Form 8453-E0	Exempt Organization Declaration and Signature	for	OMB No. 1545-1879				
	Electronic Filing						
	For calendar year 2018, or tax year beginning $\underline{07/01}$, 2018, and ending $\underline{06/30}$, 20 19	2018				
Department of the Treasury Internal Revenue Service	For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868						
Name of exempt organization	n	Employer iden	tification number				
SHORE HEALTH SYST	2-0610538						
Part I Type of Return and Return Information (Whole Dollars Only)							

Check the box for the type of return being filed with Form 8453-EO 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 of 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-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ► 🗹 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	276,273,222
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ► □ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ► □ b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.
 - If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 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.

Sign Here		Johnne Haluy	6/29/2020	•	SVP FINANCE AND CFO
		Signature of officer DFC8B488258E42A	Date	V	Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	ERO's signatu	Ire		Date	Check if also paid preparer	se	heck if elf- nployed		ERO's SSN or PTIN						
Use		Firm's name (or vours if self-employed),						EIN							
Only	address, and ZIP code						Phone	e no.							
Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.															
Paid		Print/Type preparer	pe preparer's name Preparer's signature		parer's name Preparer's signature		e Prestin 1		Preparer's signature form Tome Date		Date 06/26	\$/20	Check if	PTIN	
Prepa	rer	JUSTIN J. LOWE			form low	4 low		0/20	self- employed	P018667	796				
Use O		Firm's name 🕨 🖪	RNST & YOUNG U.S. LI	LP					Firm's EIN ►	34-656559	96				
0500	illy	Firm's address ► 1	101 NEW YORK AVENU	JE NW, WASHINGT	ON, DC 20005				Phone no.	202) 327-60	00				

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2018)

Form	990
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Department of the Treasury

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information

20**18** Open to Public

OMB No. 1545-0047

Inspection

Inte	nai Rever	nue Service	► Go to www.irs.gov/Form990 for instructions and the lates	st information.		Inspection
A	For the	e 2018 cale	ndar year, or tax year beginning 07/01 , 2018, and en	ding 0	6/30	, 20 19
в	Check if	if applicable:	C Name of organization SHORE HEALTH SYSTEM, INC.		D Employ	er identification number
	Address	s change	Doing business as			52-0610538
	Name c	change	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telepho	ne number
	Initial re	eturn	219 SOUTH WASHINGTON STREET			(410) 822-1000
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	EASTON, MD 21601		G Gross re	
	Applicat	tion pending	F Name and address of principal officer: KENNETH KOZEL	H(a) Is this a	group return for	subordinates? 🗌 Yes 🗹 No
			SAME AS C ABOVE			s included? 🗌 Yes 🗌 No
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	· If "I	No," attach a	a list. (see instructions)
J	Website	-	VW.UMMS.ORG/SHORE	H(c) Group	exemption	number 🕨
-		•	Corporation □ Trust □ Association □ Other ► L Year of for	mation: 1906	M State	of legal domicile: MD
P	art I	Summ	-			
	1		escribe the organization's mission or most significant activities:			
Activities & Governance			AL, NOT-FOR-PROFIT NETWORK OF INPATIENT AND OUTPATIENT SERV	/ICES WITH FA	CILITIES	N TALBOT,
nar			STER, CAROLINE, AND QUEEN ANNE'S COUNTIES.			
ver	2		is box \blacktriangleright if the organization discontinued its operations or dispose	ed of more tha		its net assets.
ő	3					22
ര് ഗ	4		of independent voting members of the governing body (Part VI, line 1	,		19
itie	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)			1,989
či	6		nber of volunteers (estimate if necessary)	. 6	226	
Ă	7a		elated business revenue from Part VIII, column (C), line 12		. 7a	86,983
	b	Net unre	ated business taxable income from Form 990-T, line 38		. 7 b	0
				Prior Y		Current Year
P	8		tions and grants (Part VIII, line 1h)		1,291,077	5,553,452
Revenue	9	-	service revenue (Part VIII, line 2g)	25	6,100,131	266,167,062
ş	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		8,255,468	3,118,194
_	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,940,678	1,434,514
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,587,354	276,273,222
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		0	71,375
	14		paid to or for members (Part IX, column (A), line 4)		0	0
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	10	8,093,347	109,042,533
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	0
ğ	b		draising expenses (Part IX, column (D), line 25) ►0			
ш	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		7,751,677	129,525,037
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		5,845,024	238,638,945
	19	Revenue	less expenses. Subtract line 18 from line 12		2,742,330	37,634,277
Net Assets or Fund Balances		_		Beginning of C		End of Year
sset	20		ets (Part X, line 16)		6,494,387	435,584,296
let A	21		ilities (Part X, line 26)		0,993,113	146,793,781
			ts or fund balances. Subtract line 21 from line 20	27	5,501,274	288,790,515
	art II	Signa	ture 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	1			
	Type or print name and title JOANNE H	IAHEY, SVP FINANCE AND CFO						
Paid	Print/Type preparer's name	Preparer's signature	Date		Check 🗌 if	PTIN		
Preparer	JUSTIN J. LOWE				self-employed	P01866796		
Use Only	Firm's name FRNST & YOUNG U.S.	LLP		Firm's	s EIN 🕨	34-6565596		
	Firm's address 1101 NEW YORK AVENUE NW, WASHINGTON, DC 20005				Phone no. (202) 327-6000			
May the IRS discuss this return with the preparer shown above? (see instructions)								
For Paperwo	rk Reduction Act Notice, see the separa	te instructions.	Cat. No. 11282Y			Form 990 (2018)		

		Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	~
1	Briefly describe the organization's mission:	
	OUR MISSION IS TO CREATE HEALTHIER COMMUNITIES TOGETHER, AND PROVIDE OUR	
	VISION TO BE THE REGION'S LEADER IN PATIENT CENTERED HEALTH CARE. OUR	
	GOAL IS TO PROVIDE QUALITY HEALTH CARE SERVICES THAT ARE COMPREHENSIVE,	
	(CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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?	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 measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 215,269,823 including grants of \$ 71,375) (Revenue \$ 268,139,288) SHS IS A 184 LICENSED BED COMMUNITY HOSPITAL PROVIDING A FULL RANGE OF INPATIENT AND OUTPATIENT CLINICAL SERVICES TO THE MARYLAND MID-SHORE AREA; INCLUDING GENERAL HOSPITAL, EMERGENCY, AND	
	SPECIALIZED SERVICES AS WELL AS OUTPATIENT CENTERS FOR PRIMARY CARE, DIAGNOSTICS, TREATMENT,	
	EDUCATION, AND REHABILITATION. SHS OFFERS FREE EDUCATION PROGRAMS AND SERVICES TO PROMOTE HEALTH	
	AWARENESS IN THE COMMUNITY. DURING FY 2019, SHS PROVIDED CARE FOR 9,185 INPATIENTS RESULTING IN	
	36,170 DAYS OF PATIENT CARE, TREATED 67,531 PATIENTS IN THE ER, AND PERFORMED 9,265 SURGERIES IN THE	
	OR. SHS' ANCILLARY SERVICE DEPARTMENTS REALIZED 403,782 OUTPATIENT ENCOUNTERS. HOME HEALTH/HOSPICE	
	SERVICES WERE PROVIDED TO 1,005 PATIENTS IN 18,618 NURSING VISITS. SHS' MISSION STATEMENT IS "TO	
	EXCEL IN QUALITY CARE AND PATIENT SATISFACTION". ITS STRATEGIC PRINCIPLE IS "EXCEPTIONAL CARE,	
	EVERY DAY", AND ITS VALUES STATEMENT IS "EVERY INTERACTION WITH ANOTHER IS AN OPPORTUNITY TO CARE".	
	AS A PART OF ITS MISSION, SHS PROVIDES CHARITY CARE TO PATIENTS UNABLE TO PAY, PROVIDING MORE THAN	
	\$1.8 MILLION OF CHARITY CARE IN FY 2019.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	
-iu	(Expenses \$ including grants of \$) (Revenue \$)	
40		
4e	Total program service expenses ► 215,269,823	

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

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I </i>	25b		r
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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>	27		~
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>			
С	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>	28c	~	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	~	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	~	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	~	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4		res	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	V	

Form 99	0 (2018)		F	Page 5	
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,989				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	~		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	~		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				
b	b If "Yes," enter the name of the foreign country: ►				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
5	gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	•15			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
a	and services provided to the payor?	7a		V	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
C	required to file Form 8282?	7c		~	
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~	
g					
9 h					
8					
0	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.	8			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:	0.0			
a	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
5	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
u	Note. See the instructions for additional information the organization must report on Schedule O.	100			
b	Enter the amount of reserves the organization is required to maintain by the states in which				
U	the organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	0			
15	excess parachute payment(s) during the year?	15		~	
	If "Yes," see instructions and file Form 4720, Schedule N.	10		-	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		V	
	If "Yes," complete Form 4720, Schedule O.			-	

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Form 99	0 (2018)				Page 6	
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes					
	Check if Schedule O contains a response or note to any line in this Part VI				~	
Secti	on A. Governing Body and Management					
				Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a 22	-			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
h		1 h 10				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 19				
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					
3	Did the organization delegate control over management duties customarily performed by or	under the direct	2		~	
Ŭ	supervision of officers, directors, or trustees, or key employees to a management company or othe		3		~	
4						
5	Did the organization become aware during the year of a significant diversion of the organization		5		~	
6	Did the organization have members or stockholders?		6	~		
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint				
	one or more members of the governing body?		7a	~		
b	Are any governance decisions of the organization reserved to (or subject to approva					
	stockholders, or persons other than the governing body?		7b	~		
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during				
•	the year by the following:		8a	~		
a b	The governing body? .		oa 8b	v v		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		0.0	•		
Ŭ	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		~	
Secti	on B. Policies (This Section B requests information about policies not required by th		ue Co	ode.)	1	
				Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?		10a		~	
b	If "Yes," did the organization have written policies and procedures governing the activities o					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?					
11a						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	· · · · · ·	12a	<u>ィ</u>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv		12b	V		
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done		12c	~		
13	Did the organization have a written whistleblower policy?		13	~		
14	Did the organization have a written document retention and destruction policy?		14	· ~		
15	Did the process for determining compensation of the following persons include a review a					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation					
а	The organization's CEO, Executive Director, or top management official		15a	~		
b	Other officers or key employees of the organization		15b	~		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar					
	with a taxable entity during the year?		16a	~		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		16b	~		
Secti	on C. Disclosure	<u></u>	100	•	I	
17	List the states with which a copy of this Form 990 is required to be filed b MD					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable	e). 990. and 990-1				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that		,		- (-)	
	Own website Another's website Upon request Other (explain in Sc.					
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict of int	erest	policy	/, and	
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords			
	JOANNE HAHEY, CFO, 219 SOUTH WASHINGTON ST, EASTON, MD 21601, (410) 822-1000					

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JOHN DILLON	1.0										
CHAIRMAN (ENDED 04/19)	21.0	~		~				0	156,375	0	
(2) MARLENE FELDMAN	1.0										
SECRETARY	3.0	~		~				0	0	0	
(3) WAYNE L GARDNER, SR	1.0										
TREASURER	4.0	~		~				0	0	0	
(4) KENNETH D KOZEL	40.0										
PRESIDENT AND CEO, UMSRH	7.0	~		~				716,703	0	25,703	
(5) RICHARD LOEFFLER	1.0										
VICE CHAIRMAN	3.0	~		~				0	0	0	
(6) JOHN W ASHWORTH, III	1.0										
DIRECTOR	60.0	~						0	653,119	36,969	
(7) MYRA BUTLER	1.0										
DIRECTOR (ENDED 07/18)	4.0	~						0	0	0	
(8) CHARLES CAPUTE	1.0										
DIRECTOR	4.0	~						0	0	0	
(9) ART CECIL, III	1.0										
DIRECTOR	3.0	~						0	0	0	
(10) ROBERT A CHRENCIK	1.0										
DIRECTOR (ENDED 04/19)	60.0	~						0	2,634,806	36,554	
(11) JOSEPH J CIOTOLA	1.0										
DIRECTOR	3.0	~						0	0	0	
(12) KATHY DEOUDES	1.0										
DIRECTOR	3.0	~						0	0	0	
(13) J. WAYNE HOWARD	1.0										
DIRECTOR	3.0	~						0	0	0	
(14) ONA KAREIVA	1.0										
DIRECTOR	3.0	~						0	0	0	

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Part VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, ar	nd H	ighes	st C	ompensated E	mployees (contin	ued)
				(0						· · ·
(A)	(B)	officer and a director/trustee)		(D)	(E)	(F)				
Name and title	Average hours per week (list any			Reportable compensation from related		Estimated amount of other				
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) CHARLES MACLEOD	1.0									
DIRECTOR	3.0	~						0	0	0
(16) KEITH MCMAHAN	1.0									
DIRECTOR	4.0	~						0	0	0
(17) DAVID MILLIGAN	1.0									
DIRECTOR	3.0	~						0	0	0
(18) EUGENE NEWMIER	1.0									
DIRECTOR	3.0	~						0	0	0
(19) WILLIAM B NOLL	1.0									
DIRECTOR	4.0	~						0	0	0
(20) GEOFF OXNAM	1.0									
DIRECTOR	3.0	~						0	0	0
(21) ROBERT D RAUCH	1.0									
DIRECTOR	4.0	~						0	0	0
(22) STEPHEN SATCHELL	1.0									
DIRECTOR	3.0	~						0	0	0
(23) SAMUEL SHOGE	1.0									
DIRECTOR	3.0	~						0	0	0
(24) THOMAS STAUCH	1.0									
DIRECTOR	3.0	~						0	0	0
(25) (SEE STATEMENT)										
1b Sub-total							►	716,703	3,444,300	99,226
c Total from continuation sheets to Part VI								3,133,071	0	342,262
d Total (add lines 1b and 1c)								3,849,774	3,444,300	441,488
2 Total number of individuals (including but reportable compensation from the organi	t not limited					above	e) w			

- **5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Yes No ed 3 V 4 V jal 5

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
SHORE-BAYY HOSPITALIST ASSOC, 7651 WOODLAND DRIVE, EASTON, MD 21601	PHYSICIAN SVCS	4,168,028
MD EMERGENCY MEDICINE NETWORK, 110 S. PACA ST., 6TH FL, STE 200, BALTIMORE, MD 21201	PHYSICIAN SVCS	3,712,899
MEDICAL STAFFING NETWORK, INC., PO BOX 840292, DALLAS, TX 75284	HEALTHCARE SERVICES	1,906,267
TIDEWATER ANESTHESIA ASSOC, PO BOX 824639, PHILADELPHIA, PA 19182	ANESTHESIA SVCS	1,744,578
ARAMARK CORPORATION, 27310 NETWORK PL, CHICAGO, IL 60673	NUTRITIONAL SERVICES	1,542,369
2 Total number of independent contractors (including but not limited to		
received more than \$100,000 of compensation from the organization ►	33	

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Part VIII Statement of Revenue

Fari		Check if Schedule C		nonse or note to	any line in this	Part VIII		
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	s 1a					
our	b	Membership dues .	1b					
S, G	с	Fundraising events .	1c					
ar	d	Related organizations	s 1d	5,219,145				
s, (Imil	е	Government grants (cor	ntributions) 1e	134,827				
r S	f	All other contributions, g	jifts, grants,					
the t		and similar amounts not inc	cluded above 1f	199,480				
d fr	g	Noncash contributions includ	ded in lines 1a–1f: \$					
a Co	h	Total. Add lines 1a-1	f		5,553,452			
				Business Code				
Program Service Revenue	2a	PATIENT SERVICE RE	VENUE	621500	266,167,062	266,167,062	0	
Rev	b							
e	c							
ervi	d							
nS	e							
grai	f	All other program ser			0	0	0	(
Š	g	Total. Add lines 2a-2			266,167,062			
-	3	Investment income	including divid	ends interest	200,107,002			
	Ŭ	and other similar amo	. 0		839,361	0	0	839,36
	4	Income from investmen	,	-	039,301	0	0	039,30
	4 5			· ·				
	5	Royalties	(i) Real	(ii) Personal				
		o 1						
	6a	Gross rents	3,009,525					
	b	Less: rental expenses	4,428,110					
	C	Rental income or (loss)	(1,418,585)	0				
	d	Net rental income or	<u> </u>		(1,418,585)	0	0	(1,418,585
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	55,443,493	0				
	b	Less: cost or other basis						
		and sales expenses .	53,010,381	154,279				
	С	Gain or (loss)	2,433,112	(154,279)				
	d	Net gain or (loss) .		🕨	2,278,833	0	0	2,278,833
enue	8a	Gross income from fuevents (not including \$	undraising					
Other Revenue		of contributions report See Part IV, line 18						
the	L .							
ō	b	Less: direct expenses						
	C C	Net income or (loss) f		events . 🕨				
	98	Gross income from ga						
			u					
	b	Less: direct expenses						
	C	Net income or (loss) f		vities 🕨				
	10a	Gross sales of ir						
		returns and allowance	-					
	b	Less: cost of goods s						
	С	Net income or (loss) f		entory 🕨				
		Miscellaneous F	Revenue	Business Code				
	11a	CAFETERIA SALES		722514	717,229	0	0	717,229
	b	JOINT VENTURE REV	ENUE	523000	256,853	169,870	86,983	(
	с	MEDICAL RECORDS		900099	76,661	0	0	76,661
	d	All other revenue .		900099	1,802,356	1,802,356	0	C
	е	Total. Add lines 11a-	11d	🕨	2,853,099			
	10	Total revenue Soo in	atravationa		276 272 222	260 120 200	06.002	0,400,400

►

276,273,222

12

Total revenue. See instructions

86,983

268,139,288

9

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2,493,499

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	X Statement of Functional Expenses				
Sectio	on 501(c)(3) and 501(c)(4) organizations must com				
Done	Check if Schedule O contains a response of include amounts reported on lines 6b, 7b,	se or note to any lin	e in this Part IX .	(C)	
	b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	71,375	71,375		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		,		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,378,420	1,226,512	1,151,908	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages	83,967,709	73,051,907	10,915,802	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,782,833	2,421,065	361,768	0
9	Other employee benefits	13,818,730	12,022,295	1,796,435	0
10	Payroll taxes	6,094,841	5,302,512	792,329	0
11	Fees for services (non-employees):				
a h	Management	256,669	0	256,668	0
b		256,668	0	256,668	0
c d	Accounting	12,599	0	12,599	0
e e	Professional fundraising services. See Part IV, line 17	12,535	0	12,535	0
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	44,542,038	41,423,192	3,118,846	0
12	Advertising and promotion	144	125	19	0
13	Office expenses	1,225,327	1,066,034	159,293	0
14	Information technology	2,646	2,302	344	0
15	Royalties				
16	Occupancy	4,317,360	3,756,103	561,257	0
17 18	Travel	104,297	90,738	13,559	0
19	Conferences, conventions, and meetings	1,103,065	959,667	143,398	0
20	Interest	2,750,762	2,393,163	357,599	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	18,174,242	15,811,591	2,362,651	0
23	Insurance	2,216,990	1,944,558	272,432	0
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	05 507 500	05 507 500		
a h	MEDICAL SUPPLIES	35,537,523	35,537,523	0	0
b	BAD DEBT REPAIRS & MAINTENANCE	8,956,896	8,956,896 4,038,266	0 603,419	0
c d	RECRUITMENT	1,218,452	4,038,266	158,399	0
u e	All other expenses	4,462,293	4,133,946	328,347	0
25	Total functional expenses. Add lines 1 through 24e	238,638,945	215,269,823	23,369,122	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720)		,200,020		
	- · · /				- 000 (00.00)

