or fund balances. Subtract line 21 from line 20	134,048,349.	121,488,852.

Part II Signature Block

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

Sign Here	Signature of officer _____		Date _____		
	Type or print name and title _____				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00532355
	Firm's name ▶ GRANT THORNTON LLP			EIN ▶ 36-6055558	
	Firm's address ▶ 2001 MARKET STREET, SUITE 3100 PHILADELPHIA, PA 19103			Phone no. ▶ 215-561-4200	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 and section 4947(a)(1) trusts 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 \$ 280,252,594. including grants of \$ _____) (Revenue \$ 336,091,823.)

ATTACHMENT 2

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 **▶** 280,252,594.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 1041, and Form 720.

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 to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (20), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 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, 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, physical address, and telephone number of the person who possesses the books and records of the organization: AL CRISP 250 WEST PRATT STREET SUITE 1436 BALTIMORE, MD 21201 410-328-0649

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

Check if Schedule O contains a response to any question in this Part VII X

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 (describe hours for related organizations in Schedule O)	(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			
ATTACHMENT 3										
(1) MICHAEL P. CARUTHERS CHAIRMAN	1.00	X		X				0	0	0
(2) LOUIS L. ZAGARINO VICE CHAIRMAN	1.00	X		X				0	0	0
(3) JOHN G. WARNER SECRETARY	1.00	X		X				0	0	0
(4) JAN W. CLARK TREASURER	1.00	X		X				0	0	0
(5) KAREN E. OLSCAMP PRESIDENT & CEO	5.00	X		X				0	653,576.	12,406.
(6) JEFFREY S. ARMIGER DIRECTOR	1.00	X						0	0	0
(7) DANNY G. BOYD DIRECTOR	1.00	X						0	0	0
(8) ROBERT A. CHRENCIK DIRECTOR	1.00	X						0	2,073,638.	213,731.
(9) LORAIN M. DAILEY DIRECTOR	1.00	X						0	0	0
(10) RANDY DAVIS DIRECTOR / PHYSICIAN	40.00	X						1,197,321.	0	14,303.
(11) RONALD C. DILLON, JR. DIRECTOR	1.00	X						0	0	0
(12) PAUL P. GABLE DIRECTOR	1.00	X						0	0	0
(13) WALTER J. HALL DIRECTOR	1.00	X						0	0	0
(14) THOMAS B. HOWELL DIRECTOR	1.00	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 (describe hours for related organizations in Schedule O)	(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) FRANCES L. LESSANS DIRECTOR	1.00	X					0	0	0	
(16) MARY ANN LOVE DIRECTOR	1.00	X					0	0	0	
(17) KORKUT ONAL DIRECTOR	1.00	X					0	0	0	
(18) WILLIAM M. PASSANO, JR. DIRECTOR	1.00	X					0	0	0	
(19) R. KENT SCHWAB DIRECTOR	1.00	X					0	0	0	
(20) KATHRYN B. FREELAND DIRECTOR	1.00	X					0	0	0	
(21) ALFRED A. PIETSCH VP-FINANCE/CFO	5.00			X			0	365,127.	18,929.	
(22) LAWRENCE S. LINDER SVP & CMO	5.00				X		0	591,678.	19,681.	
(23) COLLEEN H. ROACH VP & CNO	5.00				X		0	264,624.	30,984.	
(24) FRANK V. VENUTO VP-HR	5.00				X		0	222,144.	28,022.	
(25) KATHLEEN C. MCCOLLUM SVP - BUS DEVEL	5.00				X		0	298,467.	17,766.	
1b Sub-total							1,197,321.	2,727,214.	240,440.	
c Total from continuation sheets to Part VII, Section A							2,788,547.	1,926,386.	229,332.	
d Total (add lines 1b and 1c)							3,985,868.	4,653,600.	469,772.	

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 ► 169

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 4		

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 ► 135

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(26) RONALD J. ANDRO COO	5.00				X		0	184,346.	23,340.	
(27) CLIFFORD SOLOMON PHYSICIAN	40.00				X		965,857.	0	20,652.	
(28) AMIEL BETHEL PHYSICIAN	40.00				X		500,121.	0	19,487.	
(29) GALEN OHNMACHT PHYSICIAN	40.00				X		476,353.	0	20,574.	
(30) BENJAMIN MARSHALL PHYSICIAN	40.00				X		447,332.	0	19,549.	
(31) DAVID G. NESCHIS PHYSICIANS	40.00				X		398,884.	0	10,348.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 169

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

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 ►

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			0			
Program Service Revenue	2 a NET PATIENT REVENUE	Business Code	336,091,823.	336,091,823.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			336,091,823.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		233,987.			233,987.	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6 a Gross rents	(i) Real	462,070.				
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)	462,070.				
	d Net rental income or (loss)			462,070.		462,070.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	19,109,303.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	18,520,624.				
		c Gain or (loss)	588,679.				
	d Net gain or (loss)			588,679.		588,679.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events			0			
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities			0				
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code					
11 a CAFETERIA/CAFE SALES	900099		1,537,347.			1,537,347.	
b MEDICAL RECORDS REVENUE	900099		197,062.			197,062.	
c MANAGEMENT FEES	900099		75,973.			75,973.	
d All other revenue	900099		1,209,861.			1,209,861.	
e Total. Add lines 11a-11d			3,020,243.				
12 Total revenue. See instructions			340,396,802.	336,091,823.		4,304,979.	

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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	1,197,321.		1,197,321.	
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	127,828,062.	109,671,576.	18,156,486.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,815,995.	3,243,596.	572,399.	
9 Other employee benefits	14,549,292.	12,366,898.	2,182,394.	
10 Payroll taxes	9,338,193.	7,937,464.	1,400,729.	
11 Fees for services (non-employees):				
a Management	6,578,680.	5,591,878.	986,802.	
b Legal	628,676.		628,676.	
c Accounting	1,529,941.	1,300,450.	229,491.	
d Lobbying	21,853.		21,853.	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	157,034.		157,034.	
g Other	7,728,458.	7,728,458.		
12 Advertising and promotion	1,177,435.	1,000,820.	176,615.	
13 Office expenses	7,635,124.	6,489,855.	1,145,269.	
14 Information technology	10,978,786.	9,331,968.	1,646,818.	
15 Royalties	0			
16 Occupancy	4,049,858.	3,442,379.	607,479.	
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	9,219,495.	7,836,571.	1,382,924.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	21,141,729.	17,970,470.	3,171,259.	
23 Insurance	6,891,434.	5,857,719.	1,033,715.	
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 & NON-MED</u>	49,313,312.	41,916,315.	7,396,997.	
b <u>PURCHASED SERVICES</u>	31,791,016.	27,022,364.	4,768,652.	
c <u>BAD DEBT EXPENSE</u>	11,543,813.	11,543,813.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	327,115,507.	280,252,594.	46,862,913.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	24,561,145.	1	36,052,603.
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	35,323,062.	4	39,516,458.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	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)	0	6	0
	7	Notes and loans receivable, net	629,653.	7	716,009.
	8	Inventories for sale or use	6,014,490.	8	7,006,025.
	9	Prepaid expenses and deferred charges	9,993,281.	9	9,457,829.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 445,238,179.		
	b	Less: accumulated depreciation	10b 204,317,788.	10c	240,920,391.
	11	Investments - publicly traded securities	31,167,000.	11	28,253,599.
	12	Investments - other securities. See Part IV, line 11	17,252,756.	12	19,681,000.
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	43,098,944.	15	56,891,919.
16	Total assets. Add lines 1 through 15 (must equal line 34)	411,912,797.	16	438,495,833.	
Liabilities	17	Accounts payable and accrued expenses	40,551,328.	17	39,070,322.
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	237,313,120.	25	277,936,659.
	26	Total liabilities. Add lines 17 through 25	277,864,448.	26	317,006,981.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	128,152,044.	27	115,522,726.
	28	Temporarily restricted net assets	5,896,305.	28	5,966,126.
	29	Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	134,048,349.	33	121,488,852.	
34	Total liabilities and net assets/fund balances.	411,912,797.	34	438,495,833.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	340,396,802.
2	Total expenses (must equal Part IX, column (A), line 25)	2	327,115,507.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,281,295.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	134,048,349.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-25,840,792.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	121,488,852.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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.)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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 (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 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 2011 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2010 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2011; b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; b 10%-facts-and-circumstances test - 2010; 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) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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. Add lines 1 through 5; 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 (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. 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 **Supplemental Information.** Complete this part to 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).

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

Open to Public Inspection

If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), 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
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 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) 2011

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, volunteers, staff, media, mailings, publications, grants, direct contact, rallies, and other activities. Total amount reported is 21,853.

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 and 3 columns: Question, Yes, No. Questions about dues, in-house lobbying, and carryover.

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 and 3 columns: Question, Yes, No. Questions about dues, nondeductible lobbying, and carryover.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information *(continued)*

OTHER ACTIVITIES

SCHEDULE C, PART II-B, LINE 1I

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 7.35% AND 24.60% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C, PART IV AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. See separate instructions.

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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 contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements. Complete if the organization answered "Yes" to 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... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... Yes No, 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues 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 Revenues 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) 2011

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 XIV.

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" to 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 XIV and complete the following table:

Table with 2 columns: Description, Amount. Rows: 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?

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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: 1a-1g Balance and expense categories.

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 in 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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment. 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: 1a-1e Land, Buildings, Leasehold improvements, Equipment, Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SELF INSURANCE TRUST	19,123,687.
(2) LIMITED USE ASSET - BWMC FOUND	5,966,126.
(3) CONSTRUCTION FUNDS	18,389,788.
(4) TERRAPIN REINSURANCE	13,412,318.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	56,891,919.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO UMMS	187,520,577.
(3) ADVANCES - THIRD PARTY PAYORS	10,043,949.
(4) MALPRACTICE INSURANCE LIABILITY	11,652,750.
(5) AP - AFFILIATES	39,607,357.
(6) PENSION LIABILITY	15,699,708.
(7) TERRAPIN REINSURANCE	13,412,318.
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	277,936,659.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets. Columns include description, line number, and a blank column for values.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e) for reconciliation of revenue. Includes sub-columns 2a-2d and 4a-4b.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e) for reconciliation of expenses. Includes sub-columns 2a-2d and 4a-4b.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Horizontal dashed lines for providing supplemental information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE PER AUDIT REPORT

SCHEDULE D, PART X, LINE 2

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

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**

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
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria 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, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			16,449,119.		16,449,119.	5.03
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			16,449,119.		16,449,119.	5.03
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,065,253.	22,476.	2,042,777.	.62
f Health professions education (from Worksheet 5)			5,162,622.		5,162,622.	1.58
g Subsidized health services (from Worksheet 6)			9,382,804.		9,382,804.	2.87
h Research (from Worksheet 7)			98,458.		98,458.	.03
i Cash and in-kind contributions for community benefit (from Worksheet 8)			394,026.		394,026.	.12
j Total Other Benefits			17,103,163.	22,476.	17,080,687.	5.22
k Total . Add lines 7d and 7j.			33,552,282.	22,476.	33,529,806.	10.25

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

Schedule H (Form 990) 2011

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			2,317.		2,317.	
3 Community support			8,852.		8,852.	
4 Environmental improvements						
5 Leadership development and training for community members			1,542.		1,542.	
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			378.		378.	
9 Other						
10 Total			13,089.		13,089.	

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		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		
Section B. Medicare		
5 Enter total revenue received from Medicare (including DSH and IME)		
6 Enter Medicare allowable costs of care relating to payments on line 5		
7 Subtract line 6 from line 5. This is the surplus (or shortfall)		
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 (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 (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: BALTIMORE WASHINGTON MEDICAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 __ __		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued) BALTIMORE WASHINGTON MEDICAL CENTER

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>5</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
12	Explained the method for applying for financial assistance?	X	
13	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	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14	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 actions the hospital facility may take upon non-payment?	X	
15	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 patient's eligibility under the facility's FAP:		
a	<input checked="" type="checkbox"/> Reporting to credit agency		
b	<input checked="" type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	X	
a	<input checked="" type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) BALTIMORE WASHINGTON MEDICAL CENTER

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
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		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?	X	
If "Yes," explain in Part VI.			

Part V Facility Information (continued)

Section C. 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

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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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 31 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 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 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.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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SCHEDULE H, PART I, 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.

SCHEDULE H, PART I, LINE 7F, COLUMN (C)

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

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

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COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

BALTIMORE WASHINGTON MEDICAL CENTER IS A TRUSTED SOURCED OF RELIABLE, HEALTH INFORMATION FOR THE BUSINESS COMMUNITY IN ANNE ARUNDEL COUNTY. AS AN ACTIVE MEMBER OF SEVERAL CHAMBERS OF COMMERCE, BWMC PROVIDES CLINICAL EXPERTISE, LEADERSHIP AND BEST PRACTICE MODELS TO OTHER COUNTY EMPLOYERS.

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

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GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES.

MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

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.

MEDICARE REIMBURSES MARYLAND HOSPITALS ACCORDING TO RATES ESTABLISHED BY THE HSCRC AS LONG AS THE STATE CONTINUES TO MEET A TWO-PART TEST. THIS TWO-PART WAIVER TEST ALLOWS MEDICARE TO PARTICIPATE IN THE MARYLAND SYSTEM AS LONG AS TWO CONDITIONS ARE MET.

- * ALL OTHER PAYERS PARTICIPATING IN THE SYSTEM PAY HSCRC SET RATES AND
- * THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND HOSPITALS FROM 1981 TO THE PRESENT IS NOT GREATER THAN THE RATE OF GROWTH IN MEDICARE

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PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

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

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ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION
PROCESS.

BALTIMORE WASHINGTON MEDICAL CENTER

SCHEDULE H, PART V, SECTION B

LINE 19D - ALL PATIENTS ARE CHARGED STATE REGULATED RATES, REGARDLESS OF
THEIR ABILITY TO PAY.

LINE 21 - DUE TO STATE REGULATIONS, CHARGES ARE NOT REDUCED FOR ANY
PAYER, INCLUDING COMMERCIAL INSURANCE, GOVERNMENT PAYERS, OR UNINSURED
PATIENTS. ALL CHARGES ARE GROSS CHARGES.

COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

BALTIMORE WASHINGTON MEDICAL CENTER DID NOT PERFORM A COMMUNITY HEALTH
NEEDS ASSESSMENT AS DEFINED BY THE FEDERAL REFORM BILL IN FY12. HOWEVER,
SUCH AN ASSESSMENT HAS BEEN COMPLETED IN FY13 AND WILL BE PUBLISHED ALONG
WITH BWMC'S IMPLEMENTATION STRATEGY/PLAN IN MAY 2013.

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FOR FY12, BALTIMORE WASHINGTON MEDICAL CENTER UTILIZED THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH REPORT CARD OF COMMUNITY HEALTH INDICATORS TO DIRECT COMMUNITY OUTREACH ACTIVITIES. THIS REPORT CARD IS ISSUED BY THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH AND REVIEWED BY BWMC EACH YEAR. THE MAY 2011 REPORT CARD WAS UTILIZED TO DIRECT FY12 COMMUNITY OUTREACH EFFORTS. ADDITIONAL RESOURCES REFERENCED TO IDENTIFY COMMUNITY HEALTH NEEDS INCLUDED COUNTY HEALTH RANKINGS ([HTTP://WWW.COUNTYHEALTHRANKINGS.ORG](http://WWW.COUNTYHEALTHRANKINGS.ORG)) AND MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S STATE HEALTH IMPROVEMENT PLAN (SHIP) ([HTTP://DHMH.MARYLAND.GOV/SHIP/](http://DHMH.MARYLAND.GOV/SHIP/)).

THE HEALTHY ANNE ARUNDEL COALITION WAS FORMED IN DECEMBER 2011 AND IS MANAGED BY THE COUNTY DEPARTMENT OF HEALTH. THE HEALTHY ANNE ARUNDEL STEERING COMMITTEE, INCLUDING VICE CHAIR, KATHLEEN MCCOLLUM, SENIOR VICE PRESIDENT OF BUSINESS DEVELOPMENT AND AMBULATORY SERVICES AT BALTIMORE WASHINGTON MEDICAL CENTER, IS COMPOSED OF PUBLIC SECTOR AGENCIES, HEALTH CARE PROVIDERS AND PAYERS, THE BUSINESS COMMUNITY, AND COMMUNITY-BASED AND ACADEMIC PARTNERS INCLUDING:

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-ANNE ARUNDEL COMMUNITY COLLEGE

-ANNE ARUNDEL COUNTY DEPARTMENT OF AGING AND DISABILITIES

-ANNE ARUNDEL COUNTY DEPARTMENT OF DETENTION FACILITIES

-ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH (INCLUDING REPRESENTATIVES FROM

WOMEN'S INFANTS AND CHILDREN (WIC) AND HEALTHY START)

-ANNE ARUNDEL DEPARTMENT OF RECREATION AND PARKS

-ANNE ARUNDEL COUNTY DEPARTMENT OF SOCIAL SERVICES

-ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC.

-ANNE ARUNDEL COUNTY OFFICE OF THE COUNTY EXECUTIVE

-ANNE ARUNDEL COUNTY PUBLIC SCHOOLS

-ANNE ARUNDEL ECONOMIC DEVELOPMENT CORPORATION

-ANNE ARUNDEL HEALTH SYSTEM

-ARUNDEL COMMUNITY DEVELOPMENT SERVICES, INC.

-BALTIMORE WASHINGTON MEDICAL CENTER

-CAREFIRST BLUECROSS BLUESHIELD

-CITY OF ANNAPOLIS MAYOR'S OFFICE

-COMMUNITY FOUNDATION OF ANNE ARUNDEL COUNTY

-HOUSING AUTHORITY OF THE CITY OF ANNAPOLIS

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-MEDSTAR HARBOR HOSPITAL

-NAACP-ANNE ARUNDEL COUNTY BRANCH

-PEOPLE'S COMMUNITY HEALTH CENTERS, INC.

-RITE AID CORPORATION

-UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH

-WAL-MART

IN ADDITION TO PROVIDING THE COALITION WITH STEERING COMMITTEE LEADERSHIP, A VARIETY OF CLINICAL AND NON-CLINICAL BWMC ASSOCIATES SERVE ON VARIOUS COALITION WORKGROUPS.

THE WORK OF THE COALITION BEGAN BY REVIEWING AND PRIORITIZING OBJECTIVES IDENTIFIED BY THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S (DHMH) STATE HEALTH IMPROVEMENT PROCESS (SHIP). SHIP, LAUNCHED IN SEPTEMBER 2011, FOCUSES ON IMPROVING THE HEALTH OF MARYLAND RESIDENTS IN SIX VISION AREAS: HEALTHY BABIES, HEALTHY SOCIAL ENVIRONMENTS, SAFE PHYSICAL ENVIRONMENTS, INFECTIOUS DISEASE, CHRONIC DISEASE AND HEALTH CARE ACCESS. UNDER SHIP'S UMBRELLA, THE COALITION DEVELOPS AND IMPLEMENTS

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STRATEGIES THAT WILL IMPROVE LOCAL PUBLIC HEALTH. THE STEERING COMMITTEE THEN REVIEWED COUNTY DATA AND IDENTIFIED SEVEN HEALTH FOCAL AREAS THAT INCLUDED OBESITY, CANCER, MENTAL HEALTH AND SUBSTANCE ABUSE, DENTAL CARE, SEXUAL HEALTH, HOUSING AND THE ENVIRONMENT. THE STEERING COMMITTEE DECIDED TO FOCUS THE COALITION'S EFFORTS ON TWO HEALTH PRIORITIES: (1) OBESITY PREVENTION AND (2) MANAGEMENT OF SUBSTANCE ABUSE AND MENTAL HEALTH AS CO-OCCURRING DISORDERS.

THE COALITION FORMULATED AN ACTION PLAN THAT ARTICULATES SPECIFIC GOALS AND STRATEGIES FOR BOTH HEALTH PRIORITIES. THROUGH COALITION WORKGROUPS AND COMMITTEES, REPRESENTATIVES FROM AROUND THE COUNTY COLLABORATE TO ASSESS LOCAL HEALTH NEEDS AND SERVICES; SHARE DATA AND OTHER RESOURCES; EXPLORE EVIDENCE-BASED HEALTH PRACTICES; AND ACQUIRE SUPPORT TO ENHANCE AND INITIATE HEALTH PROGRAMS THAT IMPACT TARGETED POPULATIONS AND COMMUNITIES. THE COALITION PLANS TO EFFECTIVELY LEVERAGE AND UTILIZE NEW AND EXISTING RESOURCES TO MEASURABLY IMPROVE THE COUNTY'S HEALTH.

IN ADDITION TO BEING AN INTEGRAL PART OF THE HEALTHY ANNE ARUNDEL

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COALITION, BWMC CONTINUES TO MAINTAIN OPEN COMMUNICATION WITH THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH, ANNE ARUNDEL COUNTY PUBLIC SCHOOL SYSTEM AND CHURCH LEADERS. BWMC'S COMMUNITY OUTREACH PROGRAMS CAN BE FOUND IN COUNTY SCHOOLS, SENIOR CENTERS, COMMUNITY CENTERS AND CHURCHES THROUGHOUT THE COUNTY.