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Form 99					Page 11
T GI		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	C
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	25,109,239	4	34,553,398
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		-	
ets		organizations (see instructions). Complete Part II of Schedule L		6	(
S	7	Notes and loans receivable, net		7	
· ·	8	Inventories for sale or use	3,810,205	8	3,345,728
	9 0a	Prepaid expenses and deferred charges	1,428,250	9	1,744,136
		other basis. Complete Part VI of Schedule D 10a 320,672,703			
	b	Less: accumulated depreciation 10b 197,056,204	132,787,079		123,616,499
	1	Investments-publicly traded securities	40,120,668	11	40,398,212
	2	Investments-other securities. See Part IV, line 11	62,047,000	12	62,261,000
	3	Investments-program-related. See Part IV, line 11	0	13	(
	4			14	
	5	Other assets. See Part IV, line 11	151,191,946	15	169,665,324
_	<u>6</u>	Total assets. Add lines 1 through 15 (must equal line 34)	416,494,387	16	435,584,296
1		Accounts payable and accrued expenses	26,867,260	17	26,797,745
1			000.500	18	000 55
1			868,509	19 20	898,557
2		Tax-exempt bond liabilities		20	
		Loans and other payables to current and former officers, directors,		21	
	2	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		00	
	~		0.044.554	22 23	6,104,140
- 2	3	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	6,914,554	23 24	0,104,140
2				24	
2	5	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	106,342,790	25	112,993,339
2	6	Total liabilities. Add lines 17 through 25	140,993,113	26	146,793,781
ß		Organizations that follow SFAS 117 (ASC 958), check here ► I and complete lines 27 through 29, and lines 33 and 34.			
2 au	7	Unrestricted net assets	238,908,285	27	253,340,833
		Temporarily restricted net assets	22,014,257	28	20,785,225
0 2	9	Permanently restricted net assets	14,578,732	29	14,664,457
	-	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
Net Assets of C C C C	0	Capital stock or trust principal, or current funds		30	
		Paid-in or capital surplus, or land, building, or equipment fund		31	
8 3	2	Retained earnings, endowment, accumulated income, or other funds .		32	
j 3		Total net assets or fund balances	275,501,274	33	288,790,515
	4	Total liabilities and net assets/fund balances	416,494,387	34	435,584,296

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Form 99	90 (2018)			Pa	age 12			
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				~			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	276,273,222					
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3		37,63	4,277			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	75,50	1,274			
5	Net unrealized gains (losses) on investments	5		(895	5,512)			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(2	23,449	9,524)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10	2	88,79	0,515			
Part					_			
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain in						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~			
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or						
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	~				
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ow							
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c	~				
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?.	forth in	3a					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	•	3b					
		-		000	<u> </u>			

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Part VII

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

(A) Name and Title	(B) Average hours per week		((Ch	C) Po eck all	OSitiOI that ap	n oply)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(25) GLENN L WILSON	1.0	1						0	0	0
DIRECTOR	3.0	•						0	0	0
(26) ROBERT FRANK	40.0			1				393,217	0	68,388
 COO	0.0			•				595,217	0	00,300
(27) JOANNE R HAHEY	40.0			1				435,205	0	77,783
SVP FINANCE AND CFO	7.0			•				455,205	0	11,105
(28) WILLIAM E HUFFNER	40.0				1			833,295	0	32,829
СМО	1.0				•			055,295	0	52,029
(29) RUTH A JONES	40.0				1			381,620	0	22,203
SVP & CNO	0.0				•			301,020	0	22,203
(30) KEVIN J CHAPPLE	40.0					1		171,350	0	22,311
MANAGER ALLIED CLINICAL	0.0					•		171,350	0	22,311
(31) NICHOLE L HILL	40.0					1		180,981	0	37,339
PHYSICIST	0.0					•		100,901	0	57,559
(32) FRANCIS G LEE	1.0					1		234,809	0	22,280
VP PHILANTHROPY	39.0					•		234,009	0	22,200
(33) PATTI K WILLIS	40.0					1		340,226	0	28,583
VP EXTERNAL RELATIONS	0.0					•		340,220	0	20,000
(34) BRIAN A LEUTNER	40.0					1				
VP CLINICAL AND AMBULATORY SERVICES	0.0					~		162,368	0	30,546

SCH	EDUI	LE /	4
(Form	990 o	r 99)-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization	
SHORE HEALTH SYSTEM.	INC.

Employer identification number

52-0610538

Part I	Reason for Public Charity Status (All organizations must complete the	his part) See instructions
I al l I	ricason for rubic onancy otatas (Air organizations must complete in	1113 part.) Occ 1131 uctions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f $\;$ Enter the number of supported organizations $\;$. $\;$. $\;$. $\;$.

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Shore Health System, Inc. 52-0610538 Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2018 14 7/7/2020 11:00:01 AM

_	lle A (Form 990 or 990-EZ) 2018						Page 2
Part	(Complete only if you checked the Part III. If the organization fails to	ne box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	on failed to qu	-
	ion A. Public Support	(-) 0014	(1-) 0015	(-) 0010	(-1) 0017	(-) 0010	(0 T - + -
1	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
-	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						· -
0 +	organization, check this box and stop he						🕨
	ion C. Computation of Public Suppor			11 oolump (f))		14	0/
14 15	Public support percentage for 2018 (line (Public support percentage from 2017 Scl					14 15	<u>%</u>
16a	33 ¹ / ₃ % support test—2018. If the organization qua	ization did not	t check the box	x on line 13, a	nd line 14 is 3	3 ¹ /3% or more,	check this
b	33 ¹ / ₃ % support test — 2017. If the organi this box and stop here. The organization						
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	s-and-circumst	ances" test, c	heck this box	and stop here	. Explain in
b	10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization r Explain in Part VI how the organization r supported organization	ation meets th	ne "facts-and-	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a			a, or 17b, chec	k this box and	see

Schedule A (Form 990 or 990-EZ) 2018

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
74	received from disqualified persons .						
Ŀ	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
с 8	Public support. (Subtract line 7c from						_
0							
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(4) 2014	(6) 2010	(0) 2010	(0) 2017	(0) 2010	
10a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
10	• ,						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		-				
10	and 12.)						
14	First five years. If the Form 990 is for th	e organizatio	l n's first secon	d third fourth	or fifth tax ve	ar as a sec	tion 501(c)(3)
17	organization, check this box and stop he	•					
Secti	on C. Computation of Public Suppor			<u> </u>			
15	Public support percentage for 2018 (line 8		,,,	13 column (f))		15	%
16	Public support percentage from 2017 Sch	, ,,,				16	%
	on D. Computation of Investment In						/0
17	Investment income percentage for 2018 (I		÷	ov line 13. colu	ımn (f))	17	%
18	Investment income percentage from 2017			•		18	<u> </u>
19a	33 ¹ / ₃ % support tests – 2018. If the organi						
	17 is not more than $33^{1/3}$ %, check this box						
b	33 ¹ / ₃ % support tests – 2017. If the organiz	-	-	-		-	
	line 18 is not more than 33 ¹ / ₃ %, check this b						
20	Private foundation. If the organization di	-	-	-			
		a not oneon a	50X 011 III 0 14,	, 100, 01 100, 0			

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2018

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) below.*
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

nis regard. 3b Schedule A (Form 990 or 990-EZ) 2018

2a

2b

3a

Yes No

Yes No

_

1	Check here if the organi	ization satisfied the I	ntegral Part Test as a o	qualifying trust on Nov	. 20, 1970 (explain in Part VI). See	;
	instructions. All other T	ype III non-functiona	ally integrated supporti	ing organizations must	complete Sections A through E.	

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

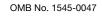
Schedule A (Form 990 or 990-EZ) 2018

Schedule B	
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Name of the organization

Schedule of Contributors

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



2018

Employer identification number
52-0610538

SHORE HEALTH SYSTEM, INC. Organization type (check one):

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

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

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

General Rule

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

Special Rules

□ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

SHORE HEALTH SYSTEM, INC.

52-0610538 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$58,500	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$5,093,390	Person Payroll □ Noncash □
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
Nó.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$30,000	Person ☑ Payroll □ Noncash □ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2

Employer identification number

Name of organization SHORE HEALTH SYSTEM, INC.

Part II

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Shore Health System, Inc. 52-0610538

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 3

Employer identification number

52-0610538

Name of org	ganization EALTH SYSTEM, INC.			Employer identification number 52-0610538
Part III	Exclusively religious, charitable, e (10) that total more than \$1,000 for the following line entry. For organiza contributions of \$1,000 or less for t	or the year from any ations completing Pa he year. (Enter this ir	one contributor. rt III, enter the tota nformation once. S	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and I of <i>exclusively</i> religious, charitable, etc.
	Use duplicate copies of Part III if ad	ditional space is nee	ded.	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a		fer of gift Relatior	nship of transferor to transferee
(2) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a		fer of gift Relatior	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		·		
	Transferee's name, address, a		fer of gift Relatior	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a		fer of gift Relatior	nship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) 7/7/2020 11:00:01 AM

	()()	Complete Parts I-A and B. Do not cor	•			
	. , .	on 501(c)(3)) organizations: Complete F	Parts I-A and C below	v. Do not con	nplete Part I-B.	
	ection 527 organizations: Con					
		s," on Form 990, Part IV, line 4, or For				
		that have filed Form 5768 (election und	,	•		•
		that have NOT filed Form 5768 (election		• • •		•
	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Proxy hen	/ Tax) (see separate	Instructions	s) or Form 990	-EZ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) orga					
	of organization				Employer iden	tification number
	RE HEALTH SYSTEM, INC.					52-0610538
-		e organization is exempt und	er section 501(d	c) or is a s	ection 527 d	organization.
1	Provide a description o definition of "political car	f the organization's direct and in mpaign activities")	direct political ca	mpaign act	vities in Part	IV. (see instructions for
2	Political campaign activit	ty expenditures (see instructions)			🕨 💲	;
3		cal campaign activities (see instruc				
Part	-	e organization is exempt und				
1	Enter the amount of any	excise tax incurred by the organiza	ation under sectior	n 4955 .	🕨 💲	
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 495	0 . • •	<u></u>
3	•	ed a section 4955 tax, did it file Fo	•			
4a						Yes No
b	If "Yes," describe in Part	e organization is exempt und	ar agation 501/a) avaant	a action EO1	(a)(2)
Part		· · ·	•			(C)(3).
1	activities	ly expended by the filing organiz			► \$	
2		filing organization's funds contrik			or section	
_		ivities			-	
3		expenditures. Add lines 1 and 2				
4		n file Form 1120-POL for this year			-	Yes No
- - 5		ses and employer identification nul				
	organization made paym the amount of political co	ents. For each organization listed, ontributions received that were pro I fund or a political action committe	enter the amount protection and directly	baid from th delivered to	e filing organi a separate p	zation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	filing org	nt paid from janization's one, 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 Pa	perwork Reduction Act Notice	e, see the Instructions for Form 990 or 9	90-EZ. Cat.	No. 50084S	Schedul	le C (Form 990 or 990-EZ) 2018

Political Campaign and Lobbying Activities

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

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE C

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then



Open to Public

Inspection

Pa	art I	I-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (elec	ction under
Α	Che	eck 🕨		s to an affiliated group (and list in Part IV each affi hare of excess lobbying expenditures).	liated group membe	er's name,
В	Che	eck 🕨	if the filing organization checke	ed box A and "limited control" provisions apply.		
				<i>r</i> ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
-	b c d e f	Total lo Total lo Other e Total e	bbbying expenditures to influence a bbbying expenditures (add lines 1a exempt purpose expenditures . exempt purpose expenditures (add ing nontaxable amount. Enter th	bublic opinion (grass roots lobbying)		
		If the ar	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
		Not ove	r \$500,000	20% of the amount on line 1e.		
		Over \$5	00,000 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 \$1	7,000,000	\$1,000,000.		
	g	Grassr	oots nontaxable amount (enter 259	% of line 1f)		
	h	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0		
	i	Subtra	ct line 1f from line 1c. If zero or les	s, enter -0		
	j		e is an amount other than zero on a section 4911 tax for this year?	on either line 1h or line 1i, did the organization		Yes No

4-Year Averaging Period Under Section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
с	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2018

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	I)		(b)	
	iption of the lobbying activity.	Yes	No	A	nount	:
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		~			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		~			
С	Media advertisements?		~			
d	Mailings to members, legislators, or the public?		~			
е	Publications, or published or broadcast statements?		~			
f	Grants to other organizations for lobbying purposes?		~			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		~			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		~			
i	Other activities?	~			1	2,599
j	Total. Add lines 1c through 1i				1	2,599
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		~			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), c	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior y	year?	3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line (3, is

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
с	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Schedule C (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
LINE 1 - DETAILED DESCRIPTION OF THE	SHS 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 4.8% AND 22.73% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, SHS HAS REPORTED THIS AMOUNT ON SCHEDULE C PART II-B AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection
2018
OMB No. 1545-0047

Name o	of the or	ganization		Employer identification number
SHOR	E HEA	LTH SYSTEM, INC.		52-0610538
Par	tl	Organizations Maintaining Donor Adv Complete if the organization answered		
-			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggr	egate value of contributions to (during year)		
3	Aggr	egate value of grants from (during year) .		
4	Aggr	egate value at end of year		
5		he organization inform all donors and donor		
	funds	s are the organization's property, subject to th	e organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did t	he organization inform all grantees, donors, a	nd donor advisors in writing that grai	nt funds can be used
		for charitable purposes and not for the bene		
		erring impermissible private benefit?		· · · · · · · 🗌 Yes 🗌 No
Par	t II	Conservation Easements.		
		Complete if the organization answered		
1		ose(s) of conservation easements held by the		
		reservation of land for public use (e.g., recrea		
		rotection of natural habitat	Preservation o	f a certified historic structure
•		reservation of open space		
2		plete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
		ment on the last day of the tax year.		Held at the End of the Tax Year
a				
b		acreage restricted by conservation easement		
C		ber of conservation easements on a certified h		
d		ber of conservation easements included in ric structure listed in the National Register .		
3		ber of conservation easements modified, trans		
3	tax y		siened, released, extinguished, or ten	ninated by the organization during the
4	-	ber of states where property subject to conse	rvation easement is located	
5		the organization have a written policy reg		pection handling of
•		ions, and enforcement of the conservation ea		
6		and volunteer hours devoted to monitoring, inspe		
	•			gg ,
7	Amou	 Int of expenses incurred in monitoring, inspectir	g, handling of violations, and enforcing	conservation easements during the year
	▶\$			5,
8	Does	each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and s	ection 170(h)(4)(B)(ii)?		· · · · · · · 🗌 Yes 🗌 No
9		rt XIII, describe how the organization reports of		
		nce sheet, and include, if applicable, the text o		ancial statements that describes the
	-	nization's accounting for conservation easeme		
Part	: 111	Organizations Maintaining Collection		
		Complete if the organization answered		
1a		organization elected, as permitted under SF		
		s of art, historical treasures, or other similar	•	
	-	c service, provide, in Part XIII, the text of the f		
b		e organization elected, as permitted under S		
		s of art, historical treasures, or other similar c service, provide the following amounts relat		ducation, or research in furtherance of
	(I) R	evenue included on Form 990, Part VIII, line 1 ssets included in Form 990, Part X		· · · · Þ \$
•	(II) As	ssets included in Form 990, Part X	historical traceuras or other similar	· · · · · · · · · · ·
2		e organization received or held works of art, ving amounts required to be reported under S		
-				
a h		nue included on Form 990, Part VIII, line 1 .		
b For Po		ts included in Form 990, Part X		
TO Fa	inei MO	IN NEULUUII ACLINULICE, SEE LIE IIISLIUCLIONS IOI	Gat. No. 52283	D Schedule D (Form 990) 2018

Schedu	e D (Form 990) 2018						Page 2
Part	III Organizations Maintaining	Collections of	Art, Historical T	Freasures,	or Ot	her Similar Ass	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her records, chec	k any of the	e follov	ving that are a sig	gnificant use of its
а	Public exhibition		d 🗌 Loan	or exchang	e proqi	rams	
b	Scholarly research			-			
с	Preservation for future generations	6					
4	Provide a description of the organizat XIII.		and explain how t	hey further t	the org	anization's exem	pt purpose in Part
5	During the year, did the organization						r
	assets to be sold to raise funds rather		ined as part of the	e organizatio	on's co	llection?	🗌 Yes 🗌 No
Part					-		
	Complete if the organization 990, Part X, line 21.						
1a	Is the organization an agent, trustee, included on Form 990, Part X?						t
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following ta	able:			
						An	nount
с	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amour				stodial	account liability?	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa					•	
Par			· ·				
	Complete if the organization	answered "Yes'	" on Form 990, F	Part IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance	2,404,542	2,404,542	2,40	04,542	2,404,542	2,404,542
b	Contributions	1 - 1-	1 - 1-	,	. , -	, - ,-	7 - 7-
c	Net investment earnings, gains, and losses						
d	Grants or scholarships						
e	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance	2,404,542	2,404,542	2.40	04,542	2,404,542	2,404,542
2	Provide the estimated percentage of t	1 1					7 - 7-
a	Board designated or quasi-endowmer			,, ()	,		
b	c .	.00 %					
c	Temporarily restricted endowment ►	0.00 %					
Ŭ	The percentages on lines 2a, 2b, and		00%				
3a	Are there endowment funds not in the			at are held a	and ad	ministered for the	2
ou	organization by:		lo organization th				Yes No
	(i) unrelated organizations						3a(i) V
	(ii) related organizations						3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related of						3b 🖌
4	Describe in Part XIII the intended uses						
Part							
r ar e	Complete if the organization		" on Form 990 F	Part IV line	11a :	See Form 990	Part X line 10
	Description of property	(a) Cost or ot		or other basis		Accumulated	(d) Book value
	Description of property	(investme	ent) (o	ther)		epreciation	
1a	Land			16,446,605			16,446,605
b	Buildings		1	44,473,303		78,712,646	65,760,657
С	Leasehold improvements			0		0	0
d	Equipment		1	49,903,049		117,151,938	32,751,111
e	Other			9,849,746		1,191,620	8,658,126
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, column	n (B), line 10	c.)	►	123,616,499

Schedule D (Form 990) 2018

Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives . (2) Closely-held equity interests . (3) Other (A) ALTERNATIVE INVESTMENTS 62,261,000 END OF YEAR MARKET VALUE (B) (C) (D) (E) (F) (G) (H) 62,261,000 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Investments-Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) ASSETS OF RELATED ORGANIZATION 79,326,288 (2) ASSETS WHOSE USE IS LIMITED 5,881,659 (3) MALPRACTICE REINSURANCE 27,748,123 (4) TERRAPIN REINSURANCE 8,764,399 OTHER RECEIVABLES 4,188,451 (5) (6) DUE FROM AFFILIATES 10,553,066 INVESTMENT IN SUBSIDIARIES 1,852,089 (7) (8) CONSTRUCTION FUNDS 25,987,000 (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 169,665,324 Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (b) Book value (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES 70,674,644 (3) OTHER LIABILITIES 18,923,813 (4) MALPRACTICE 17,833,127 (5) MALPRACTICE REINSURANCE 0 (6) ADVANCES FROM 3RD PARTY PAYORS 5,561,755 (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 112,993,339

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

Schedu	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		Return.
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants		-
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		-
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments		-
c	Other losses		-
d	Other (Describe in Part XIII.)		-
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		-
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir		5
Part	XIII Supplemental Information.		-
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2t	o; Part V, line 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	nformation.
SEE S	TATEMENT		

Other Assets - Complete if the organization answered "Yes" to

Part IX

Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book values
Investments held for collateral	4,091,333
Escrow	1,272,916

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	MEMORIAL HOSPITAL FOUNDATION ENDOWMENT FUNDS ARE USED TO SUPPORT THE HEALTHCARE MISSION OF SHS. INVESTMENT EARNINGS ON THE ENDOWMENT FUND ARE TRANSFERRED TO TEMPORARILY RESTRICTED AND UNRESTRICTED FUNDS IN SUPPORT OF THE ORGANIZATION'S TAX EXEMPT MISSION.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE ORGANIZATION IS A SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE CORPORATION). THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN THE INCOME TAXES (FIN 48) ON JULY 1, 2007. THE FOOTNOTE RELATED TO ASC 740 IN THE CORPORATION'S AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS: THE CORPORATION FOLLOWS A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX LIABILITIES OR BENEFITS THAT SHOULD BE RECOGNIZED.