BWMC'S DIRECTOR OF COMMUNITY OUTREACH PARTICIPATES IN COMMITTEES AND ADVISORY COUNCILS, PROMOTING CONTINUOUS DIALOGUE BETWEEN THE MEDICAL CENTER AND COMMUNITY STAKEHOLDERS. THIS PROVIDES OPPORTUNITIES FOR NEW IDEAS AND PROGRAMS TO BE EXCHANGED, ALLOWING BWMC TO MAXIMIZE COMMUNITY OUTREACH EFFORTS.

BWMC SEEKS INSIGHT FROM COMMUNITY MEMBERS ATTENDING EDUCATIONAL PROGRAMS THROUGH ITS PROGRAM EVALUATION TOOL. PROGRAM PARTICIPANTS ARE ASKED TO COMPLETE A BRIEF SURVEY EVALUATION, PROVIDING FEEDBACK AND COMMENTS ABOUT THE PROGRAM THEY ATTENDED, AS WELL AS PROVIDING SUGGESTIONS FOR FUTURE PROGRAM TOPICS. THIS VALUABLE INSIGHT IS USED IN CONJUNCTION WITH THE DHMH SHIP AND THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH REPORT CARD OF

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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COMMUNITY HEALTH INDICATORS TO PLAN FUTURE EDUCATIONAL OFFERINGS AND
DIRECT OUTREACH ACTIVITIES.

ADDITIONALLY, IN MARCH 2012, A COMMUNITY HEALTH ASSESSMENT WEB SURVEY WAS AVAILABLE ON THE HOME PAGE OF BWMC'S WEB SITE, MYBWMC.ORG. VISITORS WERE PROMPTED TO TAKE THE SURVEY ONLY ONCE ON THEIR FIRST VISIT TO MYBWMC.ORG AND WERE GIVEN THE OPTION TO BYPASS TAKING THE SURVEY IF THEY WERE NOT INTERESTED IN PROVIDING FEEDBACK. ONE HUNDRED THIRTY-ONE PEOPLE RESPONDED TO THIS NINE QUESTION SURVEY, 85 OF WHICH LIVE IN ANNE ARUNDEL COUNTY. OF THESE 85 RESPONDENTS, 71% (60 RESPONDENTS), INDICATED THAT HIGH BLOOD PRESSURE, HEART DISEASE AND ISSUES OF BEING OVERWEIGHT OR OBESE WERE OF MODERATE OR SERIOUS CONCERN TO THEM. HOWEVER, OF THESE SAME 85 RESPONDENTS, ONLY 25% (21 RESPONDENTS) INDICATED THAT THEY PARTICIPATE IN 30 MINUTES OR MORE OF PHYSICAL ACTIVITY OR EXERCISE THREE OR MORE TIMES PER WEEK. ALBEIT A RELATIVELY SMALL SAMPLE SIZE, RESULTS DIRECTLY CORRELATE WITH THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH REPORT CARD OF COMMUNITY HEALTH INDICATORS THAT SHOWS OBESITY AND RELATED HEALTH CONCERNS A REALITY FOR A LARGE PORTION OF OUR COMMUNITY (28%).

Part VI Supplemental Information

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ELIGIBILITY EDUCATION

SCHEDULE H, PART VI, LINE 3

BALTIMORE WASHINGTON MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY (FAP) IS ESTABLISHED TO ASSIST PATIENTS IN OBTAINING FINANCIAL AID WHEN IT IS BEYOND THEIR ABILITY TO PAY FOR SERVICES RENDERED.

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 BALTIMORE WASHINGTON MEDICAL CENTER.

BALTIMORE WASHINGTON MEDICAL CENTER 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:

-BWMC PREPARES ITS FAP IN A CULTURALLY SENSITIVE MANNER, AT A READING LEVEL APPROPRIATE TO THE CBSA'S POPULATION AND IN SPANISH.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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-BPMC POSTS ITS FAP AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN ALL
ADMISSION AREAS, THE EMERGENCY ROOM AND ALL OTHER OUTPATIENT AREAS
THROUGHOUT THE FACILITY.

-A COPY OF BPMC'S FAP IS INCLUDED IN THE PATIENT HANDBOOK THAT IS
PROVIDED TO EACH PATIENT UPON ADMISSION.

-A COPY OF BPMC'S FAP AND FINANCIAL ASSISTANCE CONTACT INFORMATION IS
PROVIDED TO EACH PATIENT UPON DISCHARGE.

-A COPY OF BPMC'S FAP AND FINANCIAL ASSISTANCE CONTACT INFORMATION IS
PROVIDED IN PATIENT BILLS; AND/OR

-BPMC DISCUSSES WITH PATIENTS OR THEIR FAMILIES THE AVAILABILITY OF
VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID OR STATE PROGRAMS, AND
EMPLOYS DEDICATED STAFF ON-SITE TO ASSIST PATIENTS WITH QUALIFICATION FOR
SUCH PROGRAMS.

Part VI Supplemental Information

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-AN ABBREVIATED STATEMENT REFERENCING BWMC'S FINANCIAL ASSISTANCE POLICY,
INCLUDING A PHONE NUMBER TO CALL FOR MORE INFORMATION, IS RUN ANNUALLY IN
THE LOCAL NEWSPAPERS (MARYLAND GAZETTE, CAPITAL AND BALTIMORE SUN).

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

ANNE ARUNDEL COUNTY IS THE FIFTH LARGEST JURISDICTION IN MARYLAND WITH
OVER 537,000 RESIDENTS. IT IS PART OF THE BALTIMORE METROPOLITAN AREA AND
IS LOCATED ON THE CHESAPEAKE BAY, ENCOMPASSING A 454 SQUARE MILE AREA.
THE CITY OF ANNAPOLIS (21401), THE STATE CAPITOL, IS CENTRALLY LOCATED
BETWEEN BALTIMORE AND WASHINGTON, D.C. THE NORTHERN PART OF THE COUNTY IS
SUBURBAN AND URBAN WITH THE SOUTHERN PART PRIMARILY RURAL AND
AGRICULTURAL. THE COUNTY HAS TWO STATE PARKS AND MORE THAN 70 COUNTY
PARKS FOR RESIDENTS TO ENJOY.

EMPLOYMENT IN ANNE ARUNDEL COUNTY IS DISTRIBUTED ACROSS A WIDE ARRAY OF
INDUSTRIAL SECTORS. BASED ON 2011 EMPLOYMENT FIGURES, TRADE,
TRANSPORTATION AND UTILITIES, GOVERNMENT AND PROFESSIONAL AND BUSINESS

Part VI Supplemental Information

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SERVICES ACCOUNT FOR MORE THAN 60% OF THE TOTAL COUNTY EMPLOYMENT: 27%,
18%, AND 18%, RESPECTIVELY. OTHER MAJOR EMPLOYMENT SECTORS INCLUDE
LEISURE AND HOSPITALITY SERVICES (14%) AND EDUCATION AND HEALTH SERVICES
(14%) (SOURCE: MD DEPARTMENT OF LABOR, LICENSING, AND REGULATION,
2011).

ANNE ARUNDEL COUNTY HAS A DIVERSE POPULATION WITH RESPECT TO AGE
DISTRIBUTION. ACCORDING TO 2011 CENSUS DATA, PERSONS BETWEEN THE AGES OF
18 AND 44 YEARS OLD COMPRISE THE LARGEST SEGMENT OF THE POPULATION AT
36.4%. THE NEXT LARGEST GROUP IS PERSONS AGE 45 TO 64, WHICH MAKES UP
APPROXIMATELY 28.6% OF THE TOTAL POPULATION. PERSONS AGE 17 AND UNDER ARE
23% OF THE COUNTY POPULATION AND THOSE AGES 65 AND OLDER COMPRISE 12.1%
OF THE POPULATION. (SOURCE: 2011 AMERICAN COMMUNITY SURVEY, U.S. CENSUS
BUREAU).

ANNE ARUNDEL COUNTY HAS APPROXIMATELY 120 PUBLIC SCHOOLS, 75 PRIVATE
SCHOOLS, 70,000 STUDENTS, 5,000 TEACHERS AND THREE MAJOR INSTITUTIONS OF
HIGHER EDUCATION. ONE OF THE MOST BENEFICIAL ASSETS TO ANNE ARUNDEL

Part VI Supplemental Information

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COUNTY IS ITS WELL-EDUCATED POPULATION. CENSUS ESTIMATES SHOW THAT APPROXIMATELY 90% OF THE POPULATION OVER AGE 25 HAS OBTAINED A HIGH SCHOOL DIPLOMA AND APPROXIMATELY 36% OF ANNE ARUNDEL COUNTY'S POPULATION AGE 25 AND OVER HAS EITHER A BACHELOR'S DEGREE OR A GRADUATE PROFESSIONAL DEGREE. (SOURCE: 2011 AMERICAN COMMUNITY SURVEY, U.S. CENSUS BUREAU).

WHILE ANNE ARUNDEL COUNTY IS GENERALLY CONSIDERED AN AFFLUENT COUNTY, IT IS IMPORTANT TO RECOGNIZE THAT MORE THAN 30,000 PEOPLE (5.7%) LIVE IN POVERTY (SOURCE: 2011 AMERICAN COMMUNITY SURVEY, U.S. CENSUS BUREAU). QUALITY OF LIFE FOR THIS POPULATION IS HINDERED BY ISSUES OF RACIAL DISPARITY AND LIMITED ACCESS TO AFFORDABLE HOUSING AND HEALTH CARE.

WHILE ANNE ARUNDEL COUNTY HAS NOT EXPERIENCED THE RACIAL AND ETHNIC TRANSFORMATION HAPPENING IN NEIGHBORING COUNTIES, THERE IS GROWTH IN MINORITY NUMBERS IN ALL CATEGORIES. WHILE HISPANICS ACCOUNT FOR ONLY 6.1% OF THE COUNTY'S POPULATION AS COMPARED TO 8.4% FOR MARYLAND, THIS REPRESENTS A 25% INCREASE FROM 2008. ASIANS MAKE-UP JUST OVER 3% OF THE POPULATION (SOURCE: MARYLAND DEPARTMENT OF PLANNING, PLANNING DATA

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SERVICES, FROM THE POPULATION DIVISION, U.S. CENSUS BUREAU, JUNE 2010).

HEALTH DISPARITIES AND POOR HEALTH OUTCOMES ARE THE REALITY FOR
AFRICAN-AMERICANS IN ANNE ARUNDEL COUNTY. THIS POPULATION CONTINUES TO
HAVE THE HIGHEST INCIDENCE, PREVALENCE AND MORTALITY RATES FROM CHRONIC
DISEASES INCLUDING CARDIOVASCULAR DISEASE, DIABETES AND OBESITY
(SOURCE: [HTTP://WWW.DHMH.MARYLAND.GOV/SHIP](http://www.dhmm.maryland.gov/ship)).