SCHE	DULE	Н
(Form	990)	

Department of the Treasury Internal Revenue Service

Hospitals

OMB No. 1545-0047

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Open to P	
Inspection	

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Complete if the organization answered "Yes" on Form 990, Part IV, question 20.						
► Attach to Form 990.						

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

Name o	Name of the organization Employer identification r			er identification nun	nber					
SHORE HEALTH SYSTEM, INC. 52 06105						538				
Par	Financial Assistanc	e and Certai	n Other Cor	mmunity Benefit	s at Cost					
									Yes	No
	Did the organization have a final					ques	stion 6a	1a	~	
b		Yes," was it a written policy?				1b	~			
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of						application of			
	the financial assistance policy									
	Applied uniformly to all hos	•		Applied uniform	y to most ho	spita	facilities			
-	Generally tailored to individ									
3	Answer the following based or			gibility criteria that	applied to the	e larg	lest number of			
-	the organization's patients during the tax year. Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing						¢			
а								0-		
	free care? If "Yes," indicate wh		-		e infinit for elig	Dinty	for free care:	3a	~	
b		· · · · · ·	Other	%		4l -				
D	Did the organization use FPG indicate which of the following						are? II res,	3b	~	
	=	-] 400%		%		30		
с	If the organization used factor				-	-	e criteria usod			
U	for determining eligibility for fre									
	an asset test or other thresh									
	discounted care.				C	0	5			
4	Did the organization's financia	l assistance po	plicy that appl	ied to the largest r	number of its	patie	ents during the			
	tax year provide for free or disc							4	~	
5a	Did the organization budget amounts	for free or discou	unted care provid	ded under its financial	assistance polic	y duri	ng the tax year?	5a	~	
b	If "Yes," did the organization's	financial assis	tance expense	es exceed the bud	geted amoun	t?.	[5b	~	
С	If "Yes" to line 5b, as a result	It of budget o	onsiderations	, was the organiz	ation unable	to p	rovide free or			
	discounted care to a patient w	-					ł	5c		~
	Did the organization prepare a							6a	~	
b	If "Yes," did the organization m							6b	~	
	Complete the following table these worksheets with the Sch		sneets provid	led in the Schedul	e H instructio	ons.	Do not submit			
7	Financial Assistance and Certa			s at Cost						
	Financial Assistance and Certa	(a) Number of	(b) Persons	(c) Total community	(d) Direct offse	tting	(e) Net community		f) Perc	ont
Means	T	activities or programs (optional)	(optional)	benefit expense	revenue	ung	benefit expense		of tot	al
а	Financial Assistance at cost (from Worksheet 1)			1,842,282		0	1,842,28	2		0.80
b	Medicaid (from Worksheet 3, column a)							0		0.00
С	Costs of other means-tested government programs (from									
	Worksheet 3, column b)							0		0.00
d	Total. Financial Assistance and Means-Tested Government Programs	0	0	1,842,282		0	1,842,28	2 O		0.80
	Other Benefits									
е	Community health improvement services and community benefit									
	operations (from Worksheet 4)			734,180		0	734,18	0		0.32
f	Health professions education (from Worksheet 5)			1,292,322		0	1,292,32	2		0.56
g	Subsidized health services (from			00 007 077		0.40	00.040.04	-		44.70
h	Worksheet 6)			26,967,357	21	,340	26,946,01	-		11.73
i	Cash and in-kind contributions							0		0.00
	for community benefit (from Worksheet 8)			239,480		0	239,48	0		0.10

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

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Cat. No. 50192T

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29,233,339

31,075,621

12.72

13.52

29,211,999

31,054,281

Total. Other Benefits .

Total. Add lines 7d and 7j

j

k

21,340

21,340

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					0	0.00
2	Economic development			13,756		13,756	0.01
3	Community support			3,799		3,799	0.00
4	Environmental improvements					0	0.00
5	Leadership development and training for community members					0	0.00
6	Coalition building			46,826		46,826	0.02
7	Community health improvement advocacy			9,688		9,688	0.00
8	Workforce development					0	0.00
9	Other			408		408	0.00
10	Total	0	0	74,477	0	74,477	0.03

Section	on A. Bad Debt Expense						Yes	No
1	Did the organization report bad de	bt expense in accordance with Healthcare Financial Man	agement Association	on Sta	atement No. 15?	1	~	
2		organization's bad debt expense. Explain ir						
	methodology used by the org	ganization to estimate this amount		2	6,084,088			
3		t of the organization's bad debt expense a						
		ganization's financial assistance policy. Explair						
		ganization to estimate this amount and the ra						
	u	ad debt as community benefit.		3	0	-		
4		the footnote to the organization's financial sta						
expense or the page number on which this footnote is contained in the attached financial statements.								
	on B. Medicare				444.050.004			
5		from Medicare (including DSH and IME)		5	114,359,201 88,006,284	-		
6		sts of care relating to payments on line 5		6 7	26,352,917	4		
7 8		his is the surplus (or shortfall)		· ·		-		
0		ent to which any shortfall reported in line 7 t VI the costing methodology or source used t			•			
	on line 6. Check the box that	u		am	ouni reponed			
	Cost accounting system	✓ Cost to charge ratio □ Other						
Sacti	on C. Collection Practices							
9a		vritten debt collection policy during the tax yea	r?			9a	~	
b		ection policy that applied to the largest number of its patie				- Uu	•	
		lowed for patients who are known to qualify for financial a				9b	~	
Par	Nanagement Comp	anies and Joint Ventures (owned 10% or more by off	icers, directors, trustees	, key e	mployees, and physici	ans-see	e instruc	tions)
	(a) Name of entity	(b) Description of primary	(c) Organization's	(d) O	fficers, directors,	(e) P	hysicia	าร'
		activity of entity	profit % or stock	` í tr	ustees, or key bloyees' profit %	profit	% or st	ock
			ownership %		ock ownership %	own	ership	%
1								
2								
3								
4								
5								
6								

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Schedule H (Form 990) 2018										Page
Part V Facility Information							1			
Section A. Hospital Facilities	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other		
list in order of size, from largest to smallest-see instructions)	nsed	erali	dren'	ching	cala	earch	24 h	other		
How many hospital facilities did the organization operate during	hos	nedi	sho	hos	cces	1 faci	ours			
he tax year? 2	pital	cal 8	spita	pital	sho	lity				
Name, address, primary website address, and state license number		surg			spita					Facility
and if a group return, the name and EIN of the subordinate hospital		lical								reporting group
organization that operates the hospital facility)									Other (describe)	group
1 THE MEMORIAL HOSPITAL AT EASTON										A
219 S. WASHINGTON STREET, EASTON, MD 21601	1									
WWW.UMMS.ORG/SHORE STATE LICENSE NO. : 20-003	/	V					V			
	1									
2 DORCHESTER GENERAL HOSPITAL										A
300 BYRN STREET, CAMBRIDGE, MD 21613										
WWW.UMMS.ORG/SHORE STATE LICENSE NO. : 09-002	~	V					V			
	1									
3										
4										
	-									
5										
	1									
	1									
	_									
6										
7										
	-									
8										
9	4	1								
	4	1								
	4	1								
	4	1								
		1	<u> </u>							
10										
	1									
	1	1	1	1	1	1	1	1	1	

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group <u>A</u> Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A):

			Yes	No
Comn	nunity Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		~
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		~
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	~	
a b c d f g	 If "Yes," indicate what the CHNA report describes (check all that apply): A definition of the community served by the hospital facility Demographics of the community Existing health care facilities and resources within the community that are available to respond to the health needs of the community How data was obtained The significant health needs of the community Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups The process for identifying and prioritizing community health needs and services to meet the approximate health needs 			
h i 4 5	 community health needs The process for consulting with persons representing the community's interests The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) Other (describe in Section C) Indicate the tax year the hospital facility last conducted a CHNA: 20 18 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted			
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	5	~	
	hospital facilities in Section C	6a	~	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		~
7	Did the hospital facility make its CHNA report widely available to the public?	7	~	
a b	If "Yes," indicate how the CHNA report was made widely available (check all that apply): Image: State of the control of t			
с	Made a paper copy available for public inspection without charge at the hospital facility			
d 8	Other (describe in Section C) Did the hospital facility adopt an implementation strategy to meet the significant community health needs			
Ū	identified through its most recently conducted CHNA? If "No," skip to line 11	8	~	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	~	
a b	If "Yes," (list url): <u>HTTPS://WWW.UMMS.ORG/SHORE/COMMUNITY/ASSESSMENT-IMPLEMENTATION-PLAN</u> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most	100		
-	recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12 a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section $501(t)(3)$?	100		~
b	CHNA as required by section 501(r)(3)?	12a 12b		~
	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

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Part V Facility Information (continued)					
Finan	cial A	ssistance Policy (FAP)			
Name	of ho	ospital facility or letter of facility reporting group A			
				Yes	No
40		the hospital facility have in place during the tax year a written financial assistance policy that:	10		
13	-	ained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? es," indicate the eligibility criteria explained in the FAP:	13	~	
~		Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 2 0 0 %			
а	Ŀ	and FPG family income limit for eligibility for discounted care of $3 \ 0 \ 0 \ \%$			
b	~	Income level other than FPG (describe in Section C)			
с	~	Asset level			
d	~	Medical indigency			
е	~	Insurance status			
f	~	Underinsurance status			
g		Residency			
h		Other (describe in Section C)			
14		ained the basis for calculating amounts charged to patients?	14	~	
15		ained the method for applying for financial assistance?	15	~	
		res," indicate how the hospital facility's FAP or FAP application form (including accompanying			
	_	uctions) explained the method for applying for financial assistance (check all that apply):			
а	~	Described the information the hospital facility may require an individual to provide as part of his or her application			
b	~	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of his or her application			
С	~	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d		Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
е		Other (describe in Section C)			
16	Was	widely publicized within the community served by the hospital facility?	16	~	
	lf "Y	es," indicate how the hospital facility publicized the policy (check all that apply):			
а	~	The FAP was widely available on a website (list url): (SEE STATEMENT)			
b	~	The FAP application form was widely available on a website (list url): (SEE STATEMENT)			
C L	-	A plain language summary of the FAP was widely available on a website (list url): (SEE STATEMENT)			
d	~	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	~	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	~	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	~	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	~	Notified members of the community who are most likely to require financial assistance about availability			
	_	of the FAP			
i	~	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j		Other (describe in Section C)			

Schedule H (Form 990) 2018

Schedule H	(Form	aan	2018
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Part V Facility Information (continue

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Biiiinő	g and Collections			
Name	e of hospital facility or letter of facility reporting group A			
			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	~	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a b c d	 Reporting to credit agency(ies) Selling an individual's debt to another party Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP Actions that require a legal or judicial process 			
е	Other similar actions (describe in Section C)			
f 19	✓ None of these actions or other similar actions were permitted Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		~
	If "Yes," check all actions in which the hospital facility or a third party engaged:	10		-
а	 Reporting to credit agency(ies) 			
b	Selling an individual's debt to another party			
С	 Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP 			
d	Actions that require a legal or judicial process			
е	Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions li not checked) in line 19 (check all that apply):	sted (wheth	ner or
а	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language FAP at least 30 days before initiating those ECAs (if not, describe in Section C)	sumn	nary o	of the
b	Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, descri	ibe in	Sectio	on C)
С	 Processed incomplete and complete FAP applications (if not, describe in Section C) 			
d	 Made presumptive eligibility determinations (if not, describe in Section C) 			
е	Other (describe in Section C)			
f	None of these efforts were made			
-	/ Relating to Emergency Medical Care		1	
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	~	
	If "No," indicate why:			
а	The hospital facility did not provide care for any emergency medical conditions			
b	The hospital facility's policy was not in writing			
С	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	Other (describe in Section C)			

d Other (describe in Section C)

Schedu	e H (Form 990) 2018		F	Page 7
Part	V Facility Information (continued)			
Charg	es to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Name	of hospital facility or letter of facility reporting group A			
			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
а	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
С	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		~
	If "Yes," explain in Section C.			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		~
	If "Yes," explain in Section C.			

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

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO	FACILITY NAME: REPORTING GROUP A
REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	DESCRIPTION: UM SHORE REGIONAL HEALTH (SHS) CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WHICH WAS BOARD APPROVED ON 5/22/2019, FOR THE FIVE COUNTIES OF MARYLAND'S MID-SHORE: TALBOT, CAROLINE, QUEEN ANNE'S, DORCHESTER, AND KENT. UM SRH USED PRIMARY AND SECONDARY SOURCES OF DATA AS WELL AS QUANTITATIVE AND QUALITATIVE DATA AND CONSULTED WITH NUMEROUS INDIVIDUALS AND ORGANIZATIONS DURING THE CHNA, INCLUDING COMMUNITY LEADERS, COMMUNITY PARTNERS, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM COMMUNITY HEALTH IMPROVEMENT COMMITTEE, THE GENERAL PUBLIC, LOCAL HEALTH EXPERTS, AND THE HEALTH OFFICERS REPRESENTING THE FIVE COUNTIES OF THE MID-SHORE. FEEDBACK FROM CUSTOMERS INCLUDES DATA COLLECTED FROM SURVEYS, ADVISORY GROUPS AND FROM OUR COMMUNITY OUTREACH AND EDUCATION SESSIONS. SECONDARY DATA RESOURCES REFERENCED TO IDENTIFY COMMUNITY HEALTH NEEDS INCLUDE COUNTY HEALTH RANKINGS (HTTP://WWW.COUNTYHEALTHANKINGS.ORG) AND MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S STATE HEALTH IMPROVEMENT PROCESS (SHIP) (HTTP://DHMH.MARYLAND.GOV/SHIP, AND MARYLAND STATE HEALTH IMPROVEMENT MEASURES AS RELATED TO ACTIVITIES IN RURAL COMMUNITIES AND WORKFORCE DEVELOPMENT (HTTP://WWW.MDRURALHEALTH.ORG/WP-CONTENT/UPLOADS). SHORE REGIONAL HEALTH PARTICIPATES ON THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) COMMUNITY HEALTH IMPROVEMENT COMMITTEE TO STUDY DEMOGRAPHICS, ASSESS COMMUNITY HEALTH IDSPARITIES, INVENTORY RESOURCES AND ESTABLISH COMMUNITY BENEFIT GOALS FOR BOTH UM SHORE REGIONAL HEALTH AND UMMS.
	UM SHORE REGIONAL HEALTH CONSULTED WITH COMMUNITY PARTNERS AND ORGANIZATIONS TO DISCUSS COMMUNITY NEEDS RELATED TO HEALTH IMPROVEMENT AND ACCESS TO CARE. THE FOLLOWING LIST OF PARTNER AGENCIES MEETS ON A QUARTERLY BASIS AS MEMBERS OF THE RURAL HEALTH COLLABORATIVE:
	EXECUTIVE COMMITTEE 1.APRIL SHARP, CONSUMER 2.BETH ANNE LANGRELL, EXECUTIVE DIRECTOR, FOR ALL SEASONS, INC. 3.FREDIA WADLEY, HEALTH OFFICER, TALBOT COUNTY HEALTH DEPARTMENT 4.JAMES CHAMBERLAIN, MARYLAND PRIMARY CARE PHYSICIANS 5. JOSEPH CIOTOLA, HEALTH OFFICER, QUEEN ANNE'S COUNTY HEALTH DEPARTMENT 6.KEN KOZEL, PRESIDENT AND CEO, UM SHORE REGIONAL HEALTH 7.WILLIAM WEBB, HEALTH OFFICER, QUEEN ANNE'S COUNTY HEALTH DEPARTMENT 8.ROGER HARRELL, HEALTH OFFICER, ORCHESTER COUNTY HEALTH DEPARTMENT 9.SARA RICH, PRESIDENT AND CEO, CHOPTANK COMMUNITY HEALTH DEPARTMENT 1.TIMOTHY SHANAHAN, MEDICAL DIRECTOR, UM COMMUNITY HEALTH DEPARTMENT 1.TIMOTHY SHANAHAN, MEDICAL DIRECTOR, UM COMMUNITY MEDICAL GROUP 12.VICTORIA BAYLESS, PRESIDENT AND CEO, ANNE ARUNDEL MEDICAL CENTER 13.ANNA SIERRA, EXECUTIVE DIRECTOR, DORCHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES 14.CHILDLENE BROOKS, MANAGER, TALBOT SENIOR CENTER 15.DR. DEREK SIMMONS, DIRECTOR OF STUDENT SERVICES, CAROLINE COUNTY PUBLIC SCHOOLS 16.JIM BOGDEN, SELFEMPLOYED POLICY CONSULTANT 17.KATELIN HALEY, CHIEF MEDICAL OFFICER, CHOPTANK COMMUNITY HEALTH SYSTEMS 18.MARIA MAGUIRE, PEDIATRICIAN, UM SHORE HEALTH SYSTEM & TALBOT COUNTY'S CHILD ADVOCACY CTR. 19.MARY BOURBON, NURSE PRACTITIONER, WHITSITT CENTER 20.MARY THOMPSON, RETIRED DIRECTOR OF NURSING, QUEEN ANNE'S COUNTY HEALTH DEPARTMENT 21.MARAMANLEY, SELFEMPLOYED TUTORING AGENCY 22.MICHAEL CLARK, DIRECTOR, QUEEN ANNE'S COUNTY LOCAL MANAGEMENT BOARD 23.SANTO GRANDE, PRESIDENT AND CEO, DELMARVA COMMUNITY SERVICES, INC. 24.SARA VISINTAINER, CHIEF OF STAFF, CAROLINE COUNTY COAMMISSIONERS 25.SHELLY NEALEDWARDS, DIRECTOR, KENT COUNTY DEPARTMENT OF SOCIAL SERVICES 26.SONIA SOLANO TORRES, HISPANIC OUTREACH COONDINATOR, CHESAPEAKE MULTICULTURAL RESOURCE CTR. 27.TERESA SCHAEFER, PSYCHOLOGIST, CHESTER RIVER BEHAVIORAL HEALTH SHORE REGIONAL HEALTH HOSTED A SERIES OF COMMUNITY LISTENING FORUMS TO GATHER COMMUNITY HEALTH DEPARTMENTS HEALTH HOETD AND REGULARLY WITH MEMBERS OF THE LOCAL HEALTH DEPARTMENTS AND COMM
	MID SHORE MENTAL HEALTH SYSTEMS KATIE DILLEY EASTERN SHORE HOSPITAL CENTERRANDY BRADFORD IN ADDITION, THE FOLLOWING AGENCIES/ORGANIZATIONS ARE REFERENCED IN GATHERING INFORMATION AND DATA: *MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE *MARYLAND DEPARTMENT OF PLANNING *MARYLAND DEPARTMENT OF PLANNING *MARYLAND VITAL STATISTICS ADMINISTRATION *COUNTY HEALTH RANKINGS *MID SHORE COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY CEDS
	OUR CHNA IDENTIFIED THE FOLLOWING LIST OF PRIORITIES FOR OUR COMMUNITY: HEALTH PRIORITIES FY2020-2022 THE TOP FIVE PRIORITIES: 1.ACCESS TO CARE 2.PREVENTABLE ER VISITS 3.CHRONIC DISEASE MANAGEMENT 4.MENTAL HEALTH/SUBSTANCE ABUSE 5.CANCER
	OVERARCHING THEME FOR ADDRESSING HEALTH PRIORITIES: 1.REDUCE BARRIERS TO CARE 2.IMPROVE CARE COORDINATION