PRETERM BIRTH AND LOW BIRTH WEIGHT CONTINUES TO BE THE LEADING CAUSE OF
DEATH AMONG INFANTS IN ANNE ARUNDEL COUNTY. THE HEALTH OF INFANTS (LESS
THAN ONE YEAR OLD) IS REFLECTIVE OF THE HEALTH AND SOCIAL SYSTEM A
COMMUNITY HAS IN PLACE TO SUPPORT FAMILIES AND NEIGHBORHOODS. INFANT
MORTALITY MEASURES DEATHS DURING THE FIRST YEAR OF LIFE. THE HEALTH OF
THE MOTHER BEFORE PREGNANCY CAN HAVE A PROFOUND IMPACT ON THE HEALTH OF
HER BABY. ISSUES SUCH AS PRE-PREGNANCY WEIGHT, TIMELY INITIATION OF
PRENATAL CARE, CHRONIC DISEASE MANAGEMENT AND SUBSTANCE ABUSE (INCLUDING
TOBACCO, ALCOHOL AND PRESCRIPTION DRUGS) CONTINUE TO AFFECT THE HEALTH OF
BABIES BORN IN THE COUNTY.

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OVERALL, ANNE ARUNDEL COUNTY RANKS 7TH (OUT OF 24 COUNTIES INCLUDING BALTIMORE CITY) IN HEALTH MEASURES SUCH AS HEALTH BEHAVIORS AND SOCIAL AND ECONOMIC FACTORS THAT INDICATE WHAT INFLUENCES THE HEALTH OF THE COUNTY, AND 10TH IN HEALTH OUTCOMES THAT INDICATE THE OVERALL HEALTH OF THE COUNTY (SOURCE: [HTTP://WWW.COUNTYHEALTHRANKINGS.ORG](http://www.countyhealthrankings.org)).

BALTIMORE WASHINGTON MEDICAL CENTER CONSIDERS MOST OF ANNE ARUNDEL COUNTY THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA (CBSA):

BWMC PRIMARY COMMUNITY BENEFIT SERVICE AREA: 21060, 21061, 21122, 21144, 21225 AND 21226

BWMC SOUTH COMMUNITY BENEFIT SERVICE AREA: 21012, 21032, 21054, 21108, 21114, 21401, 21402 AND 21146

BWMC WEST COMMUNITY BENEFIT SERVICE AREA: 21090, 21113, 20755, 21240, 21227 AND 21076

A FEW SOUTHERN ANNE ARUNDEL COUNTY ZIP CODES HAVE BEEN EXCLUDED (20711, 20733, 20751, 20758, 20764, 20765, 20779) AND A FEW EASTERN HOWARD COUNTY

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ZIP CODES (20723, 20794, AND 21075) ARE ALSO PART OF THE HOSPITAL'S CBSA.

HOWEVER, FOR THIS REPORT, THE DATA PRESENTED BELOW IS BASED ON ANNE

ARUNDEL COUNTY.

COMMUNITY BENEFIT SERVICE AREA (CBSA) TARGET POPULATION: 537,656

MALE 49.4%; FEMALE 50.6%

WHITE, NOT HISPANIC (NH): 72.4%

BLACK, NH: 15.2%

HISPANIC: 6.1%

ASIAN, NH: 3.4%

AMERICAN INDIAN, NH: 0.3%

OTHER, NH: 2.6%

CBSA MEDIAN AGE: 38.4

(SOURCE: MARYLAND DEPARTMENT OF PLANNING, PLANNING DATA SERVICES, FROM

THE POPULATION DIVISION, U.S. CENSUS BUREAU, JUNE 2011.)

MEDIAN HOUSEHOLD INCOME WITHIN THE CBSA: \$84,138

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(SOURCE: 2011 AMERICAN COMMUNITY SURVEY, U.S. CENSUS BUREAU; MARYLAND STATE DATA CENTER, MARYLAND DEPARTMENT OF PLANNING.)

PERCENTAGE OF HOUSEHOLDS WITH INCOMES BELOW THE FEDERAL POVERTY GUIDELINES WITHIN THE CBSA: 4.6% (FAMILIES); 7.2% (INDIVIDUALS)

(SOURCE: 2011 AMERICAN COMMUNITY SURVEY, U.S. CENSUS BUREAU; MARYLAND STATE DATA CENTER, MARYLAND DEPARTMENT OF PLANNING.)

PERCENTAGE OF UNINSURED PEOPLE BY COUNTY WITHIN THE CBSA:

CIVILIAN NON-INSTITUTIONALIZED POPULATION: 6.8% UNINSURED

CIVILIAN NON-INSTITUTIONALIZED POPULATION (UNDER 18): 51.8% UNINSURED

(SOURCE: 2011 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES SURVEY: AMERICAN COMMUNITY SURVEY.)

PERCENTAGE OF MEDICAID RECIPIENTS BY COUNTY WITHIN THE CBSA: 9.0%

(SOURCE: MARYLAND MEDICAID EHEALTH STATISTICS FY12- MARYLAND DHMH.)

LIFE EXPECTANCY BY COUNTY WITHIN THE CBSA: 79.0 YEARS (SOURCE: DEATH

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CERTIFICATE DATA, MARYLAND DIVISION OF HEALTH STATISTICS, MARYLAND

DHMH.)

MORTALITY RATES BY COUNTY WITHIN THE CBSA (AGE -ADJUSTED RATES PER

100,000 POPULATION) :

CORONARY HEART DISEASE	191.6
STROKE	41.4
DIABETES	22.0
UNINTENTIONAL INJURIES	21.8
ALL CANCER	182.2
LUNG CANCER	63.2
FEMALE BREAST CANCER	25.0
HOMICIDE	3.8
SUICIDE	49.5

(SOURCE: MARYLAND VITAL STATISTICS ANNUAL REPORT, DIVISION OF HEALTH

STATISTICS, MARYLAND DHMH 2010.)

PROPORTION OF COUNTY RESTAURANTS THAT ARE FAST FOOD RESTAURANTS: 58%

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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.
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ACCESS TO HEALTHY FOODS: 62%

(SOURCE: URL: [HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/MARYLAND/ANNE-ARUNDEL](http://WWW.COUNTYHEALTHRANKINGS.ORG/MARYLAND/ANNE-ARUNDEL))

QUALITY OF HOUSING:

MEDIAN CONTRACT RENT IN 2010 FOR APARTMENTS: \$1,371 (SOURCE: URL:

[HTTP://WWW.CITY-DATA.COM/COUNTY](http://WWW.CITY-DATA.COM/COUNTY))

EST. MEDIAN HOUSE OR CONDO VALUE IN 2010: \$332,800 (SOURCE: URL:

[HTTP://WWW.CITY-DTA.COM/COUNTY](http://WWW.CITY-DTA.COM/COUNTY))

TOTAL HOUSING UNITS: 199,848

OWNER-OCCUPIED: 148,234

RENTER-OCCUPIED (PAYING RENT): 48,232

(SOURCE: 2011 AMERICAN COMMUNITY SURVEY, U.S. CENSUS BUREAU.)

ACCESS TO GOVERNMENT SUBSIDIZED/SECTION 8 HOUSING (RENTER PAYS 30% OF

TOTAL ADJUSTED INCOME): 1,026 UNITS WITH A MINIMUM WAITING LIST FOR

Part VI Supplemental Information

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PLACEMENT OF ONE YEAR.

AVAILABLE BUT PREFERENTIAL CONSIDERATION IS GIVEN TO THOSE WITH ONE OR MORE OF THE FOLLOWING MITIGATING FACTORS:

1. 62 YEARS OR OLDER
2. ANNE ARUNDEL COUNTY RESIDENT
3. DISABLED
4. RENT BURDENED (PAYING MORE THAN HALF OF INCOME FOR RENT)

IN ADDITION, FACTORS SUCH AS HOMELESSNESS, DISPLACEMENT, SUBSTANDARD RESIDENCE, AND PHYSICAL VICTIMIZATION MAY BE CONSIDERED.

(SOURCE: URL: WWW.AACOUNTY.ORG/AGING/RESOURCES)

ACCESS TO TRANSPORTATION WITHIN THE CBSA:

VEHICLES AVAILABLE (BASED ON TOTAL HOUSING UNITS): 192,325

NO VEHICLES AVAILABLE: 7,523

(SOURCE: 2011 AMERICAN COMMUNITY SURVEY, U.S. CENSUS BUREAU.)

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ANNE ARUNDEL COUNTY IS SERVED BY A VARIETY OF PUBLIC AND SPECIALIZED
TRANSPORTATION, PROVIDING BOTH LOCAL SERVICE AND REGIONAL CONNECTIONS.
THE TRANSIT PROVIDERS SERVING THE COUNTY INCLUDE (BUT NOT LIMITED TO):

MARYLAND TRANSIT ADMINISTRATION:

-MARC COMMUTER RAIL SERVICE ON THE PENN LINE WITH STOPS IN ODENTON AND
BWI AIRPORT RAIL STATIONS.

-LIGHT RAIL SERVICE LINKING DOWNTOWN BALTIMORE TO PATAPSCO, BALTIMORE
HIGHLANDS, NURSERY ROAD, NORTH LINTHICUM, LINTHICUM, BWI BUSINESS PARK,
BWI AIRPORT, FERNDALE AND CROMWELL STATIONS IN THE COUNTY.

MTA LOCAL BUS SERVICES:

-ROUTE 14 BETWEEN ANNAPOLIS, PATAPSCO LIGHT RAIL STATION, AND DOWNTOWN
BALTIMORE

-ROUTE 17 BETWEEN PARKWAY CENTER, BWI AIRPORT, AND PATAPSCO LIGHT RAIL
STATION

CENTRAL MARYLAND REGIONAL TRANSPORTATION/CONNECT-A-RIDE SERVICES IN WEST

Part VI Supplemental Information

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ANNE ARUNDEL COUNTY:

-ROUTE B: LAUREL MALL TO MARYLAND CITY

-ROUTE J: LAUREL MALL/ARUNDEL MILLS MALL /CROMWELL LIGHT RAIL

\STATION/GLEN BURNIE/FREETOWN

-ROUTE K: ARUNDEL MILLS MALL/SEVERN/MEADE VILLAGE/PIONEER CITY/SEVEN

OAKS/ODENTON MARC/ODENTON

-ROUTE M: A PEAK HOUR CIRCULATOR ROUTE PROVIDING SERVICE BETWEEN THE

PITNEY ORCHARD COMMUNITY AND THE ODENTON MARC STATION

(SOURCE: URL: [HTTP://WWW.AACOUNTY.ORG/PLANZONE/TRANSPORTATION/TRANSIT](http://www.aacounty.org/planzone/transportation/transit))

CBSA ADULT OBESITY (PERCENTAGE OF ADULTS THAT REPORT BMI >=30): 28%

(SOURCE: URL:

[HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/MARYLAND/ANNE-ARUNDEL/2012](http://www.countyhealthrankings.org/maryland/anne-arundel/2012))

ANNUAL AVERAGE CBSA UNEMPLOYMENT RATE: 6.6%

(SOURCE: MARYLAND DEPARTMENT OF LABOR, LICENSING & REGULATION, 2010.)