Return Reference - Identifier	Explanation
	3.FOCUS ON HEALTH OUTREACH AND EDUCATION
	MARYLAND HEALTH CARE COMMISSION (MHCC) RURAL HEALTH STUDY DURING THE 2016 LEGISLATIVE SESSION, SENATE BILL 707 FREESTANDING MEDICAL FACILITIES- CERTIFICATE OF NEED, RATES AND DEFINITION (SB 707), PASSED INTO LAW AND WAS SIGNED BY THE GOVERNOR ON MAY 10, 2016. THE LEGISLATION ESTABLISHED A WORKGROUP ON RURAL HEALTH CARE DELIVERY TO OVERSEE A STUDY OF HEALTHCARE DELIVERY IN THE MIDDLE SHORE REGION AND TO DEVELOP A PLAN FOR MEETING THE HEALTH CARE NEEDS OF THE FIVE COUNTIES CAROLINE, DORCHESTER, KENT, QUEEN ANNE'S AND TALBOT. THE PURPOSE OF THE STUDY WAS TO ASSESS THE HEALTH CARE OF THE RESIDENTS OF THE FIVE- COUNTY STUDY AREA AND THE CAPACITIES OF THE HEALTH SYSTEM IN THE REGION, AND PROPOSE OPTIONS FOR ENHANCING HEALTH AND HEALTH CARE DELIVERY ON THE MID-SHORE. THE RESEARCH TEAM WAS ASKED TO CONSIDER: (1) THE LIMITED AVAILABILITY OF HEALTH CARE PROVIDERS AND SERVICES; (2) THE SPECIAL NEEDS OF VULNERABLE POPULATIONS, INCLUDING THE FRAIL AND ELDERLY, RACIAL AND ETHNIC MINORITIES, IMMIGRANTS AND PATIENTS WITH PERSISTENT BEHAVIORAL ILLNESSES; (3) BARRIERS TO ACCESS CAUSED BY TRANSPORTATION LIMITATIONS; AND (4) THE ECONOMIC IMPACT OF CLOSURES, PARTIAL CLOSURES OF CONVERSIONS OF HEALTH CARE FACILITIES. THE SUMMARY REPORT PROVIDES HIGHLIGHTS OF FINDINGS FROM ALL COMPONENTS OF THE STUDY AND INTEGRATES THEM INTO KEY RECOMMENDATIONS. METHODS AND FINDINGS ARE DETAILED FOR REVIEW AT: HTTP://MHCC.MARYLAND.GOV/MHCC/PAGES/HOME/WORKGROUPS/DOCUMENTS/RURAL_HEALTH/SEPTEMBE R%2025TH%202017%20MEETING/LGSRPT %20EXECUTIVESUMMARY_RPT_20170928.PDF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM IN PARTNERSHIP WITH UM SHORE REGIONAL HEALTH AS MEMBERS OF THE RURAL HEALTH CARE DELIVERY WORKGROUP PRODUCED A WHITE PAPER, COMMINNENT TO METING THE HEALTH CARE DELIVERY WORKGROUP S/DOCUMENTS/RURAL_HEALTH/SEPTEMBE R%2025TH%202017%20MEETING/LGSRPT %20EXECUTIVESUMMARY_RPT_20170928.PDF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM IN PARTNERSHIP WITH UM SHORE REGIONAL HEALTH AS MEMBERS OF THE RURAL HEALTH CARE DELIVERY WORKGROUP S/DOCUMENTS/RURAL_HEALTH/JU
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH	FACILITY NAME: REPORTING GROUP A
ONE OR MORE OTHER HOSPITAL FACILITIES	DESCRIPTION: SHS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE UMSRH NETWORK WHICH SERVES THE MID-SHORE REGION -UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT CHESTERTOWN (SMC AT CHESTERTOWN), THE UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT DORCHESTER (SMC AT DORCHESTER), AND THE UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT EASTON (SMC AT EASTON).
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	HTTPS://WWW.UMMS.ORG/SHORE/COMMUNITY/ASSESSMENT-IMPLEMENTATION-PLAN
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: REPORTING GROUP A DESCRIPTION: ALL PRIMARY HEALTH NEEDS ARE BEING ADDRESSED TO THE EXTENT THAT AVAILABLE RESOURCES AND CLINICAL EXPERTISE ALLOW. THE COMMUNITY BENEFITS PLAN IS ABLE TO ADEQUATELY ADDRESS HEART DISEASE, CANCER, DIABETES, HYPERTENSION, HIGH CHOLESTEROL, ISSUES ASSOCIATED WITH AGING POPULATION. NUTRITION, WEIGHT MANAGEMENT/OBESITY IS ADDRESSED THROUGH EDUCATIONAL CLASSES AND/OR SEMINARS. TOBACCO USE/SMOKING AND ALCOHOL/BINGE DRINKING/UNDERAGE DRINKING ARE BEING ADDRESSED BY OTHER COUNTY AGENCIES AND ORGANIZATIONS AND THROUGH PARTNERSHIPS, INCLUDING THE COUNTY HEALTH DEPARTMENTS. UMSRH HOSPITALS DO NOT POSSESS THE RESOURCES AND EXPERTISE REQUIRED FOR ENVIRONMENTAL HEALTH CONCERNS AND ISSUES. MENTAL HEALTH IS BEING ADDRESSED THROUGH THE MID-SHORE MENTAL HEALTH SYSTEMS, INC., WHICH IS A PRIVATE, NOT-FOR-PROFIT ORGANIZATION SERVING THE FIVE MID-SHORE COUNTIES: CAROLINE, DORCHESTER, KENT, QUEEN ANNE'S AND TALBOT. SEVERAL ADDITIONAL TOPIC AREAS WERE IDENTIFIED BY THE COMMUNITY HEALTH PLANNING COUNCIL INCLUDING: SAFE HOUSING, TRANSPORTATION, AND SUBSTANCE ABUSE. THE UNMET NEEDS NOT ADDRESSED BY UMC AT EATON, UMC AT DORCHESTER, NOR UMC AT CHESTERTOWN WILL CONTINUE TO BE ADDRESSED BY KEY GOVERNMENTAL AGENCIES AND EXISTING COMMUNITY- BASED ORGANIZATIONS. WHILE UMSRH HOSPITALS WILL FOCUS THE MAJORITY OF OUR EFFORTS ON THE IDENTIFIED PRIORITIES OUTLINED IN THE CHNA ACTION PLAN, WE WILL REVIEW THE COMPLETE SET OF NEEDS IDENTIFIED PRIORITIES OUTLINED IN THE CHNA ACTION PLAN, WE WILL REVIEW THE COMPLETE SET OF NEEDS IDENTIFIED PRIORITIES OUTLINED IN THE COMANTON AND WORK. THESE AREAS, WHILE STILL IMPORTANT TO THE HEALTH OF THE COMMUNITY, WILL BE MET THROUGH OTHER HEALTH CARE ORGANIZATIONS WITH OUR ASSISTANCE AS AVAILABLE.
SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR DISCOUNTED CARE	FACILITY NAME: REPORTING GROUP A DESCRIPTION: THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://WWW.UMMS.ORG/SHORE/COMMUNITY

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW.UMMS.ORG/SHORE/COMMUNITY
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://WWW.UMMS.ORG/SHORE/COMMUNITY

(list in order of size, from largest to smallest)		
How many non-hospital health care facilities did the organization of	perate during the tax year?11	
Name and address	Type of Facility (describe)	
1 REQUARD CANCER CENTER	ONCOLOGY SERVICES	
509 IDLEWILD AVENUE		
EASTON, MD 21601		
2 DIGESTIVE DISEASE CENTER	DIGESTIVE HEALTH	
5111 IDLEWILD AVENUE		
EASTON, MD 21601		
3 DIAGNOSTIC CENTER	DIAGNOSTIC & REHAB	
10 MARTIN COURT		
EASTON, MD 21601		
4 SHORE HEALTH SYSTEM SURGERY CENTER	AMBULATORY SURGERY	
6 CAULK LANE		
EASTON, MD 21601		
5 CENTREVILLE DIAGNOSTIC CENTER	DIAGNOSTIC	
2540 CENTERVILLE ROAD		
CENTREVILLE, MD 21617		
6 SUNBURST CENTER	REHAB SERVICES	
ROUTE 50		
CAMBRIDGE, MD 21613		
7 INTEGRATIVE MEDICINE	ALTERNATIVE MEDICINE	
607 DUTCHMANS LANE		
EASTON, MD 21601		
8 SHOREWORKS	EMPLOYER HEALTH	
BRYN STREET		
CAMBRIDGE, MD 21658		
9 QUEEN ANNE EMERGENCY CENTER	24-HOUR ER	
115 SHOREWAY DRIVE		
QUEENSTOWN, MD 21658		
10 DENTON DIAGNOSTIC CENTER	DIAGNOSTIC & REHAB	
920 MARKET STREET		
DENTON, MD 21601		

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Schedule H (Form 990) 2018

Schedule H (Form 990) 2018

Part V Facility Information (continued)

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Part V Facility Information (continued)		
Section D. Other Health Care Facilities That Are Not Licensed, F	Registered, or Similarly Recogn	ized as a Hospital Facility
(list in order of size, from largest to smallest)		
How many non-hospital health care facilities did the organization ope	rate during the tax year?	11
Name and address	Type of Facility (des	
1 THE SHORE MEDICAL PAVILION	DIAGNOSTIC & REI	HAB
125 SHOREWAY DRIVE		
QUEENSTOWN, MD 21658		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Schedule H (Form 990) 2018

Provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 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.
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report

community benefit report.		
Return Reference - Identifier	Explanation	
SCHEDULE H, PART I, LINE 3C - CRITERIA FOR FREE OR DISCOUNTED CARE	SHS IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS.	
	THE FAP ALSO USES A FINANCIAL HARDSHIP THRESHOLD WHEN DETERMINING ELIGIBILITY. A PATIENT WITH MEDICAL DEBT EXCEEDING 25% OF FAMILY ANNUAL HOUSEHOLD INCOME MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE.	
SCHEDULE H, PART I, LINE 6B - RELATED ORGANIZATION REPORT	THE ORGANIZATION ANNUALLY FILES A COMMUNITY BENEFIT REPORT AS REQUIRED BY THE MARYLAND HSCRC. THE REPORT CAN BE FOUND AT HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX.	
SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	SUBSIDIZED COSTS ARE NOT ATTRIBUTED TO A PHYSICIAN CLINIC, BUT ANESTHESIA AND EMERGENCY HOSPITAL SERVICES.	
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL IMPACT ON	
	THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.	
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	8,956,896	

Explanation
THROUGH A VARIETY OF COMMUNITY BUILDING ACTIVITIES, UM SHORE REGIONAL HEALTH PROMOTES HEALTH AND WELLNESS IN THE COMMUNITY IT SERVES. THESE ACTIVITIES INCLUDE: ACTIVE ENGAGEMENT AND COLLABORATION WITH LOCAL HEALTH DEPARTMENTS, CHAMBERS OF COMMERCE, AND ORGANIZATIONS THAT WORK TO IMPROVE THE QUALITY OF LIFE FOR THE RESIDENTS OF THE MID-SHORE (TALBOT, CAROLINE, DORCHESTER, QUEEN ANNE'S, AND KENT COUNTIES) BECAUSE LOCAL ACTION IS ESSENTIAL TO PUBLIC HEALTH PROGRESS, UM SHORE REGIONAL HEALTH WORKS IN PARTNERSHIP WITH PUBLIC SECTOR AGENCIES, HEALTH CARE PROVIDERS AND COMMUNITY- BASED PARTNERS. IN ADDITION, A VARIETY OF CLINICAL AND NON-CLINICAL UM SRH ASSOCIATES SERVE ON VARIOUS COALITION WORKGROUPS.
THE WORK OF UM SRH AND COMMUNITY-BASED PARTNERS CONTINUES ON THE IDENTIFIED PRIORITIES AND OBJECTIVES OF 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 STRATEGIES THAT WILL IMPROVE LOCAL PUBLIC HEALTH. UM SRH MAINTAINS OPEN COMMUNICATION WITH THE HEALTH DEPARTMENTS OF TALBOT, CAROLINE,
DORCHESTER, QUEEN ANNE'S, AND KENT COUNTIES, MID-SHORE MENTAL HEALTH SYSTEM, CHOPTANK COMMUNITY HEALTH SYSTEM, LOCAL GOVERNMENT AND SCHOOLS. UM SRH'S COMMUNITY OUTREACH PROGRAMS CAN BE FOUND IN COUNTY SCHOOLS, SENIOR CENTERS, COMMUNITY CENTERS AND CHURCHES THROUGHOUT THE MID-SHORE. UM SRH'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 UM SRH TO MAXIMIZE COMMUNITY OUTREACH EFFORTS. UM SRH SEEKS INSIGHT FROM COMMUNITY MEMBERS ATTENDING EDUCATIONAL PROGRAMS THROUGH ITS OUTREACH EVENTS. 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.
THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL.
IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO REFLECT THE CURRENT HEALTHCARE ENVIRONMENT. UNDER THIS NEW WAIVER, SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF: 1. REVENUE GROWTH PER CAPITA 2. MEDICARE HOSPITAL REVENUE PER BENEFICIARY 3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY 4. MEDICARE READMISSION RATES 5. HOSPITAL ACQUIRED CONDITION RATE
BECAUSE OF THIS SYSTEM, THE HOSPITAL IS UNABLE TO ESTIMATE HOW MUCH OF THE AMOUNT REPORTED IN LINE 2 IS ATTRIBUTED TO PATIENTS WHO WOULD APPLY UNDER THE FAP.
THE CORPORATION RECORDS REVENUES AND ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT THEIR ESTIMATED NET REALIZABLE VALUE. REVENUE IS REDUCED FOR ANTICIPATED DISCOUNTS UNDER CONTRACTUAL ARRANGEMENTS AND FOR CHARITY CARE. AN ESTIMATED PROVISION FOR BAD DEBTS IS RECORDED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED BASED UPON ANTICIPATED UNCOMPENSATED CARE, AND IS ADJUSTED AS ADDITIONAL INFORMATION BECOMES AVAILABLE.
THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES.
FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAD ALREADY PAID, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT MANY PATIENTS ULTIMATELY DO NOT PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	THE ORGANIZATION FILES ANNUALLY A COMMUNITY BENEFIT REPORT WITH THE STATE OF MARYLAND'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). THE HSCRC, WHICH OPERATES UNDER A MEDICARE WAIVER, DOES NOT CONSIDER MEDICARE SHORTFALL AS COMMUNITY BENEFIT. THE COSTING METHODOLOGY USED BY THE ORGANIZATION IS A COST-TO-CHARGE RATIO.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY.
	PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS, EVEN IN EXCESS OF 240 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS. NO EXTRAORDINARY COLLECTION ACTIONS (ECAS) WILL OCCUR EARLIER THAN 120 DAYS FROM SUBMISSION OF FIRST BILL TO THE PATIENT AND WILL BE PRECEDED BY NOTICE 30 DAYS PRIOR TO COMMENCEMENT OF THE ACTION. AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE COMMUNICATED TO THE PATIENT AND A PRESUMPTIVE ELIGIBILITY REVIEW WILL OCCUR PRIOR TO ANY ACTION BEING TAKEN. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AFTER AN ECA IS INITIATED, THE ORGANIZATION WILL TAKE REASONABLE MEASURES TO REVERSE THE ECAS AGAINST THE PATIENT ACCOUNT.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	UM SHORE REGIONAL HEALTH (SHS) CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WHICH WAS BOARD APPROVED ON 5/22/2019, FOR THE FIVE COUNTIES OF MARYLAND'S MID-SHORE: TALBOT, CAROLINE, QUEEN ANNE'S, DORCHESTER, AND KENT. UM SRH USED PRIMARY AND SECONDARY SOURCES OF DATA AS WELL AS QUANTITATIVE AND QUALITATIVE DATA AND CONSULTED WITH NUMEROUS INDIVIDUALS AND ORGANIZATIONS DURING THE CHNA, INCLUDING COMMUNITY LEADERS, COMMUNITY PARTNERS, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM COMMUNITY HEALTH IMPROVEMENT COMMITTEE, THE GENERAL PUBLIC, LOCAL HEALTH EXPERTS, AND THE HEALTH OFFICERS REPRESENTING THE FIVE COUNTIES OF THE MID-SHORE. FEEDBACK FROM CUSTOMERS INCLUDES DATA COLLECTED FROM SURVEYS, ADVISORY GROUPS AND FROM OUR COMMUNITY OUTREACH AND EDUCATION SESSIONS. SECONDARY DATA RESOURCES REFERENCED TO IDENTIFY COMMUNITY HEALTH NEEDS INCLUDE COUNTY HEALTH RANKINGS (HTTP://WWW.COUNTYHEALTHRANKINGS.ORG) AND MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S STATE HEALTH IMPROVEMENT PROCESS (SHIP) (HTTP://DHMH.MARYLAND.GOV/SHIP, AND MARYLAND STATE HEALTH IMPROVEMENT MEASURES AS RELATED TO ACTIVITIES IN RURAL COMMUNITIES AND WORKFORCE DEVELOPMENT (HTTP://WWW.MDRURALHEALTH.ORG/WP-CONTENT/UPLOADS). SHORE REGIONAL HEALTH PARTICIPATES ON THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) COMMUNITY HEALTH IMPROVEMENT COMMITTEE TO STUDY DEMOGRAPHICS, ASSESS COMMUNITY HEALTH DISPARITIES, INVENTORY RESOURCES AND ESTABLISH COMMUNITY BENEFIT GOALS FOR BOTH UM SHORE REGIONAL HEALTH AND UMMS. UM SHORE REGIONAL HEALTH CONSULTED WITH COMMUNITY PARTNERS AND ORGANIZATIONS TO DISCUSS COMMUNITY NEEDS RELATED TO HEALTH IMPROVEMENT AND ACCESS TO CARE. THE FOLLOWING UIST OF PARTNER AGENCIES MEETS ON A QUARTERLY BASIS AS MEMBERS OF THE RURAL HEALTH COLLABORATIVE:
	EXECUTIVE COMMITTEE 1.APRIL SHARP, CONSUMER 2.BETH ANNE LANGRELL, EXECUTIVE DIRECTOR, FOR ALL SEASONS, INC. 3.FREDIA WADLEY, HEALTH OFFICER, TALBOT COUNTY HEALTH DEPARTMENT 4.JAMES CHAMBERLAIN, MARYLAND PRIMARY CARE PHYSICIANS 5. JOSEPH CIOTOLA, HEALTH OFFICER, QUEEN ANNE'S COUNTY HEALTH DEPARTMENT 6.KEN KOZEL, PRESIDENT AND CEO, UM SHORE REGIONAL HEALTH 7.WILLIAM WEBB, HEALTH OFFICER, KENT COUNTY HEALTH DEPARTMENT 8.ROGER HARRELL, HEALTH OFFICER, CAROLINE COUNTY HEALTH DEPARTMENT 9.SARA RICH, PRESIDENT AND CEO, CHOPTANK COMMUNITY HEALTH DEPARTMENT 10.SCOTT LEROY, HEALTH OFFICER, CAROLINE COUNTY HEALTH DEPARTMENT 11.TIMOTHY SHANAHAN, MEDICAL DIRECTOR, UM COMMUNITY HEALTH DEPARTMENT 11.TIMOTHY SHANAHAN, MEDICAL DIRECTOR, UM COMMUNITY MEDICAL GROUP 12.VICTORIA BAYLESS, PRESIDENT AND CEO, ANNE ARUNDEL MEDICAL CENTER 13.ANNA SIERRA, EXECUTIVE DIRECTOR, DORCHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES 14.CHILDLENE BROOKS, MANAGER, TALBOT SENIOR CENTER 15.DR. DEREK SIMMONS, DIRECTOR OF STUDENT SERVICES, CAROLINE COUNTY PUBLIC SCHOOLS 16.JIM BOGDEN, SELFEMPLOYED POLICY CONSULTANT 17.KATELIN HALEY, CHIEF MEDICAL OFFICER, CHOPTANK COMMUNITY HEALTH SYSTEMS 18.MARIA MAGUIRE, PEDIATRICIAN, UM SHORE HEALTH SYSTEM & TALBOT COUNTY'S CHILD ADVOCACY CTR. 19.MARY BOURBON, NURSE PRACTITIONER, WHITSITT CENTER 20.MARY THOMPSON, RETIRED DIRECTOR OF NURSING, QUEEN ANNE'S COUNTY HEALTH DEPARTMENT 21.MAURA MANLEY, SELFEMPLOYED TUTORING AGENCY 22.MICHAEL CLARK, DIRECTOR, QUEEN ANNE'S COUNTY LOCAL MANAGEMENT BOARD 23.SANTO GRANDE, PRESIDENT AND CEO, DELMARVA COMMINITY SERVICES, INC. 24.SARA VISINTAINER, CHIEF OF STAFF, CAROLINE COUNTY DEPARTMENT OF SOCIAL SERVICES 26.SONIA SOLANO TORRES, HISPANIC OUTREACH COORDINATOR, CHESAPEAKE MULTICULTURAL RESOURCE CTR. 27.TERESA SCHAEFER, PSYCHOLOGIST, CHESTER RIVER BEHAVIORAL HEALTH
	SHORE REGIONAL HEALTH HOSTED A SERIES OF COMMUNITY LISTENING FORUMS TO GATHER COMMUNITY INPUT FOR A REGIONALIZATION STUDY THAT EXPLORES THE BENEFITS OF A REGIONAL APPROACH TO PROVIDING HEALTH CARE FOR CAROLINE, DORCHESTER, KENT, QUEEN ANNE'S AND TALBOT COUNTIES. IN ADDITION, SHORE HEALTH MEETS REGULARLY WITH MEMBERS OF THE LOCAL HEALTH DEPARTMENTS AND COMMUNITY LEADERS, INCLUDING: CHOPTANK COMMUNITY HEALTH SYSTEM SARA RICH HEALTH DEPARTMENTS HEALTH OFFICERS MID SHORE MENTAL HEALTH SYSTEMS KATIE DILLEY EASTERN SHORE HOSPITAL CENTERRANDY BRADFORD IN ADDITION, THE FOLLOWING AGENCIES/ORGANIZATIONS ARE REFERENCED IN GATHERING INFORMATION AND DATA: *MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE *MARYLAND DEPARTMENT OF PLANNING *MARYLAND DEPARTMENT OF PLANNING *MARYLAND VITAL STATISTICS ADMINISTRATION *COUNTY HEALTH RANKINGS *MID SHORE COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY CEDS OUR CHNA IDENTIFIED THE FOLLOWING LIST OF PRIORITIES FOR OUR COMMUNITY:
	HEALTH PRIORITIES FY2020-2022 THE TOP FIVE PRIORITIES: 1.ACCESS TO CARE 2.PREVENTABLE ER VISITS 3.CHRONIC DISEASE MANAGEMENT 4.MENTAL HEALTH/SUBSTANCE ABUSE 5.CANCER OVERARCHING THEME FOR ADDRESSING HEALTH PRIORITIES: 1.REDUCE BARRIERS TO CARE 2.IMPROVE CARE COORDINATION 3.FOCUS ON HEALTH OUTREACH AND EDUCATION MARYLAND HEALTH CARE COMMISSION (MHCC) RURAL HEALTH STUDY DURING THE 2016 LEGISLATIVE SESSION, SENATE BILL 707 FREESTANDING MEDICAL FACILITIES-

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	CERTIFICATE OF NEED, RATES AND DEFINITION (SB 707), PASSED INTO LAW AND WAS SIGNED BY THE GOVERNOR ON MAY 10, 2016. THE LEGISLATION ESTABLISHED A WORKGROUP ON RURAL HEALTH CARE DELIVERY TO OVERSEE A STUDY OF HEALTHCARE DELIVERY IN THE MIDDLE SHORE REGION AND TO DEVELOP A PLAN FOR MEETING THE HEALTH CARE NEEDS OF THE FIVE COUNTIES CAROLINE, DORCHESTER, KENT, QUEEN ANNE'S AND TALBOT. THE PURPOSE OF THE STUDY WAS TO ASSESS THE HEALTH CARE OF THE RESIDENTS OF THE FIVE- COUNTY STUDY AREA AND THE CAPACITIES OF THE HEALTH CARE OF THE RESIDENTS OF THE FIVE- COUNTY STUDY AREA AND THE CAPACITIES OF THE HEALTH SYSTEM IN THE REGION, AND PROPOSE OPTIONS FOR ENHANCING HEALTH AND HEALTH CARE DELIVERY ON THE MID-SHORE. THE RESEARCH TEAM WAS ASKED TO CONSIDER: (1) THE LIMITED AVAILABILITY OF HEALTH CARE PROVIDERS AND SERVICES; (2) THE SPECIAL NEEDS OF VULNERABLE POPULATIONS, INCLUDING THE FRAIL AND ELDERLY, RACIAL AND ETHNIC MINORITIES, IMMIGRANTS AND PATIENTS WITH PERSISTENT BEHAVIORAL ILLNESSES; (3) BARRIERS TO ACCESS CAUSED BY TRANSPORTATION LIMITATIONS; AND (4) THE ECONOMIC IMPACT OF CLOSURES, PARTIAL CLOSURES OR CONVERSIONS OF HEALTH CARE FACILITIES. THE SUMMARY REPORT PROVIDES HIGHLIGHTS OF FINDINGS FROM ALL COMPONENTS OF THE STUDY AND INTEGRATES THEM INTO KEY RECOMMENDATIONS. METHODS AND FINDINGS ARE DETAILED FOR REVIEW AT: HTTP://MHCC.MARYLAND.GOV/MHCC/PAGES/HOME/WORKGROUPS/DOCUMENTS/RURAL_HEALTH/SEPTEMBE R%2025TH%202017%20MEETING/LGSRPT_%20EXECUTIVESUMMARY_RPT_20170928.PDF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM IN PARTNERSHIP WITH UM SHORE REGIONAL HEALTH AS MEMBERS OF THE RURAL HEALTH CARE DELIVERY WORKGROUP PRODUCED A WHITE PAPER, COMMITMENT TO MEETING THE HEALTH CARE NEEDS OF OUR VULNERABLE RURAL COMMUNITIES. THIS PAPER EXPLORES CONCERNS ABOUT THE UNIQUE NEEDS OF RURAL HOSPITALS AND COMMUNITIES. AND CAN BE ACCESSED AT: HTTP://MHCC.MARYLAND.GOV/MHCC/PAGES/HOME/WORKGROUPS/DOCUMENTS/RURAL_HEALTH/JULY%202 5TH%202017%20MEETING/LGSRPT_SHORE_WHITE_PAPER_RPT20170523.PDF
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	IT IS THE POLICY OF UM SHORE REGIONAL HEALTH TO WORK WITH OUR PATIENTS TO IDENTIFY AVAILABLE RESOURCES TO PAY FOR THEIR CARE. ALL PATIENTS PRESENTING AS SELF PAY AND REQUESTING CHARITY RELIFE FROM THEIR SILL WILL BE SCREENED AT ALL POINTS OF ENTRY, FOR POSSIBLE COVERAGE THROUGH STATE PROGRAMS AND A PROBABLE DETERMINATION FOR COVERAGE FOR EITHER WEDICAL ASSISTANCE COR FINANCIAL ASSISTANCE TO THE PATIENT. THE PROCESS IS RESOURCE INTENSIVE AND TIME CONSUMING FOR PATIENTS AND THE HOSPITAL IS IMMEDIATELY GIVEN TO THE PATIENT. THE PROCESS IS RESOURCE INTENSIVE AND THE CONSUMING FOR PATIENTS AND THE HOSPITAL HOWEVER. IF PATIENTS UAULFY FOR ONE OF THESE PROGRAMS. THEN THEY WILL AND THE HOSPITAL IS IMMEDIATELY GIVEN TO THE PATIENT. THEY RATE THEY WILL CARRY WITH THEM BEYOND THEIR CURRENT HOSPITAL BILLS, AND ALLOW THEM TO ACCESS PREVENTIVE CARE SERVICES AS WELL. UM SHORE REGIONAL HEALTH WORKS WITH A BUSINESS PARTNER WHO WILL WORK WITH OUR PATIENTS TO ASSIST THEM WITH THE STATE ASSISTANCE PROGRAMS. WHICH IS FREE TO OUR PATIENTS. THE ADDIT THE AND THE PROCESS AND CHART TO CONSPICUOUS PLACES THROUGHOUT THE HOSPITALS INCLUDING THE EMERGENCY DEPARTMENT, HAS INFORMATION WITHIN OUR HOSPITAL BILLING BROCHURE. EDUCATES ALL NEW EMPLOYEES THOROUGUS PLACES THROUGHOUT THE HOSPITALS. INCLUDING THE EMERGENCY DEPARTMENT, HAS INFORMATION WITHIN OUR HOSPITAL BILLING BROCHURE. EDUCATES ALL NEW ENDLOSES THOROUGHLY ON THE PROCESS DURING ORIENTATION, AND DOES A YEARLY RE-EDUCATION TO ALLE XISTING STAFF. ALL STAFF HAVE COPIES OF THE FINANCIAL ASSISTANCE APPLICATION, BOTH IN ENGLISH AND SPANISH, TO SUPPLY TO PATIENTS WON AFTER SCREENING, HAVE A NEED FOR ASSISTANCE UNDRY MUTH HIS PROCESS AND EXPEDITE THE DECISION PROCESS. SHORE HEALTH HOSTS OF STHE AVAILABILITY OF FINANCIAL ASSISTANCE FUNDS PRIOR TO SERVICE DURING OUR CALLS TO PATIENTS, THROUGH SIGNAGE AT ALL OF OUR REGISTRATION. TO ASSIST THEM WITH THIS PROCESS AND EXPEDITE THE DECISION PROCESS. SHORE HEALTH PREPARES ITS FINANCIAL ASSISTANCE CONTACT INFORMATION TO PATIENTS ON THE AVAILABILITY O

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SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	SITUATED ON MARYLAND'S EASTERN SHORE, SHORE REGIONAL HEALTH'S THREE HOSPITALS, UNIVERSITY OF MARYLAND MEDICAL CENTER AT EASTON (UMC AT EASTON), UNIVERSITY OF MARYLAND MEDICAL CENTER AT DORCHESTER (UMC AT DORCHESTER), UNIVERSITY OF MARYLAND MEDICAL CENTER AT CHESTERTOWN (UMC AT CHESTERTOWN) ARE NOT- FOR-PROFIT HOSPITALS OFFERING A COMPLETE RANGE OF INPATIENT AND OUTPATIENT SERVICES TO OVER 170,000 PEOPLE THROUGHOUT THE MID- SHORE OF MARYLAND.
	SHORE REGIONAL HEALTH'S SERVICE AREA IS DEFINED AS THE MARYLAND COUNTIES OF CAROLINE, DORCHESTER, TALBOT, QUEEN ANNE'S AND KENT.
	UMC AT EASTON IS SITUATED AT THE CENTER OF THE MID-SHORE AREA AND THUS SERVES A LARGE RURAL GEOGRAPHICAL AREA (ALL FIVE COUNTIES OF THE MID-SHORE). UMC AT DORCHESTER IS LOCATED APPROXIMATELY 18 MILES FROM EASTON AND PRIMARILY SERVES DORCHESTER COUNTY AND PORTIONS OF CAROLINE COUNTY. UMC AT CHESTERTOWN LOCATED IN CHESTERTOWN, IN KENT COUNTY MERGED WITH SHORE REGIONAL HEALTH IN JULY 2013. UMC AT CHESTERTOWN SERVES THE RESIDENTS OF KENT COUNTY, PORTIONS OF QUEEN ANNE'S AND CAROLINE COUNTIES AND THE SURROUNDING AREAS.
	THE FIVE COUNTIES OF THE MID-SHORE COMPRISE 20% OF THE LANDMASS OF THE STATE OF MARYLAND AND 2% OF THE POPULATION. THE ENTIRE REGION HAS OVER 4,400 EMPLOYERS WITH NEARLY 45,000 WORKERS. ONLY 50 OF THOSE EMPLOYERS EMPLOY 100 OR MORE WORKERS.
	THE ECONOMIC CONDITION VARIES SIGNIFICANTLY THROUGHOUT THE REGION, ESPECIALLY FOR CAROLINE, DORCHESTER, AND KENT COUNTIES. IT SHOULD BE NOTED THAT TALBOT COUNTY APPEARS TO HAVE A SIGNIFICANTLY HIGHER MEDIAN INCOME THAN CAROLINE AND DORCHESTER; HOWEVER, A LARGE PERCENTAGE OF THE POPULATION HAS INCOMES IN LINE WITH THOSE OF CAROLINE AND DORCHESTER. THE FIGURES FOR TALBOT ARE SOMEWHAT SKEWED DUE TO LARGE INCOMES OF A FEW INDIVIDUAL FAMILIES AND HIGH NET WORTH INDIVIDUALS.
	SHORE REGIONAL HEALTH'S SERVICE AREA HAS A HIGHER PERCENTAGE OF POPULATION AGED 65 AND OLDER AS COMPARED TO MARYLAND OVERALL. TALBOT COUNTY HAS A 27.2% RATE FOR THIS AGE GROUP AND KENT COUNTY HAS 25.3% OF ITS RESIDENTS AGE 65 YEARS OR OLDER. THESE RATES ARE 65% HIGHER THAN MARYLAND'S AVERAGE PERCENTAGES, AND HIGHER THAN OTHER RURAL AREAS IN THE STATE BY ALMOST A QUARTER. TODAY, MORE THAN TWO-THIRDS OF ALL HEALTH CARE COSTS ARE FOR TREATING CHRONIC ILLNESSES. AMONG HEALTH CARE COSTS FOR OLDER AMERICANS, 95% ARE FOR CHRONIC DISEASES. THE COST OF PROVIDING HEALTH CARE FOR ONE PERSON AGED 65 OR OLDER IS THREE TO FIVE TIMES HIGHER THAN THE COST FOR SOMEONE YOUNGER THAN 65. SOURCE:HTTP://WWW.CDC.GOV/FEATURES/AGINGANDHEALTH/STATE_OF_AGING_AND_HEALTH_IN_AMERIC A.2013.PDF HOFFMAN C, RICE D, SUNG HY. PERSONS WITH CHRONIC CONDITIONS: THEIR PREVALENCE AND COSTS. JAMA. 1996;276(18):1473-1479 WHILE PROGRESS IS BEING MADE, THE MID-SHORE ECONOMY STILL FACES MYRIAD OF CHALLENGES THAT INCLUDE LIMITED ACCESS TO AFFORDABLE HIGH SPEED BROADBAND SERVICES, A SHORTAGE OF AFFORDABLE HOUSING, AN INADEQUATE SUPPLY OF SKILLED WORKERS, LOW PER CAPITA INCOME, AND MORE LAYOFFS IN THE MANUFACTURING SECTOR. (SOURCE: MID SHORE COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY CEDS)
	COUNTY HEALTH RANKINGS FOR THE MID-SHORE COUNTIES ALSO REVEAL THE LARGE DISPARITIES BETWEEN COUNTIES FOR HEALTH OUTCOMES IN THE SERVICE AREA.
	OVERALL, QUEEN ANNE'S COUNTY RANKS 7TH; TALBOT COUNTY RANKS 9TH; DORCHESTER RANKS 22ND; CAROLINE RANKS 21ST, KENT RANKS 14TH (OUT OF 24 COUNTIES INCLUDING BALTIMORE CITY) IN HEALTH OUTCOMES THAT INDICATE THE OVERALL HEALTH OF THE COUNTY (SOURCE:HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/MARYLAND/ 2019).
	SERVICE AREAS: UMC AT EASTON'S PRIMARY SERVICE AREA: 21601, 21613, 21629, 21632, 21655, 21639, 21643 UMC AT DORCHESTER'S PRIMARY SERVICE AREA: 21613, 21643, 21631 UMC AT CHESTERTOWN'S PRIMARY SERVICE AREA: 21620,21661,21651,21678
	COMMUNITY BENEFIT SERVICE AREA (CBSA) TARGET POPULATION: 170,000+ TALBOT COUNTY TOTAL POPULATION: 37,278 MALE: 47.4%, FEMALE: 52.6% WHITE, NOT HISPANIC (NH): 83.3% BLACK, NH: 13.0% HISPANIC: 6.6% ASIAN, NH: 1.4% AMERICAN INDIAN, NH: 0.4% MEDIAN AGE: 43.3 MEDIAN HOUSEHOLD INCOME: \$58,228
	DORCHESTER COUNTY TOTAL POPULATION: 32,258 MALE: 47.5%, FEMALE: 52.5% WHITE, NOT HISPANIC (NH): 67.4% BLACK, NH: 28.7% HISPANIC: 5.3% ASIAN, NH: 1.2% AMERICAN INDIAN, NH: 0.5% MEDIAN AGE: 40.7 MEDIAN HOUSEHOLD INCOME: \$47,093
	CAROLINE COUNTY TOTAL POPULATION: 32,850 MALE: 48.8%, FEMALE: 51.2% WHITE, NOT HISPANIC (NH): 81.3% BLACK, NH: 14.0% HISPANIC: 7.2%