ACCESS TO QUALITY HEALTH CARE:

HOSPITALS: BALTIMORE WASHINGTON MEDICAL CENTER

ANNE ARUNDEL MEDICAL CENTER

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FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs): PEOPLE'S COMMUNITY HEALTH
CENTER, INC.

2 CENTERS: (1) 21226 AND (1) 21144

(SOURCE: URL: [HTTP://WWW.DHMH.STATE.MD/US/GETHEALTHCARE/FQHC.PDF](http://www.dhmm.state.md/us/gethealthcare/fqhc.pdf))

HEALTH DISPARITIES (SELECTED)

INFANT MORTALITY RATE (PER 1,000 BIRTHS)

WHITE/NON-HISPANIC: 6.1

BLACK: 12.0

PERCENTAGE OF BIRTHS THAT ARE LOW BIRTH WEIGHT (LBW)

WHITE/NON-HISPANIC: 7.7%

BLACK: 13.2%

RATE OF ED VISITS FOR ASTHMA PER 10,000 POPULATION

WHITE/NON-HISPANIC: 45.3

BLACK: 251.2

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RATE OF ED VISITS FOR DIABETES PER 100,000 POPULATION

WHITE/NON-HISPANIC: 255.0

BLACK: 728.0

RATE OF ED VISITS FOR HYPERTENSION PER 100,000 POPULATION

WHITE/NON-HISPANIC: 124.1

BLACK: 542.6

(SOURCE: [HTTP://WWW.DHMH.MARYLAND.GOV/SHIP](http://www.dhmm.maryland.gov/ship))

PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

THE PRIMARY HEALTH NEEDS IDENTIFIED BY THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH REPORT CARD OF COMMUNITY HEALTH INDICATORS ARE CANCER, HEART DISEASE, CHRONIC LOWER RESPIRATORY DISEASE (CLRD), STROKE AND INFANT MORTALITY. OBESITY WAS ALSO IDENTIFIED AS A HEALTH ISSUE FOR MORE THAN 28% OF ADULTS IN BWMC'S CBSA. THROUGH THE PROGRAMMING OUTLINED BELOW, BWMC ADEQUATELY ADDRESSES CANCER, HEART DISEASE AND OBESITY, STROKE AND

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INFANT MORTALITY. CHRONIC LOWER RESPIRATORY DISEASE (CLDR) IS PARTIALLY ADDRESSED THROUGH THE OFFERING OF SMOKING CESSATION CLASSES. A LACK OF APPROPRIATE EXPERTISE PREVENTED ADDRESSING THE WELL-DOCUMENTED RELATIONSHIP BETWEEN ELEVATED AIR POLLUTION (ENVIRONMENT) AND COMPROMISED HEALTH INCLUDING DECREASED LUNG FUNCTION, CHRONIC BRONCHITIS, ASTHMA AND OTHER ADVERSE PULMONARY EFFECTS.

INITIATIVE 1

IDENTIFIED NEED: INFANT MORTALITY

HOSPITAL INITIATIVE: STORK'S NEST

PRIMARY OBJECTIVE OF INITIATIVE: THE PRIMARY OBJECTIVES OF STORK'S NEST INCLUDE PREVENTING PREMATURE BIRTHS, LOW BIRTH WEIGHT BABIES AND SUDDEN INFANT DEATH SYNDROME (SIDS), THE LEADING CAUSES OF INFANT MORTALITY. PRENATAL CARE IS ESSENTIAL TO INCREASING CHANCES OF POSITIVE PREGNANCY OUTCOMES. BWMC'S STORK'S NEST IS AN INCENTIVE-BASED PRENATAL EDUCATION PROGRAM DESIGNED TO ENCOURAGE PREGNANT WOMEN TO HAVE A HEALTHY PREGNANCY, GIVING THEIR BABIES THE BEST OPPORTUNITY FOR A HEALTHY BEGINNING. EDUCATIONAL TOPICS INCLUDE HEALTHY EATING FOR TWO, EXERCISE, MANAGING

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STRESS, BREASTFEEDING AND SAFE SLEEPING FOR BABY. 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. THE PROGRAM OFFERS MULTIPLE EIGHT-WEEK, HOUR-LONG EDUCATION CLASSES. ONE SPANISH CLASS (ESPERANDO BEBE), TWO ADULT ENGLISH CLASSES AND ONE TEENAGE CLASS ARE OFFERED.

SINGLE OF MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVE BEGINNING IN 2006.

KEY PARTNERS AND/OR HOSPITALS IN INITIATIVE DEVELOPMENT AND/OR IMPLEMENTATION: BWMC IS THE LEADING SPONSOR OF THIS INITIATIVE.

ADDITIONAL SUPPORTING SPONSORS INCLUDE THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH, MARCH OF DIMES (MARYLAND CHAPTER) AND ZETA PHI BETA SORORITY.

EVALUATION DATES: JULY 1, 2011 THROUGH JUNE 30, 2012 WAS EVALUATED IN JULY 2012.

OUTCOMES: 211 ANNE ARUNDEL COUNTY RESIDENTS PARTICIPATED IN STORK'S NEST IN FY12. THIS REPRESENTS A 25% INCREASE FROM FY11. THE PROGRAM

Part VI Supplemental Information

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COORDINATOR CONTACTS PROGRAM PARTICIPANTS AT THREE MONTHS AND 12 MONTHS
 POSTPARTUM TO CONDUCT A THOROUGH FOLLOW-UP TO DETERMINE HEALTH OF THE
 MOTHER AND BABY. AT THREE MONTHS, EACH PARTICIPANT IS ASKED A VARIETY OF
 QUESTIONS REGARDING THE BABY'S BIRTH WEIGHT, WHETHER THE BABY IS TAKEN TO
 THE PEDIATRICIAN REGULARLY, THE EMOTIONAL HEALTH OF THE MOTHER AND
 WHETHER OR NOT THE BABY IS PROVIDED A SAFE SLEEP ENVIRONMENT. AT 12
 MONTHS, PARTICIPANTS ARE QUESTIONED ABOUT CONTINUING TO TAKE THEIR INFANT
 TO THE PEDIATRICIAN FOR WELLNESS VISITS/IMMUNIZATIONS. FY12 OUTCOMES
 DIRECTLY LINKED TO REDUCING INFANT MORTALITY (WITH DUE DATES ON OR BEFORE
 6/30/12) INCLUDE:

- BABIES BORN >= 37 WEEKS GESTATION: 91%
- BABIES BORN >5 LBS. AT BIRTH: 90%
- BABIES PUT TO SLEEP ON THEIR BACK: 96%
- BABIES TAKEN TO WELLNESS VISITS : 99%
- PARTICIPANTS BREASTFEEDING FOR AT LEAST THREE MONTHS: 63%

CONTINUATION OF INITIATIVE: YES

COST OF INITIATIVE IN FY12: \$79,051 (INCLUDING STAFF SALARIES; EXCLUDING
 DONATIONS). MONETARY AND IN-KIND PROGRAM DONATIONS: \$4,936

Part VI Supplemental Information

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INITIATIVE 2

IDENTIFIED NEED: CORONARY HEART DISEASE, OBESITY

HOSPITAL INITIATIVE: HEARTBEAT FOR HEALTH

PRIMARY OBJECTIVE OF INITIATIVE: THE PRIMARY OBJECTIVES OF HEARTBEAT FOR HEALTH INCLUDE EDUCATION AND AWARENESS, ENCOURAGING COMMUNITY MEMBERS TO MAKE HEALTHY LIFESTYLE CHOICES TO REDUCE THE INCIDENCE OF OBESITY AND CORRESPONDING CONDITIONS INCLUDING HEART DISEASE, HIGH CHOLESTEROL AND HIGH BLOOD PRESSURE. HEARTBEAT FOR HEALTH CELEBRATES THE BENEFITS OF DANCE AND EXERCISE IN THE PREVENTION OF HEART DISEASE. HELD ANNUALLY IN FEBRUARY TO COINCIDE WITH NATIONAL HEART MONTH, PARTICIPANTS HAVE THE OPPORTUNITY TO TRY VARIOUS DANCE STYLES, ENJOY DANCE AND EXERCISE DEMONSTRATIONS AND PARTICIPATE IN FREE HEALTH SCREENINGS SUCH AS CHOLESTEROL, BLOOD PRESSURE AND BODY MASS INDEX. EDUCATIONAL INFORMATION ON HEART DISEASE, CANCER AND DIABETES IS ALSO AVAILABLE. THIS WELLNESS EVENT IS WIDELY PROMOTED AND WELL ATTENDED BY MORE THAN 600 COMMUNITY MEMBERS OF ALL AGES.

SINGLE OF MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVE (BEGAN IN 2005 AS DAY OF DANCE)

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KEY PARTNERS AND/OR HOSPITALS IN INITIATIVE DEVELOPMENT AND/OR

IMPLEMENTATION: BWMC IS THE LEADING SPONSOR OF THIS INITIATIVE.

COMMUNITY PARTNERS INCLUDE ADVANCED RADIOLOGY, CHESAPEAKE FOOT AND ANKLE

CENTER, MARYLAND PRIMARY CARE PHYSICIANS, DELICIOUSLY NUTRITIOUS AND A

VARIETY OF DANCE SCHOOLS AND INSTRUCTORS.

EVALUATION DATES: FEBRUARY 18, 2012 WAS EVALUATED IN MARCH 2012.

OUTCOMES: MORE THAN 600 AREA RESIDENTS PARTICIPATED IN HEARTBEAT FOR

HEALTH IN 2012. EXIT SURVEYS WERE CONDUCTED AND COMPLETED BY 107

ATTENDEES. FY12 EVENT OUTCOMES INCLUDE:

- 164 PARTICIPANTS WERE SCREENED FOR TOTAL CHOLESTEROL. 72 (44%) PARTICIPANTS HAD A TOTAL CHOLESTEROL RESULT OF 200 MG/DL OR GREATER, INDICATING THE NEED FOR PHYSICIAN FOLLOW-UP FOR RETESTING OR OTHER TREATMENT BASED ON THE RECOMMENDATION BY THE AMERICAN HEART ASSOCIATION.
- 133 PARTICIPANTS HAD A VASCULAR (CAROTID ARTERY) SCREENING CONDUCTED. ONE PARTICIPANT HAD AN ABNORMAL RESULT AND WAS REFERRED TO THEIR PRIMARY CARE PHYSICIAN FOR FOLLOW-UP.
- 89 ATTENDEES THAT COMPLETED THE EXIT SURVEY (83%) INDICATED THEY WOULD LIKELY MAKE LIFESTYLE CHANGES AS A RESULT OF INFORMATION GAINED FROM

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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.