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	ASIAN, NH: 1.1% AMERICAN INDIAN, NH: 0.3% MEDIAN AGE: 37 MEDIAN HOUSEHOLD INCOME: \$52,465
	QUEEN ANNE'S COUNTY TOTAL POPULATION: 48,929 MALE: 49.7%, FEMALE: 50.3% WHITE, NOT HISPANIC (NH): 89.7% BLACK, NH: 6.6% HISPANIC: 3.6% ASIAN, NH: 0.5% AMERICAN INDIAN, NH: 0.3% MEDIAN AGE: 38.8 MEDIAN HOUSEHOLD INCOME: \$85,963
	KENT COUNTY TOTAL POPULATION: 19,730 MALE: 47.9%, FEMALE: 52.1% WHITE, NOT HISPANIC (NH): 81.3% BLACK, NH: 15.3% HISPANIC: 4.5% ASIAN, NH: 1.2% AMERICAN INDIAN, NH: 0.3% MEDIAN AGE: 45.6 MEDIAN HOUSEHOLD INCOME: \$58,145 (SOURCE: HTTP://QUICKFACTS.CENSUS.GOV/)
	PERCENTAGE OF HOUSEHOLDS WITH INCOMES BELOW THE FEDERAL POVERTY GUIDELINES WITHIN THE CBSA: TALBOT 10.4%, DORCHESTER 18.1%, CAROLINE 14.4%, QUEEN ANNE'S 7.2%, KENT 14.8% SOURCE: HTTPS://WWW.CENSUS.GOV/QUICKFACTS/FACT/TABLE/US
	PERCENTAGE OF UNINSURED PEOPLE BY COUNTY WITHIN THE CBSA: TALBOT 8%, DORCHESTER 8%, CAROLINE 12%, QUEEN ANNE'S 6%, KENT 8% SOURCE: HTTP://WWW.TOWNCHARTS.COM/MARYLAND/MARYLAND-STATE-HEALTHCARE-DATA.HTML
	PERCENTAGE OF MEDICAID RECIPIENTS BY COUNTY WITHIN THE CBSA: TALBOT 12%, DORCHESTER 22%, CAROLINE 21%, QUEEN ANNE'S 6%, KENT 14% SOURCE: HTTP://WWW.TOWNCHARTS.COM/MARYLAND/MARYLAND-STATE-HEALTHCARE-DATA.HTML
	LIFE EXPECTANCY BY COUNTY WITHIN THE CBSA: TALBOT COUNTY: ALL RACES 80.8 WHITE 81.6, BLACK 76.5 DORCHESTER COUNTY: ALL RACES 77.6, WHITE 78.2, BLACK 75.7 CAROLINE COUNTY: ALL RACES 76.1, WHITE 76.3, BLACK 75.4 QUEEN ANNE'S COUNTY: ALL RACES 79.6, WHITE 79.7, BLACK 77.2 KENT COUNTY: ALL RACES 79.5, WHITE 80.6, BLACK 74.5
	(SOURCE: HTTP://DHMH.MARYLAND.GOV)
	MORTALITY RATES BY COUNTY WITHIN THE CBSA (CRUDE DEATH RATES BY RACE): MARYLAND: ALL RACES 838.5, WHITE 1059.7, BLACK 807 TALBOT COUNTY: ALL RACES 1257.8 WHITE 1371.1, BLACK 1227.1 DORCHESTER COUNTY: ALL RACES 1257.1, WHITE 1411.6, BLACK 1263.8 CAROLINE COUNTY: ALL RACES 1074.9, WHITE. 1126.2, BLACK 1309.6 QUEEN ANNE'S COUNTY: ALL RACES 905.5, WHITE 921, BLACK 1317 KENT COUNTY: ALL RACES 1449.7, WHITE 1465.1, BLACK 1894.5
	(SOURCE: HTTPS://HEALTH.MARYLAND.GOV/VSA/DOCUMENTS/REPORTS%20AND%20DATA/ANNUAL%20REPORTS/2018 ANNUAL_REVISED2.PDF)
	ACCESS TO HEALTHY FOOD, POPULATION THAT IS FOOD INSECURE: TALBOT COUNTY: 10.5% DORCHESTER COUNTY: 15.8% CAROLINE COUNTY: 12.1% QUEEN ANNE'S COUNTY: 7.5% KENT COUNTY: 11.5%
	(SOURCE: URL: HTTP://WWW.MDFOODSYSTEMMAP.ORG)
	QUALITY OF HOUSING HOME OWNERSHIP RATE: TALBOT COUNTY: 68.6% DORCHESTER COUNTY: 65.6% CAROLINE COUNTY: 70.5% QUEEN ANNE'S COUNTY: 83.8% KENT COUNTY: 71.9%
	SOURCE: MID SHORE COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY CEDS SOURCE: HTTP://WWW.MIDSHORE.ORG/REPORTS/
	ACCESS TO TRANSPORTATION WITHIN THE CBSA: TRANSIT SERVICES IN THE THREE COUNTY AREAS ARE PROVIDED UNDER CONTRACT BY DELMARVA COMMUNITY TRANSIT. SERVICES INCLUDE MEDICAL AND SENIOR CITIZEN DEMAND SERVICES AND FIXED ROUTE COUNTY AND REGIONAL SERVICE. WHILE MOST OF THE REGION IS SERVED BY THE FIXED ROUTES, THERE ARE GAPS IN COVERAGE IN THE LESS POPULATED AREAS OF THE COUNTIES. THE REGIONAL

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	SYSTEM, MARYLAND UPPER SHORE TRANSIT (MUST), PROVIDES LOW COST SERVICE FOR THE GENERAL PUBLIC FROM KENT ISLAND TO OCEAN CITY WITH CONVENIENT FREE TRANSFER POINTS AT KEY LOCATIONS ON THE SHORE. MUST IS A COORDINATED EFFORT OF SEVERAL UPPER SHORE AGENCIES AND GOVERNMENTS TO PROVIDE A REGIONAL TRANSIT SYSTEM FOR KENT, QUEEN ANNE'S, TALBOT, CAROLINE, AND DORCHESTER COUNTIES. TRANSIT SERVICES ARE PROVIDED BY QUEEN ANNE'S COUNTY RIDE (OPERATED BY THE COUNTY) AND DELMARVA COMMUNITY TRANSIT (DCT), A PRIVATE COMPANY UNDER CONTRACT TO THE COUNTIES. THE SYSTEM ALSO INCLUDES SHORE TRANSIT, WHICH PROVIDES SCHEDULED ROUTES ON THE LOWER SHORE. THE MTA AND THE MARYLAND DEPARTMENT OF HUMAN RESOURCES HAVE PROVIDED FUNDING. OVERALL MANAGEMENT OF THE REGIONAL SYSTEM IS THE RESPONSIBILITY OF THE TRANSPORTATION ADVISORY GROUP (TAG). THE COUNTY COMMISSIONERS OF THE FIVE UPPER SHORE COUNTIES APPOINT THE MEMBERS OF THE TAG. (SOURCE: MID SHORE COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY CEDS(REVISED MARCH 2012) HTTP://WWW.MIDSHORE.ORG/REPORTS)
	ANNUAL AVERAGE CBSA UNEMPLOYMENT RATE: TALBOT 4.0%, DORCHESTER 5.2%, CAROLINE 4.2%, QUEEN ANNE'S 3.8%, KENT 4.3% (SOURCE: HTTP://WWW.DLLR.STATE.MD.US/) ACCESS TO QUALITY HEALTH CARE: HOSPITALS: UM SHORE REGIONAL HEALTH PENINSULA REGIONAL MEDICAL CENTER ANNE ARUNDEL MEDICAL CENTER
	FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS): CHOPTANK COMMUNITY HEALTH (SOURCE: HTTP://WWW.DHMH.STATE.MD/US/GETHEALTHCARE/FQHC.PDF)

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SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	BASED ON QUALITATIVE AND QUANTITATIVE DATA COLLECTED AND ANALYZED -SPECIFICALLY RELATED TO RACIAL, ETHNIC AND OTHER DEMOGRAPHIC AND GEOGRAPHIC-RELATED HEALTH DISPARITIES DURING THE CHNA PROCESS, UM SRH'S IMPLEMENTATION PLAN IS COMMITTED TO THE GOALS AND STRATEGIES IDENTIFIED IN THE CNHA AND TO EXAMINING WHAT EVIDENCE-BASED INITIATIVES CAN IMPROVE THE COUNTY'S HEALTH.
	MARYLAND'S STATE HEALTH IMPROVEMENT PROCESS (SHIP) PROVIDES A FRAMEWORK FOR CONTINUAL PROGRESS TOWARD A HEALTHIER MARYLAND. MARYLAND'S STATE HEATH IMPROVEMENT PROCESS (SHIP) BEGAN WITH NATIONAL, STATE AND LOCAL DATA BEING REVIEWED AND ANALYZED BY THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DHMH) OFFICE OF POPULATION HEALTH AS WELL AS BY THE FIVE DEPARTMENTS OF HEALTH (TALBOT, CAROLINE, DORCHESTER, QUEEN ANNE'S, KENT). IT HAS THREE MAIN COMPONENTS: ACCOUNTABILITY, LOCAL ACTION AND PUBLIC ENGAGEMENT. SHIP INCLUDES 39 MEASURES THAT PROVIDE A FRAMEWORK TO IMPROVE THE HEALTH OF MARYLAND RESIDENTS. TWENTY-EIGHT OF THE MEASURES HAVE BEEN IDENTIFIED AS CRITICAL RACIAL/ETHNIC HEALTH DISPARITIES. EACH MEASURE HAS A DATA SOURCE AND A TARGET, AND WHERE POSSIBLE, CAN BE ASSESSED AT THE COUNTY LEVEL. UM SRH'S PRIORITIES ARE ALIGNED WITH THE MARYLAND STATE HEALTH IMPROVEMENT PROCESS VISION AREAS AND THOSE OBJECTIVES OUTLINED BY THE LOCAL HEALTH IMPROVEMENT COALITION. HEALTH PRIORITIES FY2020-2022 THE TOP FIVE PRIORITIES: 1.ACCESS TO CARE 2.PREVENTABLE ER VISITS 3.CHRONIC DISEASE MANAGEMENT
	4.MENTAL HEALTH/SUBSTANCE ABUSE 5.CANCER
	SEVERAL ADDITIONAL TOPIC AREAS WERE IDENTIFIED BY UM SRH: SAFE HOUSING, TRANSPORTATION, AND SUBSTANCE ABUSE. THE UNMET NEEDS NOT ADDRESSED BY UM SRH WILL CONTINUE TO BE ADDRESSED BY KEY GOVERNMENTAL AGENCIES AND EXISTING COMMUNITY- BASED ORGANIZATIONS. WHILE UM SRH WILL FOCUS THE MAJORITY OF OUR EFFORTS ON THE IDENTIFIED PRIORITIES OUTLINED IN THE CHNA IMPLEMENTATION PLAN, WE WILL REVIEW THE COMPLETE SET OF NEEDS IDENTIFIED IN THE CHNA FOR FUTURE COLLABORATION AND WORK. THESE AREAS, WHILE STILL IMPORTANT TO THE HEALTH OF THE COMMUNITY, WILL BE MET THROUGH OTHER HEALTH CARE ORGANIZATIONS WITH OUR ASSISTANCE AS AVAILABLE. INITIATIVE 1
	IDENTIFIED NEED: HEALTH PRIORITY #1. ACCESS TO CARE; HEALTH PRIORITY #5. CANCER HOW WAS THE NEED IDENTIFIED: IDENTIFIED THROUGH THE CHNA PROCESS NAME OF HOSPITAL INITIATIVE: SHORE REGIONAL WELLNESS FOR WOMEN OUTREACH AND WELLNESS FOR WOMEN SCREENING
	DESCRIBE THE CHARACTERISTICS OF THE TARGET POPULATION:
	FEMALE POPULATION OF FIVE COUNTY AREA OUTREACH= AGE 25+ (APPROXIMATELY 32,000) SCREENINGS= AGE 40-65, UNINSURED/ELIGIBLE = 2,800 AGE-ADJUSTED MORTALITY RATE FROM CANCER (PER 100,000 POPULATION) IN MARYLAND IS HIGHER THAN THE US CANCER MORTALITY RATE. CANCER IMPACTS PEOPLE ACROSS ALL POPULATION GROUPS, HOWEVER WIDE RACIAL DISPARITIES EXIST. MARYLAND 2017 GOAL 147.4 MARYLAND RATE: 159.3 CAROLINE COUNTY: 173.5 DORCHESTER COUNTY: 195.2 KENT COUNTY: 149.7 QUEEN ANNE'S COUNTY: 160.4 TALBOT COUNTY: 143
	TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE: WELLNESS FOR WOMEN OUTREACH: 1,600 LIVES TOUCHED SCREENINGS: 144
	PRIMARY OBJECTIVE OF INITIATIVE:REDUCE OVERALL CANCER DEATH RATE AGE-ADJUSTED MORTALITY RATE FROM CANCER (PER 100,000 POPULATION). MARYLAND IS HIGHER THAN THE US CANCER MORTALITY RATE. CANCER IMPACTS PEOPLE ACROSS ALL POPULATION GROUPS, HOWEVER WIDE RACIAL DISPARITIES EXIST. MARYLAND 2017 GOAL 147.4 MARYLAND RATE: 159.3 CAROLINE COUNTY: 173.5 DORCHESTER COUNTY: 195.2 KENT COUNTY: 149.7 QUEEN ANNE'S COUNTY: 160.4 TALBOT COUNTY: 143.8
	WELLNESS FOR WOMEN OUTREACH: 1.INCREASE THE NUMBER OF WOMEN SURVIVING BREAST CANCER BY DIAGNOSING THEM AT AN EARLIER STAGE THROUGH EDUCATION AND PROMOTION OF PREVENTATIVE MEASURES AND EARLY DETECTION. 2.DIAGNOSE AFRICAN AMERICAN AND HISPANIC WOMEN AT EARLIER STAGES OF BREAST CANCER, EQUIVALENT TO CAUCASIAN WOMEN. 3.EDUCATE LATINA WOMEN IN BREAST SELF- EXAMINATION WITH THE ASSISTANCE OF A TRANSLATOR.
	SCREENINGS: 1.THE PROGRAM SERVES AS A POINT OF ACCESS INTO CARE FOR AGE AND RISK SPECIFIC MAMMOGRAPHY SCREENING, CLINICAL BREAST EXAM, AND GENETIC TESTING FOR BREAST CANCER. 2.OFFERS NO COST MAMMOGRAMS TO ELIGIBLE WOMEN: THOSE UNDER THE AGE OF 40 AND OVER 65 WHO HAVE NO INSURANCE AND LATINA WOMEN OF ALL AGES WHO WILL BE SCREENED ANNUALLY THEREAFTER. THOSE WOMEN NEEDING FURTHER DIAGNOSTIC TESTS OR WHO NEED TREATMENT FOR BREAST CANCER ARE ENROLLED IN THE STATE OF MARYLAND DIAGNOSIS AND TREATMENT PROGRAM THROUGH THE CASE MANAGER
	KEY COLLABORATORS IN DELIVERY: PARTICIPATING HOSPITAL STAFF; TALBOT, QA, KENT, DORCHESTER, CAROLINE COUNTIES HEALTH DEPARTMENTS FOR FIVE COUNTIES
	IMPACT OF HOSPITAL INITIATIVE: REDUCE CANCER MORTALITY
	EVALUATION OF OUTCOMES: THE STAGE AT DIAGNOSIS AS REPORTED BY THE TUMOR REGISTRY FOR THE CANCER CENTER INDICATES

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	DISPARITY FOR WOMEN IN CAROLINE AND DORCHESTER COUNTY. THE OUTREACH PROGRAM INCREASED THE COMMUNITY'S AWARENESS OF BREAST CANCER PREVENTION, DETECTION AND TREATMENTS.
	OUTCOME: THE OUTREACH PROGRAM INCREASED THE COMMUNITY'S AWARENESS OF BREAST CANCER PREVENTION, DETECTION AND TREATMENTS. 1,600 LIVES TOUCHED (SOME EVENTS INCLUDED BOTH COMMUNITY AND PROFESSIONAL AUDIENCES) 52 COMMUNITY EVENTS; SCREENING: 144 -TALBOT COUNTY: # OF EVENTS=26; # OF BREAST CANCER DIAGNOSES=50; CAUCASIAN=39; AA/OTHER=9/1. CAROLINE COUNTY: # OF EVENTS=6; # OF BREAST CANCER DIAGNOSES=22; CAUCASIAN=18; AA/OTHER=4/2. DORCHESTER COUNTY: # OF EVENTS=10; # OF BREAST CANCER DIAGNOSES=35; CAUCASIAN=21 AA/OTHER=12/1. KENT COUNTY: # OF EVENTS=6; # OF BREAST CANCER DIAGNOSES=21; CAUCASIAN=16; AA/OTHER=5. QUEEN ANNE'S COUNTY: # OF EVENTS=4; # OF BREAST CANCER DIAGNOSES=4; CAUCASIAN=2; AA/OTHER=1/1.
	INITIATIVE 2 IDENTIFIED NEED: HEALTH PRIORITY #4. MENTAL HEALTH/SUBSTANCE ABUSE HOW WAS THE NEED IDENTIFIED: IDENTIFIED THROUGH THE CHNA PROCESS NAME OF HOSPITAL INITIATIVE: UM SRH PARTNERSHIP WITH RECOVERY FOR SHORE (RFS) PROGRAM- PROMOTES RECOVERY THROUGH ADVOCACY, EDUCATION AND SUPPORT
	TOTAL NUMBER OF PEOPLE WITHIN TARGET POPULATION: MARYLAND ADULT RESIDENTS IN NEED OF TREATMENT, BY REGION 5EASTERN SHORE (N=260,715) 25,624 SOURCE:HTTPS://BHA.HEALTH.MARYLAND.GOV/STATE%20DRUG%20AND%20ALCOHOL%20ABUSE%20COUN CIL/DOCUMENTS/SDAACWEB/FORMULAWORKGROUP/REUTER_ESTIMATING%20TREATMENT%20NEED.PDF *ESTIMATED LESS THAN ONE-QUARTER, ARE ACTUALLY IN TREATMENT PROGRAMS
	TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE: SUPPORT 15-20 COMMUNITY EVENTS RAISING AWARENESS AND PROVIDING SUPPORT FOR THOSE AFFECTED BY SUBSTANCE ABUSE
	PRIMARY OBJECTIVE OF INITIATIVE:INDICATORS SUGGEST THE QUALITY OF LIFE FOR THE TARGET POPULATION OF THOSE IN LONG-TERM RECOVERY FROM ALCOHOL OR OTHER DRUG ADDICTION, IMPROVE AS A RESULT OF THE SUPPORT AND ADVOCACY PROVIDED BY RFS PROGRAMS. THE PRIMARY OBJECTIVE OF THIS INITIATIVE IS TO: *RAISE THE AWARENESS ABOUT ADDICTION AND RECOVERY *REDUCE THE STIGMA ABOUT ADDICTION AND MENTAL DISORDERS *ADVOCACY FOR THOSE IN RECOVERY *ENGAGE IN COMMUNITY ACTIVITIES THAT CELEBRATE RECOVERY AND WELLNESS
	KEY COLLABORATORS IN DELIVERY: *CAROLINE COUNSELING CENTER *CAROLINE COUNTY PREVENTION SERVICES *CHESAPEAKE TREATMENT SERVICES *CHESAPEAKE VOYAGERS, INC. *CIRCUIT COURT OF TALBOT COUNTY, PROBLEM SOLVING COURT *COMMUNITY NEWSPAPER PROJECT (CHESTERTOWN SPY AND TALBOT SPY) *DORCHESTER COUNTY ADDICTIONS PROGRAM
	*DRI-DOCK RECOVERY AND WELLNESS CENTER *KENT COUNTY DEPARTMENT OF HEALTH ADDICTION SERVICES *MID SHORE MENTAL HEALTH SYSTEMS, INC. *QUEEN ANNE'S COUNTY DEPARTMENT OF HEALTH - ADDICTIONS TREATMENT AND PREVENTION SERVICES *UNIVERSITY OF MARYLAND SHORE BEHAVIORAL HEALTH OUTPATIENT ADDICTIONS *TALBOT ASSOCIATION OF CLERGY AND LAITY *TALBOT COUNTY HEALTH DEPARTMENT ADDICTIONS PROGRAM (TCAP) AND PREVENTION *PAROLE AND PROBATION
	*TALBOT PARTNERSHIP FOR ALCOHOL AND OTHER DRUG ABUSE PREVENTION *UNIVERSITY OF MARYLAND SHORE REGIONAL HEALTH WARWICK MANOR BEHAVIORAL HEALTH

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DORCHESTER COUNTY: PREVALENCE=14.7.3,893 INDIVIDUALS KENT COUNTY: PREVALENCE=8,9.1,390 INDIVIDUALS OUEEN ANNE'S COUNTY: PREVALENCE=9.4.3,003 INDIVIDUALS TALBOT COUNTY: PREVALENCE=9.4.3,003 INDIVIDUALS MARYLAND: PREVALENCE=9.4.43 INDIVIDUALS MARYLAND: PREVALENCE=9.4.43 INDIVIDUALS MARYLAND: PREVALENCE=9.4.43 INDIVIDUALS MARYLAND: PREVALENCE=9.4.43 INDIVIDUALS OVERALL AND BY AGE, SEX. AND LEVEL OF EDUCATION OVERALL AND BY AGE, SEX. AND LEVEL OF EDUCATION HTTPS://WWW.CDC.GOV/DIABETES/ATLAS/DESITY/RISK24/ALS.HTM HTTPS://WWW.CDC.GOV/DIABETES/ATLAS/DESITY/RISK24/ALS.HTM PREVALENCE OF AGE-ADJUSTED MORTALITY RATE FROM HEART DISEASE (PER 100,000 POPULATION). HEART DISEASE IS THE LEADING CAUSE OF DEATH IN MARYLAND ACCOUNTING FOR 25% OF ALL DEATHS. PREVALENCE FOR MARYLAND= 1994.2017 GOAL= 166.3 CAROLINE COUNTY: PREVALENCE=195.6 DORCHESTER COUNTY: PREVALENCE=19.9 KENT COUNTY: PREVALENCE=19.9 MCET COUNTY: PREVALENCE=19.9 MCET COUNTY: PREVALENCE=19.9 MCET COUNTY: PREVALENCE=19.9 MCET COUNTY: PREVALENCE=154.3 OUEEN ANNE'S COUNTY: REVEVENTED BY CONTROL OF HIGH BLOOD PRESSURE. HEART DISEASE AND STROKE CAN BE PREVENTED BY CONTROL OF HIGH BLOOD PRESSURE. THE RATE OF EARBORENCY DEPARTMENT VISITS DUE TO HYPERTENSION (PER 100,000 POPULATION) IN MARYLAND. 20% OF ALL DEATHS WERE ATTRIBUTED TO HYPERTENSION (PER 100,000 POPULATION) IN MARYLAND. 20% OF ALL DEATHS WERE ATTRIBUTED TO HYPERTENSION (PER 100,000 POPULATION) IN MARYLAND. 2000 FOR DIABETES, STROKE, CARDIOVASCULAR DISEASE AND STROKE CAN BE REACHED BY THE INITIATIVE: TOTAL COMMUNITY BENEFIT ENCOUNTERS OR TOUCHPOINTS' IN FY2019 WAS OVER 2,000 FOR DIABETES, STROKE, HEART WELLINESS RELATED EDUCATION AND SUPPORT GOUPS. UN CONTY SPREVALENCE=3 STROKE, CANDIOVASCULAR DISEASE IMPROVE MANAGEMENT OF DIABETES, STROKE, CANDIO NERSONAL HEALTH SINGLE OR MULTIYEAR PLAN: MULTI YEAR 2006-PRESENT KEY COLLATION MANAGEMENT FOR DIABETES AND HYPERTENSION, LUNG AND HEART HEALTH, SUPPORT FOR DIABETES AND HYPERTENSION, LUNG AND HEART HEALTH, SUPORUE ANANGES CONTY: RATE=45.500 PROMORINOLOGY UM CENTER AT E		PREVALENCE OF DIABETES IN THIS COMMUNITY IS HIGHER THAN AVERAGE WITHIN MARYLAND.
OUEEN ANNE'S COUNTY: PREVALENCE=95 3,434 INDIVIDUALS TALBOT COUNTY: PREVALENCE=95 3,434 INDIVIDUALS MARYLAND: PREVALENCE=94 SOURCE: PREVALENCE DATA PRESENTED HERE INCLUDE NUMBER OF EXISTING CASES AND RATES PER 100 OVERALL AND BY AGE, SEX, AND LEVEL OF EDUCATION HTTPS:///WWW.CDC.GOV/DIABETES/ATLAS/DESITYRISK/24/ALS.HTM PREVALENCE OF AGE.ADJUSTED MORTALITY RATE FROM HEART DISEASE (PER 100.000 POPULATION). HEART DISEASE IS THE LEADING CAUSE OF DEATH IN MARYLAND ACCOUNTING FOR 25% OF ALL DEATHS. PREVALENCE FOR MARYLAND- 1994.'2017 GOAL= 166.3 DORCHESTER COUNTY: PREVALENCE=196.6 DORCHESTER COUNTY: PREVALENCE=196.8 DORCHESTER COUNTY: PREVALENCE=196.8 DORCHESTER COUNTY: PREVALENCE=194.8 TALBOT COUNTY: PREVALENCE=194.8 TALBOT COUNTY: PREVALENCE=194.8 TALBOT COUNTY: PREVALENCE=194.8 TALBOT COUNTY: PREVALENCE=194.8 TALBOT COUNTY: PREVALENCE=194.8 TALBOT COUNTY: REVALENCE=194.8 TALBOT COUNTY: REVALENCE=194.8 TALBOT COUNTY: REVALENCE=194.8 TALBOT COUNTY: REVALENCE=195.8 TALBOT COUNTY: REVALENCE=194.8 TALBOT COUNTY: RATE=257.8 DORCHESTER COUNTY: RATE=257.8 COURCE COUNTY: RATE=257.8 DORCHESTER COUNTY: RATE=257.8 COURTY: RATE=257.8 DORCHESTER COUNTY: RATE=265.1 TOTAL NUMBER OF PREOPLE REACHED BY THE INITIATIVE: TOTAL COMMUNITY BENEFIT ENCOUNTERS OR TOUCHPOINTS' IN FY2019 WAS OVER 2.000 FOR DIABETES, STROKE, HEART HEALTH, SUPPORT FOR POPULATION MARAGING DIABETES, STROKE, CANCER PRIMARY OBJECTIVE OF INITIATIVE: REDUCCI INCIDENCE OF DIABETES, STROKE, CANDINASCULAR DISEASE IMPROVE MANAGEMENT OF DIABETES, STROKE, CANCER PROVIDE EDUCATION ANAGEMENT OF DARGETES, STROKE, CANCER PROVIDE EDUCATION ANAGEMENT OF DIABETES, STROKE, CANCER PROVIDE SUDCATION NANAGING DIABETES, STROKE, CANCER PROVIDE COUNTY: FAR PLAN: MULTI YEAR 2006-PRESENT KEY COULAROBARDER OF PROPLE REACHED BY THE INITIATIVE: TOTAL COMMUNITY BENEFIT ENCOUNTERS IN DEUCATION AND SUPPORT ROUDCRINOLOGY UM CENTER AT EASTON PRIMARY STROKE CENTER HEART WELLASSE DUCATION NANAGEMENT IN THE COMMUNITY. EVALUATION OF OUTCOME: EDUCATION AND SUPPORT ROUDS WELL ATTENDED AND ATTENDESS DEM		CAROLINE COUNTY: PREVALENCE=12.2 2,856 INDIVIDUALS DORCHESTER COUNTY: PREVALENCE=14.7 3,893 INDIVIDUALS
MARYLAND: PREVALENCE=9.4 SOURCE: PREVALENCE DATA PRESENTED HERE INCLUDE NUMBER OF EXISTING CASES AND RATES PER 100 OVERALL AND BY AGE, SEX, AND LEVEL OF EDUCATION HTTPS://WWW.CDC.GOV/DIABETES/ATLAS/OBESITYRISK/24/ATLAS.HTM PREVALENCE OF AGE-ADJUSTED MORTALITY RATE FROM HEART DISEASE (PER 100,000 POPULATION). HEART DISEASE IS THE LEADING CAUSE OF DEATH IN MARYLAND ACCOUNTING FOR 25% OF ALL DEATHS. PREVALENCE FOR MARYLAND= 169.4: 2017 GOAL= 166.3 CAROLINE COUNTY: PREVALENCE=195.6 DORCHESTER COUNTY: PREVALENCE=195.6 DORCHESTER COUNTY: PREVALENCE=195.8 TALBOT COUNTY: PREVALENCE=143.0 IN MARYLAND, 30% OF ALL DEATHS WERE ATTRIBUTED TO HEART DISEASE AND STROKE. HEART DISEASE AND STROKE CAN BE PREVENTED BY CONTROL OF HIGH BLOOD PRESSURE. TALBOT COUNTY: REVALENCE=143.0 IN MARYLAND, 252.2017 GOAL=234 CAROLINE COUNTY: RATE=257.8 DORCHESTER COUNTY: RATE=257.8 DORCHESTER COUNTY: RATE=456.4 KENT COUNTY: RATE=433.4.7 QUEEN ANNE'S COUNTY: RATE=457.8 DORCHESTER COUNTY: RATE=457.8 DORCHESTER COUNTY: RATE=457.8 DORCHESTER COUNTY: RATE=457.8 TALBOT COUNTY: RATE=265.1 TOTAL NUMBER OF PEOPLE REACHED BY THE INITIATIVE: TOTAL COMMUNITY BENEFIT ENCOUNTERS OR TOUCHPOINTS' IN FY VIEW WAS OVER 2.000 FOR DIABETES, STROKE, HEART WELLNESS RELATED EDUCATION AND SUPPORT GROUPS. PRIMARY OBJECTIVE OF INITIATIVE: REDUCE INCIDENCE OF DIABETES STROKE, CARDIOVASCULAR DISEASE IMPROVE MANAGEMENT OF DIABETES STROKE, CARDERS NEDUCE TOR OPULLATION MANAGEMENT STROKE CENTER HEALTH DEPARTMENTS HEALTH DEPARTMENTS HEALTH DEPARTMENTS HEALTH DEPARTMENTS HEALTH DEPARTMENTS HEALTH DEPARTMENTS HEALTH DEPARTMENTS HEALTH DEPARTMENTS HEALTH DISEASES AND PRIMARY STROKE CENTER HEALTH DEPARTMENTS HEALTH D		QUEEN ANNE'S COUNTY: PREVALENCE=9.4 3,603 INDIVIDUALS
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Return Reference - Identifier	Explanation
	THE FOLLOWING EDUCATIONAL MATERIALS, INFORMATION AND FREE SCREENINGS ON THE TOPICS WERE PROVIDED, INCLUDING: HIGH BLOOD PRESSURE AND HEART DISEASE DIABETES
	CANCER STROKE HOSPICE SERVICES AND PALLIATIVE CARE OBESITY, EXERCISE AND NUTRITION FREE BLOOD PRESSURE SCREENINGS
	HOMEPORTS HEALTH & WELLNESS EXPO, PRESENTED STRATEGIES TO PROMOTE HEALTH AND WELL- BEING REGARDLESS OF AGE. 200 ATTENDEES THE FOLLOWING EDUCATIONAL MATERIALS, INFORMATION AND FREE SCREENINGS ON THE TOPICS WERE PROVIDED, INCLUDING: HIGH BLOOD PRESSURE AND HEART DISEASE DIABETES CANCER
	STOKE HOSPICE SERVICES AND PALLIATIVE CARE OBESITY, EXERCISE AND NUTRITION SCREENINGS FREE BLOOD PRESSURE SCREENINGS
	BALANCE AND FALL RISK TESTING CARDIAC AND LUNG HEALTH RISK ASSESSMENT LUNG FUNCTION TEST DEPRESSION AND ANXIETY SCREENING
	DIABETES EDUCATION SERIES "ASK THE DIETITIAN": 30 PARTICIPANTS ATTENDED 1-HOUR SESSION TO INCREASE THEIR KNOWLEDGE ON MANAGING THEIR DIABETES. ALL PARTICIPANTS MADE PROGRESS ON DEVELOPING STRATEGIES TO IMPROVE NUTRITIONAL HEALTH AND HEALTHY LIFESTYLES
	DIABETES SUPPORT GROUP: 8-10 PATIENTS ATTEND MONTHLY DIABETES SUPPORT GROUP AT MULTIPLE LOCATIONS THROUGHOUT THE FIVE COUNTY REGION. ATTENDEES, THEIR FRIENDS AND FAMILY MEET TO DISCUSS DIABETES: CONCERNS, PROBLEMS, AND CHALLENGES. FACILITATOR PROVIDES HEALTH EDUCATION AND ACCURATE INFORMATION.
	STROKE AWARENESS AND WARNING SIGNS EDUCATION/ PRESENTATIONS INFORM ADULTS OF SIGNS AND SYMPTOMS, RISK FACTORS, AND PREVENTION METHODS FOR STROKE. TWO PRESENTATIONS OFFERED WITH 35 ATTENDEES.
	BLOOD PRESSURE SCREENINGS- FREE SCREENINGS OFFERED AT MULTIPLE LOCATIONS EVERY WEEK - 275 REFERRALS
	RADIO BROADCASTS - 200+ LISTENERS FOR HEALTH SHOW
	MARYLAND HEALTH MATTERS- PUBLISHED 3X YEAR, MAILED TO 77,300 HOUSEHOLDS
	UM SRH OPERATES UNDER A UNIQUE REGULATORY SYSTEM THAT CAPS HOSPITAL REVENUES AND PROVIDES ADJUSTMENTS TO ALLOW FOR POPULATION HEALTH IMPROVEMENT INVESTMENTS. UNDER MARYLAND'S GLOBAL BUDGET REVENUE MODEL, UM SRH REPORTS ON A REGULAR BASIS HOW IT IS INVESTING IN EFFORTS TO IMPROVE POPULATION HEALTH. UM SRH PROVIDES ON-GOING SERVICES THAT ARE FUNDAMENTAL TO ADDRESSING THE IDENTIFIED COMMUNITY HEALTH NEEDS THAT DEMONSTRATE THE EXTENT TO WHICH OUR COMMITMENT TO SERVE OUR COMMUNITY IS INTEGRATED INTO OUR CARE DELIVERY MODEL.
	WE HAVE A STRONG FOCUS ON TREATING PATIENTS WITH CHRONIC CONDITIONS. UM SHORE REGIONAL HEALTH WORKS TO COORDINATE CARE, ENSURE SMOOTH TRANSITIONS AND PROMOTE DISEASE SELF- MANAGEMENT STRATEGIES AT EVERY STEP OF A PATIENT'S JOURNEY - WHETHER AT HOME, IN THE COMMUNITY, OR WITHIN OUR HOSPITAL.
	WE OPERATE SPECIALIZED CLINICS TO ENABLE ACCESS TO ROUTINE OUTPATIENT CARE. OUR TRANSITIONAL CARE SERVICES HELP PATIENTS NEWLY DIAGNOSED OR THOSE THAT HAVE HAD A RECENT HOSPITALIZATION TRANSITION SAFELY BACK TO THE COMMUNITY. TRANSITIONAL NURSE NAVIGATORS PROVIDE PATIENTS WITH DISEASE EDUCATION AND SELF-MANAGEMENT STRATEGIES, CONNECT THEM TO PRIMARY CARE PROVIDERS AND SPECIALISTS, AND HELP THEM OVERCOME ANY BARRIERS TO MAKING FOLLOW UP APPOINTMENTS. AN URGENT CARE CENTER TO ADDRESS OFF HOURS VISITS AND LOW ACUITY
	EMERGENCIES IS ALSO AVAILABLE. OUR COUDAMIN CLINIC PROVIDES ANTICOAGULATION MEDICATION MANAGEMENT, SPECIFICALLY MANAGING AND MONITORING WARFARIN (COUMADIN®) THERAPY UPON PHYSICIAN REFERRAL. IT ALSO PROVIDES PATIENTS WITH ONGOING MONITORING OF THEIR ANTICOAGULATION THERAPY TO ENSURE DESIRED OUTCOMES AND DECREASE ADVERSE EVENTS. ADDITIONALLY, OUR BEHAVIORAL HEALTH CLINIC PROVIDES A COMMUNITY ACCESS POINT FOR THOSE IN NEED OF OUTPATIENT MENTAL HEALTH SERVICES.
	RESOURCES ARE EMBEDDED THROUGHOUT THE HOSPITAL AND IN THE COMMUNITY SO THAT EVERY PATIENT RECEIVES THE SAME LEVEL OF CARE COORDINATION. CARE MANAGERS ARE EMBEDDED WITHIN OUR EMERGENCY DEPARTMENT AND HOSPITAL, AND PROVIDE IN-HOME VISITS AS NEEDED. COMMUNITY HEALTH WORKERS REACH OUT TO PATIENTS WHO ARE IDENTIFIED AS BEING HIGH RISK FOR READMISSION OR IN NEED OF CRITICAL RESOURCES. CLOSE RELATIONSHIPS ARE MAINTAINED WITH SKILLED NURSING
	FACILITIES AND HOME HEALTH AGENCIES SO THAT TRANSFERS FROM THE HOSPITAL TO THESE FACILITIES ARE SMOOTH, AND THE HIGHEST QUALITY OF CARE IS CONSTANTLY DELIVERED. STRONG RELATIONSHIPS EXIST WITH LOCAL EMERGENCY MEDICAL SERVICE (EMS) PROVIDERS THROUGH OUR MOBILE INTEGRATED HEALTH PROGRAM, WHICH DELIVERS EFFECTIVE AND EFFICIENT CARE TO PATIENTS OUTSIDE OF THE HOSPITAL. NURSES AND COMMUNITY HEALTH WORKERS FUNCTION OUTSIDE
	TRADITIONAL EMERGENCY RESPONSE ROLES, WITH A FOCUS ON MAINTAINING INDIVIDUALS' HEALTH AT THEIR HOMES WHILE ALSO PROVIDING CONVENIENT ACCESS TO CARE IN THE COMMUNITY. ADDITIONAL CARE PARTNERS INCLUDE PRIMARY CARE PROVIDERS, SPECIALISTS, LOCAL DEPARTMENT OF HEALTH, OFFICE ON AGING AND OTHER COMMUNITY BASED PARTNERS.