ATTENDING HEARTBEAT FOR HEALTH.

- 78 ATTENDEES THAT COMPLETED THE SURVEY (73%) INDICATED THAT ONE OR MORE OF THE FOLLOWING HEALTH CONCERNS WERE OF MODERATE OR SERIOUS CONCERN TO THEM: HIGH CHOLESTEROL, HIGH BLOOD PRESSURE, VASCULAR DISEASE, HEART DISEASE, DIABETES, CANCER, STROKE, OR LOSING WEIGHT/CHANGING DIET.

CONTINUATION OF INITIATIVE: YES. HEARTBEAT FOR HEALTH IS SCHEDULED FOR SATURDAY, FEBRUARY 16, 2013.

COST OF INITIATIVE IN FY12: \$19,503.57 (EXCLUDES EXPENSES RELATED TO 94 STAFF HOURS)

INITIATIVE 3

IDENTIFIED NEED: CANCER MORTALITY

HOSPITAL INITIATIVE: ANNUAL FATHER'S DAY PROSTATE SCREENING

PRIMARY OBJECTIVE OF INITIATIVE: THE PRIMARY OBJECTIVE FOR THE ANNUAL FATHER'S DAY PROSTATE SCREENING IS TO EDUCATE MEN ON THE IMPORTANCE OF SCREENING AS A TOOL IN THE EARLY DETECTION OF PROSTATE CANCER. CANCER IS THE LEADING CAUSE OF DEATH IN ANNE ARUNDEL COUNTY WITH INCIDENCE AND MORTALITY RATES OF PROSTATE CANCER AT OR ABOVE THE STATE AVERAGE. THIS

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

SCREENING PROGRAM OFFERS PARTICIPANTS A DIGITAL RECTAL EXAM AND A PROSTATE SPECIFIC ANTIGEN (PSA) BLOOD TEST.

ADDITIONALLY, BWMC OFFERS A MONTHLY PROSTATE CANCER SUPPORT GROUP LED BY A BWMC UROLOGIST TO PROVIDE A FORUM FOR THOSE COMMUNITY MEMBERS ALREADY AFFECTED BY PROSTATE CANCER.

TO FURTHER ENCOURAGE THE IMPORTANCE OF SCREENING AND EARLY DETECTION OF CANCER, BWMC OFFERS INFORMATIVE TALKS ON CANCER PREVENTION THE COMMUNITY.

SINGLE OF MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVE

KEY PARTNERS AND/OR HOSPITALS IN INITIATIVE DEVELOPMENT AND/OR IMPLEMENTATION: BWMC IS THE LEADING SPONSOR OF THIS ANNUAL PROSTATE SCREENING. PRIVATE PRACTICE PHYSICIANS FROM BWMC'S MEDICAL STAFF PROVIDE SUPPORT BY CONDUCTING THE SCREENINGS AND REVIEWING SCREENING RESULTS. BWMC'S LABORATORY CONDUCTS THE PSA TESTING.

EVALUATION DATES: JUNE 21, 2012 SCREENING WAS EVALUATED IN JULY 2012.

OUTCOMES: 57 AREA RESIDENTS PARTICIPATED IN THE ANNUAL PROSTATE SCREENING HELD AT BWMC ON 6/21/12. FROM THE SCREENING, IT WAS DETERMINED THAT 12 MEN (21%) HAD EITHER AN ABNORMAL EXAM OR PSA BLOOD TEST. ALL RESULTS ARE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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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.

REVIEWED BY THE SCREENING PHYSICIANS AND EACH PARTICIPANT IS MAILED A LETTER INDICATING THEIR RESULTS, ENCOURAGING THE PARTICIPANTS TO SHARE THE RESULTS WITH THEIR PRIVATE PHYSICIAN. ALL PATIENTS WITH ABNORMAL RESULTS ARE ALSO CONTACTED ADDITIONALLY BY PHONE BY BWMC'S OUTREACH COORDINATOR TO MAKE SURE THEY UNDERSTOOD THEIR RESULTS, PROVIDE RESOURCE INFORMATION AS NEEDED AND TO ENCOURAGE THAT FOLLOW-UP CARE BE SOUGHT. NINE OF THE 12 MEN WITH ABNORMAL RESULTS SOUGHT IMMEDIATE FOLLOW-UP CARE. FOR THOSE PARTICIPANTS NOT FOLLOWING-UP WITH THEIR PRIMARY CARE PHYSICIAN OR UROLOGIST IMMEDIATELY FOLLOWING THE JUNE SCREENING, BWMC'S OUTREACH COORDINATOR REACHED OUT TO THEM AGAIN IN DECEMBER 2012.

CONTINUATION OF INITIATIVE: YES

INITIATIVE 4

IDENTIFIED NEED: STROKE INCIDENCE/MORTALITY

HOSPITAL INITIATIVE: VASCULAR SCREENINGS AND STROKE SUPPORT GROUP

PRIMARY OBJECTIVE OF INITIATIVE: IN FY12, BOARD CERTIFIED VASCULAR

SURGEONS AND ULTRASOUND TECHNICIANS FROM THE MARYLAND VASCULAR CENTER AT

BWMC OFFERED FREE MONTHLY VASCULAR SCREENINGS TO THE COMMUNITY. THESE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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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.

POTENTIALLY LIFE-SAVING SCREENINGS FOR CAROTID ARTERY DISEASE (LINKED TO STROKE), ABDOMINAL AORTIC ANEURYSMS AND PERIPHERAL ARTERIAL DISEASE ARE OFFERED TO COMMUNITY MEMBERS AGE 50 OR OLDER WHO HAVE ONE OF THE FOLLOWING RISK FACTORS: HYPERTENSION, DIABETES, FAMILY HISTORY OF VASCULAR DISEASE, HIGH CHOLESTEROL OR WHO SMOKES. ADDITIONALLY, AS A PRIMARY STROKE CENTER, BWMC OFFERS A MONTHLY STROKE SUPPORT GROUP THAT SERVES AS A RESOURCE FOR PATIENTS WHO ARE RECOVERING FROM A STROKE OR WHO ARE AT HIGH RISK FOR HAVING A STROKE. ADDITIONALLY, INFORMATIVE TALKS ON STROKE PREVENTION AND VASCULAR HEALTH ARE OFFERED IN THE COMMUNITY.

SINGLE OF MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVE

KEY PARTNERS AND/OR HOSPITALS IN INITIATIVE DEVELOPMENT AND/OR IMPLEMENTATION: BWMC IS THE SPONSOR OF THIS INITIATIVE. BWMC PARTNERS WITH COMMUNITY ORGANIZATIONS SUCH AS SENIOR CENTERS AND CHURCHES TO HOST THE SCREENINGS.

EVALUATION DATES: JULY 1, 2011 THROUGH JUNE 30, 2012 WAS EVALUATED IN JULY 2012.

OUTCOMES: 503 AREA RESIDENTS PARTICIPATED IN THE VASCULAR SCREENINGS OFFERED AT BWMC AND AT VARIOUS LOCATIONS IN BWMC'S CBSA. OF THOSE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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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.

SCREENED, 43 ABNORMAL RESULTS (8.5% ABNORMAL RATE) WERE DETERMINED.

RESULTS ARE MADE IMMEDIATELY AVAILABLE TO PARTICIPANTS AND FOR ABNORMAL

RESULTS WHERE FOLLOW-UP IS INDICATED, A CLINICIAN FROM THE MARYLAND

VASCULAR CENTER CALLS THE PARTICIPANT'S PRIMARY PHYSICIAN TO DISCUSS THE

FINDINGS.

CONTINUATION OF INITIATIVE: YES

COST OF INITIATIVE IN FY12: \$442,127.00 (INCLUDES ALL ASSOCIATED

SCREENING COSTS)

INITIATIVE 5

IDENTIFIED NEED: CHRONIC LOWER RESPIRATORY DISEASE (CLDR)/CANCER

MORTALITY

HOSPITAL INITIATIVE: SMOKING CESSATION CLASSES

PRIMARY OBJECTIVE OF INITIATIVE: THE PRIMARY OBJECTIVE OF THE SMOKING

CESSATION CLASSES IS TO EDUCATE PARTICIPANTS ON THE HEALTH RISKS

ASSOCIATED WITH TOBACCO USE AND PROVIDE THE MECHANISMS (MEDICATION,

COUNSELING, ETC.) TO DISCONTINUE ITS USAGE. MADE POSSIBLE BY A GRANT

FROM THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH, BWMC OFFERS SMOKING

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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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.

CESSATION CLASSES FOR THOSE WHO LIVE OR WORK IN ANNE ARUNDEL COUNTY WHO
WANT TO MAKE THE HEALTHY LIFESTYLE CHOICE TO QUIT SMOKING.

SINGLE OF MULTI-YEAR INITIATIVE TIME PERIOD: MULTI-YEAR INITIATIVE

KEY PARTNERS AND/OR HOSPITALS IN INITIATIVE DEVELOPMENT AND/OR

IMPLEMENTATION: BWMC SPONSORS AND ADMINISTERS THIS INITIATIVE WITH A

GRANT FROM THE ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH.

EVALUATION DATES: JULY 1, 2011 THROUGH JUNE 30, 2012 WAS EVALUATED IN

JULY 2012.

OUTCOMES: IN FY12, 41 PEOPLE LIVING OR WORKING IN A.A. COUNTY ENROLLED IN

BWMC'S SMOKING CESSATION PROGRAM. 35 PEOPLE ACTUALLY STARTED THE PROGRAM.

TWENTY OF THESE PARTICIPANTS COMPLETED THE PROGRAM; 15 OF WHICH HAD QUIT

SMOKING AT THE END OF THEIR SESSION. PARTICIPANTS ARE CONTACTED AT THREE,

SIX AND 12 MONTHS AFTER COMPLETING THE PROGRAM TO FIND OUT IF THEY

CONTINUE TO BE SMOKE-FREE. THREE OF THE 15 PARTICIPANTS (20%) IN FY12

WERE SMOKE-FREE WHEN CONTACTED BY THE PROGRAM COORDINATOR. IT IS

IMPORTANT TO NOTE THAT IT IS TYPICALLY VERY DIFFICULT FOR THE COORDINATOR

TO REACH PARTICIPANTS FOR FOLLOW-UP (PHONE NUMBER OUT OF SERVICE,

MULTIPLE MESSAGES NOT RETURNED, ETC.)

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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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.

CONTINUATION OF INITIATIVE: YES. THIS PROGRAM RECEIVED FUNDING FROM THE ANNE ARUNDEL COUNTY DEPT. OF HEALTH TO CONTINUE TO OFFER CLASSES IN FY12.

INITIATIVE 6

IDENTIFIED NEED: OBESITY/ACCESS TO HEALTHY FOOD

HOSPITAL INITIATIVE: FARMERS' MARKET

PRIMARY OBJECTIVE OF INITIATIVE: THE PRIMARY OBJECTIVES OF BWMC'S

FARMERS' MARKET INCLUDES PROVIDING A PLACE WHERE LOCAL PRODUCERS OF FRESH

PRODUCE, MEAT AND HOMEMADE GOODS CAN SELL DIRECTLY TO CONSUMERS WHILE

OFFERING A DIVERSITY OF FRESH, HIGH QUALITY, LOCALLY GROWN PRODUCE FOR

AREA RESIDENTS. AREA RESIDENTS ARE ABLE TO SPEAK DIRECTLY WITH THE PEOPLE

WHO PRODUCE THE FOOD, LEARN MORE ABOUT HOW IT IS GROWN AND HOW TO PREPARE

IT, ENABLING THEM TO MAKE EDUCATED FOOD CHOICES. MARKETS WERE OFFERED ONE

FRIDAY AND TWO SATURDAYS EACH MONTH BEGINNING IN MAY 2012 THROUGH OCTOBER

2012. IN AUGUST 2012, MARKET FREQUENCY WAS INCREASED TO EVERY SATURDAY

(IN ADDITION TO ONE FRIDAY EACH MONTH). WIC FRUIT & VEGETABLE CHECKS

(FVC) AND FARMERS' MARKET NUTRITION PROGRAM (FMNP) CHECKS WERE ACCEPTED.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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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.

SINGLE OF MULTI-YEAR INITIATIVE TIME PERIOD: INAUGURAL YEAR WITH THE
INTENT TO BECOME A MULTI-YEAR INITIATIVE.

KEY PARTNERS AND/OR HOSPITALS IN INITIATIVE DEVELOPMENT AND/OR

IMPLEMENTATION: BWMC PARTNERS WITH HEALTHY MARKETS, BLLC.

EVALUATION DATES: MAY 2012 THROUGH JUNE 30, 2012. MARKETS CONTINUE
THROUGH OCTOBER 2012

OUTCOMES: BETWEEN 150 AND 200 PEOPLE ATTENDED EACH FARMERS' MARKET. MANY
PEOPLE CAME TO THE MARKET MULTIPLE TIMES EACH MONTH. IT IS ESTIMATED THAT
APPROXIMATELY 750 AREA RESIDENTS VISITED AT LEAST ONE BWMC FARMERS'
MARKET BETWEEN MAY 1 AND JUNE 30, 2012. WHILE THERE IS CURRENTLY NO
MEASURABLE IMPACT FOR THIS TYPE OF INITIATIVE, MARYLAND SHIP IS CURRENTLY
WORKING WITH THE JOHN HOPKINS CENTER FOR A LIVABLE FUTURE TO DEVELOP A
NEW COMPOSITE MEASURE FOR ACCESS TO HEALTHY FOOD.

CONTINUATION OF INITIATIVE: YES, INCLUDING POSSIBLE EXPANSION TO HANOVER,
MARYLAND (21076).

COST OF INITIATIVE IN FY12: START-UP COSTS WERE \$5,901.76.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

AS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, BALTIMORE

WASHINGTON MEDICAL CENTER UNDERSTANDS THAT HEALTH CARE GOES BEYOND THE WALLS OF THE HOSPITAL. UMMS HOSPITALS ARE COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITIES. IN DOING SO, BALTIMORE WASHINGTON MEDICAL CENTER ASSESSES NEEDS, SET BUDGETS AND RESPONDS WITH SERVICES, PROGRAMS AND INDIVIDUAL EFFORTS THAT MAKE A POSITIVE IMPACT ON MANY PEOPLE'S LIVES. WITH REPRESENTATION FROM ALL UMMS HOSPITALS, THE MEDICAL SYSTEM'S COMMUNITY HEALTH AND ADVOCACY COALITION COORDINATES THE EFFECTIVE AND EFFICIENT UTILIZATION AND DEPLOYMENT OF RESOURCES FOR COMMUNITY-BASED ACTIVITIES AND EVALUATES HOW SERVICES AND ACTIVITIES MEET TARGETED COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS. BWMC IS COMMITTED TO HEALTH EDUCATION, ADVOCACY, PARTNERSHIPS AND PROGRAMS THAT IMPROVE ACCESS AND HEALTH AWARENESS FOR ALL MARYLAND RESIDENTS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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COMMUNITY BENEFIT REPORT STATE FILINGS

SCHEDULE H, PART VI, LINE 7

MARYLAND

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account

- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- 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 officers, directors, trustees, and 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. Explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in 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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in 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 in 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" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in 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
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2011

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 in 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		(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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KAREN E. OLSCAMP	(i)	0	0	0	0	0	0	0
	(ii)	416,180.	171,041.	66,355.	9,800.	2,606.	665,982.	0
2 ROBERT A. CHRENCIK	(i)	0	0	0	0	0	0	0
	(ii)	1,124,953.	937,125.	11,560.	204,107.	9,624.	2,287,369.	0
3 RANDY DAVIS	(i)	1,118,909.	76,348.	2,064.	8,750.	5,553.	1,211,624.	0
	(ii)	0	0	0	0	0	0	0
4 ALFRED A. PIETSCH	(i)	0	0	0	0	0	0	0
	(ii)	246,207.	89,925.	28,995.	9,800.	9,129.	384,056.	0
5 LAWRENCE S. LINDER	(i)	0	0	0	0	0	0	0
	(ii)	318,761.	236,408.	36,509.	12,903.	6,778.	611,359.	0
6 COLLEEN H. ROACH	(i)	0	0	0	0	0	0	0
	(ii)	205,274.	53,299.	6,051.	29,033.	1,951.	295,608.	0
7 FRANK V. VENUTO	(i)	0	0	0	0	0	0	0
	(ii)	173,338.	38,199.	10,607.	20,242.	7,780.	250,166.	0
8 KATHLEEN C. MCCOLLUM	(i)	0	0	0	0	0	0	0
	(ii)	209,721.	66,290.	22,456.	8,796.	8,970.	316,233.	0
9 RONALD J. ANDRO	(i)	0	0	0	0	0	0	0
	(ii)	122,185.	50,000.	12,161.	17,769.	5,571.	207,686.	0
10 CLIFFORD SOLOMON	(i)	917,347.	46,302.	2,208.	8,750.	11,902.	986,509.	0
	(ii)	0	0	0	0	0	0	0
11 AMIEL BETHEL	(i)	499,694.	0	427.	8,750.	10,737.	519,608.	0
	(ii)	0	0	0	0	0	0	0
12 GALEN OHNMACHT	(i)	389,588.	85,888.	877.	8,750.	11,824.	496,927.	0
	(ii)	0	0	0	0	0	0	0
13 BENJAMIN MARSHALL	(i)	446,677.	0	655.	8,750.	10,799.	466,881.	0
	(ii)	0	0	0	0	0	0	0
14 DAVID G. NESCHIS	(i)	398,457.	0	427.	0	10,348.	409,232.	0
	(ii)	0	0	0	0	0	0	0
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.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

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.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

DURING THE FISCAL YEAR ENDED JUNE 30, 2012, 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.

ROBERT A. CHRENCIK

FRANK V. VENUTO

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.

COLLEEN H. ROACH

RONALD J. ANDRO

DURING THE FISCAL YEAR END JUNE 30, 2012, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (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 REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, COLUMN (BIII), OTHER REPORTABLE COMPENSATION.

KAREN E. OLSCAMP

ALFRED A. PIETSCH

LAWRENCE S. LINDER

KATHLEEN C. MCCOLLUM

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.

NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

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)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **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. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total ▶ \$											

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

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

Schedule L (Form 990 or 990-EZ) 2011

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) TECH USA, LLC	CEO OF TECH USA-BD MEMBER	81,697.	SEE SCHEDULE L - PART V		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

THOMAS B. HOWELL, A BOARD MEMBER OF BALTIMORE WASHINGTON MEDICAL CENTER, IS ALSO THE CHIEF EXECUTIVE OFFICER OF TECH USA, LLC. DURING THE YEAR, TECH USA, LLC PROVIDED CONSULTING SERVICES TO BALTIMORE WASHINGTON MEDICAL CENTER AT FAIR MARKET VALUE. TECH USA, LLC WAS ALSO PROVIDING CONSULTING SERVICES TO BALTIMORE WASHINGTON MEDICAL CENTER PRIOR TO MR. HOWELL JOINING THE BOARD.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

MEMBER DISCLOSURE

FORM 990, PART VI, SECTION A, QUESTION 6 AND 7

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

FORM 990, PART VI, 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 GATHER THE INFORMATION NEEDED TO
COMPLETE THE RETURN AND INPUT THE DATA INTO THE GRANT THORNTON TAX
ORGANIZER.

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 MONITORING & ENFORCEMENT

FORM 990, PART VI, 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

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

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GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMSC) REVIEWS THE RESPONSES FOR UMSC, UNIVERSITY SPECIALTY HOSPITAL AND JAMES LAWRENCE KERNAN HOSPITAL. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM 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 UMSC, UNIVERSITY SPECIALTY HOSPITAL AND JAMES LAWRENCE KERNAN HOSPITAL. WITH RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, 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

Name of the organization

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FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

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

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, 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

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

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EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

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

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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 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.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 5

FAS 158 ADJUSTMENT AT 06/30/11	(8,997,653)
CAPITAL TRANSFERS	(14,879,960)
CHANGE IN BWMC FD NET ASSETS	69,821
NET UNREALIZED LOSSES	(2,033,000)

TOTAL	(25,840,792)
	=====

HOURS FOR RELATED ORGANIZATIONS

PART VII, SECTION A, COLUMN (B)

THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) IS A MULTI-ENTITY HEALTH

Name of the organization

BALTIMORE WASHINGTON MEDICAL CENTER, INC.

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CARE SYSTEM THAT INCLUDES 9 ACUTE CARE HOSPITALS, 3 ACUTE CARE HOSPITALS OWNED IN JOINT VENTURE ARRANGEMENTS 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.

TAX EXEMPT BONDS

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 EDUCATION FACILITY 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, UNIVERSITY SPECIALTY HOSPITAL, INC., THE JAMES LAWRENCE KERNAN HOSPITAL, INC., MARYLAND GENERAL HOSPITAL, INC., BALTIMORE WASHINGTON MEDICAL CENTER, INC., SHORE HEALTH SYSTEM, INC., CHESTER RIVER HEALTH SYSTEM, INC. AND THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION, INC. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND

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SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER
 LOAN AGREEMENT OF THE CORPORATION'S \$974,450,000 OF OUTSTANDING AUTHORITY
 BONDS ON JUNE 30, 2012.

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.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF BALTIMORE WASHINGTON MEDICAL CENTER 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.

ATTACHMENT 2

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

BALTIMORE WASHINGTON MEDICAL CENTER, INC. IS A COMMUNITY HOSPITAL
 WITH 3231 LICENSED BEDS. 19,349 PATIENTS WERE ADMITTED IN FISCAL
 YEAR ENDED JUNE 30, 2012, ACCOUNTING FOR 82,944 PATIENT DAYS OF
 CARE. 104,848 PATIENTS WERE TREATED IN THE CENTER'S EMERGENCY
 DEPARTMENT. 14,861 PATIENTS REQUIRED SURGICAL PROCEDURES IN THE
 CENTER'S OPERATING AND ENDOSCOPY ROOMS.

THE MEDICAL CENTER TREATED 410,479 PATIENTS IN THEIR ANCILLARY
 DEPARTMENTS: LABORATORY, RADIOLOGY, PULMONARY, RESPIRATORY,

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ATTACHMENT 2 (CONT'D)

REHABILITATION, OP-INFUSION AND EEG-SLEEP STUDIES.

THE MEDICAL CENTER EMPLOYED 3,084 EMPLOYEES IN CALENDAR YEAR 2011.

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. BALTIMORE WASHINGTON MEDICAL CENTER ALSO PROVIDES NUMEROUS FREE PROGRAMS AND 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, 2012, BALTIMORE WASHINGTON MEDICAL CENTER PROVIDED \$21,573,239 OF CHARITY CARE TO THOSE WHO QUALIFIED UNDER REGULATORY GUIDELINES AND WROTE OFF ANOTHER \$11,543,813 OF PATIENT SERVICE REVENUE AS BAD DEBTS.

ATTACHMENT 3FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
KAREN E. OLSCAMP PRESIDENT & CEO	45.00
ROBERT A. CHRENCIK DIRECTOR	49.00
ALFRED A. PIETSCH VP-FINANCE/CFO	45.00
LAWRENCE S. LINDER SVP & CMO	45.00

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ATTACHMENT 3 (CONT'D)

COLLEEN H. ROACH	
VP & CNO	45.00
FRANK V. VENUTO	
VP-HR	45.00
KATHLEEN C. MCCOLLUM	
SVP - BUS DEVEL	45.00
RONALD J. ANDRO	
COO	45.00

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WHITING TURNER CONTRACTING COMPANY PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	9,785,255.
ALBECON DEVELOPMENT CORP 2313 MARYLAND AVENUE BALTIMORE, MD 21218	CONSTRUCTION	4,520,479.
UNIV. OF MD RADIOLOGY ONCOLOGY 22 S. GREENE STREET BALTIMORE, MD 21201	PHYSICIAN SERVICES	3,574,082.
SEVERN ANESTHESIA SERVICE PO BOX 403 MILLERSVILLE, MD 21108	PHYSICIAN SERVICES	2,838,554.
KELLY & ASSOCIATES 301 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030	INSURANCE SERVICES	2,676,257.
	TOTAL COMPENSATION	<u>23,394,627.</u>

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**▶ **Attach to Form 990.**▶ **See separate instructions.**

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BALTIMORE WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-0689917

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

(a) Name, address, and EIN 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" to 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	HEALTH CARE	MD	501 (C) (3)	11A	BWHCS		X
(2) BALTIMORE WASHINGTON HEALTHCARE SERVICES 52-1830243 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	501 (C) (3)	11A	BWMS		X
(3) BALTIMORE WASHINGTON MEDICAL SYSTEM INC 52-1830242 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	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	BWMS		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)		BWMS		X
(7) CHESTER RIVER HEALTH FOUNDATION INC 52-1338861 100 BROWN STREET CHESTERTOWN, MD 21620	FUNDRAISING	MD	501 (C) (3)	7	CRHS		X

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Schedule R (Form 990) 2011

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**▶ **Attach to Form 990.**▶ **See separate instructions.**

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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" to 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) CHESTER RIVER HEALTH SYSTEM INC 52-2046500 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTH CARE	MD	501 (C) (3)	11A	UMMSC		X
(2) CHESTER RIVER HOSPITAL CENTER 52-0679694 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTH CARE	MD	501 (C) (3)	3	CRHS		X
(3) CHESTER RIVER MANOR INC 52-6070333 200 MORGNEC ROAD CHESTERTOWN, MD 21620	HEALTH CARE	MD	501 (C) (3)	9	CRHS		X
(4) MARYLAND GENERAL CLINICAL PRACTICE GROUP 52-1566211 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTH CARE	MD	501 (C) (3)	11B	MGHS		X
(5) MARYLAND GENERAL COMM HEALTH FOUNDATION 52-2147532 827 LINDEN AVENUE BALTIMORE, MD 21201	FUNDRAISING	MD	501 (C) (3)	11C	MGHS		X
(6) MARYLAND GENERAL HEALTH SYSTEMS INC 52-1175337 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTH CARE	MD	501 (C) (3)	11B	UMMSC		X
(7) MARYLAND GENERAL HOSPITAL INC 52-0591667 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTH CARE	MD	501 (C) (3)	3	MGHS		X

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Schedule R (Form 990) 2011

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**▶ **Attach to Form 990.**▶ **See separate instructions.**

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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" to 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) CARE HEALTH SERVICES INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1510269	HEALTH CARE	MD	501 (C) (3)	9	SHS		X
(2) DORCHESTER GENERAL HOSPITAL FOUNDATION 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1703242	FUNDRAISING	MD	501 (C) (3)	11D	SHS		X
(3) MEMORIAL HOSPITAL FOUNDATION INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1282080	FUNDRAISING	MD	501 (C) (3)	11A	SHS		X
(4) SHORE CLINICAL FOUNDATION INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1874111	HEALTH CARE	MD	501 (C) (3)	3	SHS		X
(5) SHORE HEALTH SYSTEM INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-0610538	HEALTH CARE	MD	501 (C) (3)	03	UMMSC		X
(6) JAMES LAWRENCE KERNAN HOSP ENDOW FD 2200 KERNAN DRIVE BALTIMORE, MD 21207 23-7360743	FUNDRAISING	MD	501 (C) (3)	11B	UMMSC		X
(7) JAMES LAWRENCE KERNAN HOSPITAL INC 2200 KERNAN DRIVE BALTIMORE, MD 21207 52-0591639	HEALTH CARE	MD	501 (C) (3)	3	UMMSC		X

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Schedule R (Form 990) 2011

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**▶ **Attach to Form 990.**▶ **See separate instructions.**

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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" to 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) SHIPLEYS CHOICE MEDICAL PARK INC 22 SOUTH GREENE STREET BALTIMORE, MD 21201 04-3643849	REAL ESTATE	MD	501 (C) (2)		UMMSC		X
(2) UMMS FOUNDATION, INC. 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-2238893	FUNDRAISING	MD	501 (C) (3)	11A	UMMSC		X
(3) UNIVERSITY OF MD MEDICAL SYSTEM CORP 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1362793	HEALTH CARE	MD	501 (C) (3)	3	UMMSC		X
(4) UNIVERSITY SPECIALTY HOSPITAL 611 SOUTH CHARLES STREET BALTIMORE, MD 21230 52-0882914	HEALTH CARE	MD	501 (C) (3)	3	UMMSC		X
(5) CIVISTA HEALTH, INC. PO BOX 1070 LA PLATA, MD 20646 52-2155576	HEALTH CARE	MD	501 (C) (3)	11C	UMMSC		X
(6) CIVISTA MEDICAL CENTER, INC. PO BOX 1070 LA PLATA, MD 20646 52-0445374	HEALTH CARE	MD	501 (C) (3)	3	CIVHS		X
(7) CIVISTA HEALTH FOUNDATION, INC. PO BOX 1070 LA PLATA, MD 20646 52-1414564	FUNDRAISING	MD	501 (C) (3)	11A	CIVHS		X

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

Schedule R (Form 990) 2011

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **See separate instructions.**

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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" to 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) CIVISTA HEALTH AUXILIARY, INC. 52-1131193 PO BOX 1070 LA PLATA, MD 20646	FUNDRAISING	MD	501 (C) (3)	11A	CIVHS		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	HEALTH CARE	MD	N/A									
(2) CENTRAL MARYLAND RADIOLOGY ONC 10710 CHARTER DRIVE	HEALTH CARE	MD	N/A									
(3) INNOVATIVE HEALTH LLC 52-19972 29165 CANVASBACK DRIVE, SUITE	BILLING	MD	N/A									
(4) BALTIMORE WASHINGTON IMAGING, 301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A									
(5) NORTH ARUNDEL SENIOR LIVING LL 301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A									
(6) NAH/SUNRISE OF SEVERNA PARK LL 301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A									
(7) SHIPLEY'S IMAGING CENTER LLC 5 22 SOUTH GREENE STREET	HEALTH CARE	MD	N/A									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
(1) ARUNDEL PHYSICIANS ASSOCIATES, INC. 52-1992649 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	N/A	C CORP			
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES 52-1936656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	N/A	C CORP			
(3) BW PROFESSIONAL SERVICES, INC. 52-1655640 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	N/A	C CORP			
(4) COUNCIL OF UNIT OWNERS OF MD GEN PC 52-1891126 827 LINDEN AVENUE BALTIMORE, MD 21201	REAL ESTATE	MD	N/A	C CORP			
(5) SHORE HEALTH ENTERPRISES, INC. 52-1363201 219 SOUTH WASHINGTON STREET EASTON, MD 21601	REAL ESTATE	MD	N/A	C CORP			
(6) UNIVERSITY LITHOTRIPTER, INC. 52-1451021 22 SOUTH GREENE STREET BALTIMORE, MD 21201	HEALTH CARE	MD	N/A	C CORP			
(7) UMMS SELF INSURANCE TRUST 52-6315433 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	N/A	TRUST			

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) UNIVERSITYCARE LLC 52-1914892 22 SOUTH GREENE STREET	HEALTH CARE	MD	N/A									
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
(1) TERRAPIN INSURANCE COMPANY 98-0129232 P.O. BOX 1109 KY1-1102	INSURANCE	CJ	N/A	C CORP			
(2) CIVISTA CARE PARTNERS, INC. 52-2176314 PO BOX 1070 LA PLATA, MD 20646	HEALTHCARE	MD	N/A	C CORP			
(3) NA EXECUTIVE BUILDING CONDO ASSN, INC. 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	N/A	C CORP			
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTH COUNTY CORPORATION	J	252,406.	COST
(2) NORTH ARUNDEL DEVELOPMENT CORPORATION	J	464,895.	COST
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 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) -----													
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(6) -----													
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(15) -----													
(16) -----													

Part VII **Supplemental Information**

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