59

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	WE ARE PROUD TO SERVE OUR COMMUNITY AND APPRECIATE OUR PARTNERS WHO ALLOW US TO FULFILL OUR MISSION. WE WILL ALWAYS DO WHAT IS RIGHT FOR THE PATIENT, NO MATTER WHERE THEY ARE IN THEIR HEALTH JOURNEY, AND WILL ALWAYS STRIVE TO HAVE OUR PATIENTS RECEIVE CARE IN THE COMMUNITY THEY RESIDE. AS A PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) WE ARE SHAPING A NEW PARADIGM IN CARE DELIVERY THAT WE BELIEVE SHOULD BE THE FUTURE STANDARD OF CARE.
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) IS A PRIVATE, NOT-FOR-PROFIT CORPORATION PROVIDING COMPREHENSIVE HEALTHCARE SERVICES THROUGH AN INTEGRATED REGIONAL NETWORK OF HOSPITALS AND RELATED CLINICAL ENTERPRISES. UMMS WAS CREATED IN 1984 WHEN ITS FOUNDING HOSPITAL WAS PRIVATIZED BY THE STATE OF MARYLAND. OVER ITS 30-YEAR HISTORY, UMMS EVOLVED INTO A MULTI-HOSPITAL SYSTEM WITH ACADEMIC, COMMUNITY AND SPECIALTY SERVICE MISSIONS REACHING PRIMARILY ACROSS MARYLAND. AS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), SHORE REGIONAL HEALTH UNDERSTANDS THAT HEALTH CARE GOES BEYOND THE WALLS OF THE HOSPITAL AND INTO THE COMMUNITY IS ZERVES. UMMS HOSPITALS ARE COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITIES. IN DOING SO, UM SHORE REGIONAL MEDICAL CENTER ASSESSES THE COMMUNITY'S HEALTH NEEDS, IDENTIFIES KEY PRIORITIES, AND RESPONDS WITH SERVICES, PROGRAMS AND INITIATIVES WHICH MAKE A POSITIVE, SUSTAINED IMPACT ON THE HEALTH OF THE COMMUNITY. WITH REPRESENTATION FROM ALL UMMS HOSPITALS, THE MEDICAL SYSTEM'S COMMUNITY HEALTH IMPROVEMENT COUNCIL COORDINATES THE EFFECTIVE AND EFFICIENT UTILIZATION AND DEPLOYMENT OF RESOURCES FOR COMMUNITY-BASED ACTIVITIES AND EVALUATES HOW SERVICES AND ACTIVITIES MEET TARGETED COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS. UM SHORE REGIONAL HEALTH IS COMMITTED TO HEALTH AND WELLNESS WITH THE GOAL OF ELIMINATING HEALTH CARE DISPARITIES ON MARYLAND'S MID-EASTERN SHORE.
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	MD

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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



OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SHORE HEALTH SYSTEM, INC.

52-0610538

Part I General Information on Grants and Assistance

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
	the selection criteria used to award the grants or assistance?
~	

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) (SEE STATEMENT)									
	52-6055783		50,000				(SEE STATEMENT)		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of section3 Enter total number of other of									
Benter total number of other organizations listed in the line 1 table									

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

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.							
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
1								
2								
3								
4								
5								
6								
7	A							
Part IV	Supplemental Information. Provid	le the information r	equired in Part I, lir	ne 2; Part III, colum	n (b); and any other addit	ional information.		
(SEE STAT	EMENT)							

Schedule I (Form 990) (2018)

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	SHORE HEALTH SYSTEM WORKS IN CLOSE CONNECTION WITH THE COUNTY HEALTH DEPARTMENTS TO ENSURE GRANTS ARE USED IN SUPPORT OF COMMON GOALS.
ADDRESS OF	QUEEN ANNE'S COUNTY DEPARTMENT OF HEALTH 206 N. COMMERCE ST., CENTREVILLE, MD 21617-1049
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	QUEEN ANNE'S COUNTY DEPARTMENT OF HEALTH: MOBILE INTEGRATED COMMUNITY HEALTH PROGRAM

SCHEDULE J		Compe	nsation Information	L	OMB No.	1545-0	047
(Form	990)	For certain Officers, Direc	ctors, Trustees, Key Employees, and I mpensated Employees	lighest	20	18	3
		Complete if the organization	on answered "Yes" on Form 990, Part	IV, line 23.	Open to		
Internal I	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					ectio	
	f the organization			Employer identification			
Part	E HEALTH SYST	s Regarding Compensation		52-061	0538		
rait	Question					Yes	No
1 a		propriate box(es) if the organization pro ection A, line 1a. Complete Part III to p			n		
	First-class	or charter travel	Housing allowance or residence	for personal use			
	Travel for c	-	Payments for business use of p				
		nification and gross-up payments	Health or social club dues or ini				
	Discretiona	ry spending account	Personal services (such as main	I, chauffeur, chef)			
b	or reimburser	boxes on line 1a are checked, did the nent or provision of all of the exp	penses described above? If "No,"		0		
					1b		
2	directors, trus	nization require substantiation prio tees, and officers, including the CEC	D/Executive Director, regarding the		e		
	la?				2		
3	organization's	n, if any, of the following the filing orga CEO/Executive Director. Check all th zation to establish compensation of t	nat apply. Do not check any boxes f	or methods used by a			
	Independer	tion committee nt compensation consultant of other organizations	 Written employment contract Compensation survey or study Approval by the board or comp 	ensation committee			
4		ar, did any person listed on Form 990 r a related organization:	, Part VII, Section A, line 1a, with re	spect to the filing			
а		erance payment or change-of-contro			4a		~
b		or receive payment from, a suppleme			4b	~	~
С		or receive payment from, an equity-b of lines 4a-c, list the persons and pr		ach item in Part III.	4c		
5	For persons lis	501(c)(3), 501(c)(4), and 501(c)(29) o sted on Form 990, Part VII, Section A contingent on the revenues of:					
а		on?			5a		~
b	-	ganization?			5b		~
	If "Yes" on line	e 5a or 5b, describe in Part III.					
6		sted on Form 990, Part VII, Section A contingent on the net earnings of:	, line 1a, did the organization pay or	accrue any			
а	•	ion?			6a		~
b		ganization?			6b		~
7		isted on Form 990, Part VII, Sectic described on lines 5 and 6? If "Yes,"			d 7	~	
8	to the initial	ounts reported on Form 990, Part VII, contract exception described in I	Regulations section 53.4958-4(a)	B)? If "Yes," describ	e 8		~
9	Regulations se		· · · · · · · · · · · · · ·		9		
For Pa	perwork Reduct	tion Act Notice, see the Instructions for	Form 990. Cat. No. 500	053T Sche	dule J (Fo	orm 990	0) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and			(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	in column (B) reported as deferred on prior Form 990
JOHN DILLON	(i)	0	0	0	0	0	0	0
1 CHAIRMAN (ENDED 04/19)	(ii)	156,375	0	0	0	0	156,375	0
KENNETH D KOZEL	(i)	437,380	204,347	74,976	11,000	14,703	742,406	0
2PRESIDENT AND CEO, UMSRH	(ii)	0	0	0	0	0	0	0
JOHN W ASHWORTH, III	(i)	0	0	0	0	0	0	0
3DIRECTOR	(ii)	422,013	160,212	70,894	11,000	25,969	690,088	0
ROBERT A CHRENCIK	(i)	0	0	0	0	0	0	0
4DIRECTOR (ENDED 04/19)	(ii)	1,355,350	995,365	284,091	11,000	25,554	2,671,360	0
ROBERT FRANK	(i)	278,046	111,054	4,117	45,681	22,707	461,605	0
5 ^{COO}	(ii)	0	0	0	0	0	0	0
JOANNE R HAHEY	(i)	291,121	122,446	21,638	47,979	29,804	512,988	0
6SVP FINANCE AND CFO	(ii)	0	0	0	0	0	0	0
WILLIAM E HUFFNER	(i)	382,488	148,243	302,564	11,000	21,829	866,124	255,930
7 ^{CMO}	(ii)	0	0	0	0	0	0	0
RUTH A JONES	(i)	220,408	86,541	74,671	8,956	13,247	403,823	48,462
8SVP & CNO	(ii)	0	0	0	0	0	0	0
KEVIN J CHAPPLE	(i)	155,645	15,573	132	6,363	15,948	193,661	0
9MANAGER ALLIED CLINICAL	(ii)	0	0	0	0	0	0	0
NICHOLE L HILL	(i)	180,847	0	134	6,331	31,008	218,320	0
10 ^{PHYSICIST}	(ii)	0	0	0	0	0	0	0
FRANCIS G LEE	(i)	175,879	34,953	23,977	7,252	15,028	257,089	0
11 VP PHILANTHROPY	(ii)	0	0	0	0	0	0	0
PATTI K WILLIS	(i)	219,865	87,365	32,996	8,981	19,602	368,809	0
12VP EXTERNAL RELATIONS	(ii)	0	0	0	0	0	0	0
BRIAN A LEUTNER	(i)	138,538	23,661	169	5,755	24,791	192,914	0
13 ^{VP CLINICAL AND AMBULATORY SERVICES}	(ii)	0	0	0	0	0	0	0
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	DURING THE FISCAL YEAR- ENDED JUNE 30, 2019, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UMMS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE NOT VESTED IN THE PLAN THEREFORE THE ACCRUED CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED ON SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION: ROBERT FRANK JOANNE R. HAHEY
	DURING THE FISCAL YEAR ENDED JUNE 30, 2019, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UMMS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUAL LISTED BELOW HAS VESTED IN THE PLAN IN THE REPORTING TAX YEAR, THEREFORE THE FULL VALUE OF THE PLAN, INCLUDING ANY CONTRIBUTIONS TO THE PLAN FOR THE CURRENT FISCAL YEAR ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION. PRIOR YEAR CONTRIBUTIONS TO THE PLAN WERE PREVIOUSLY REPORTED ON FORM 990 AND ARE INDICATED ON SCHEDULE J, PART II, COLUMN (F). RUTH A. JONES, \$68,639 WILLIAM E. HUFFNER, \$296,808
	DURING THE FISCAL YEAR-ENDED JUNE 30, 2019, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE CONTRIBUTIONS TO THE PLAN FOR THE FISCAL YEAR ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B (III), OTHER REPORTABLE COMPENSATION: KENNETH D. KOZEL FRANCIS G. LEE PATTI K. WILLIS JOHN W. ASHWORTH III ROBERT A. CHRENCIK
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS AND KEY EMPLOYEES.

SCF	IEDUL	E L

(Form 990 or 990-EZ) Department of the Treasury

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.

OMB No. 1545-0047 Н Public

Internal Revenue Service Name of the organization

SHORE HEALTH SYSTEM, INC.

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

52-0610538

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

1 (a) Name of discu	1 (a) Name of disqualified person (b) Relati	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Correcte	
		organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2		ed by the organization managers or dis			
	under section 4958				
3	Enter the amount of tax if any o	on line 2 shove reimbursed by the organi	ization 🕨 🕏		

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or 1 the zation?	(e) Original principal amount	(f) Balance due	(g) In c	lefault?		ard or	(i) Wr agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
						\$						
Part III Grants or As	al											

Grants or Assistance Benefiting Interested Persons.

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50056A Schedule L (Form 990 or 990-EZ) 2018

Part IVBusiness 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) (SEE STATEMENT)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information.	•		•		·

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

Part IV Business Transactions Involving Interested Persons (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization revenues?	
				Yes	No
(1) BEST CARE AMBULANCE, INC	WAYNE GARDNER IS A DIRECTOR OF THE FILING ORGANIZATION, AND AN OWNER OF BEST CARE AMBULANCE.		BEST CARE AMBULANCE WAS PAID FEES, AT OR BELOW FAIR MARKET VALUE, FOR AMBULANCE TRANSPORTATION SERVICES.		~
(2) GARY JONES	GARY JONES IS A FAMILY MEMBER OF RUTH JONES, A KEY EMPLOYEE OF THE FILING ORGANIZATION.	\$137,094	GARY JONES WAS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF THE FILING ORGANIZATION.		~

Department of Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the Organization SHORE HEALTH SYSTEM, INC.

Employer Identification Number 52-0610538

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	ACCESSIBLE, AND CONVENIENT AND THAT ADDRESS THE NEEDS OF OUR PATIENTS, THEIR FAMILIES AND OUR WIDER COMMUNITIES.
FORM 990, PART IV, LINE 24A - TAX EXEMPT BONDS	PURSUANT TO A MASTER LOAN AGREEMENT DATED DECEMBER 1, 2017 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, UMMS AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE "AUTHORITY"). AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS.
	THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES THE CORPORATION, ROI, UM MIDTOWN, UM BALTIMORE WASHINGTON, SHORE HEALTH (UM MEMORIAL AND UM DORCHESTER), UM CHESTER RIVER, UM CHARLES REGIONAL, UM ST. JOSEPH, UM UPPER CHESAPEAKE, UM HARFORD MEMORIAL, UM LAUREL, UM PRINCE GEORGE'S, BOWIE HEALTH CENTER (BOWIE), AND THE UMMS FOUNDATION. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S \$1,680,179,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2019. ALL OF THE BONDS WERE ISSUED IN THE NAME OF UMMS AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	UMMS IS THE SOLE MEMBER OF UNIVERSITY OF MARYLAND SHORE REGIONAL HEALTH, INC. (UMSRH). UMSRH IS THE SOLE MEMBER OF SHS.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	UMMS AND UMSRH MAY ELECT ONE OR MORE BOARD MEMBERS OF THE GOVERNING BODY OF SHS.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	ALL DECISIONS OF THE GOVERNING BODY OF SHS MUST BE APPROVED BY UMMS AND UMSRH.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM ("UMMS") PREPARES THE IRS FORM 990 FOR UMMS AND ITS AFFILIATES. INFORMATION NEEDED TO COMPLETE THE RETURN IS GATHERED BY ACCOUNTING PERSONNEL IN THE FINANCE SHARED SERVICES DEPARTMENT UNDER THE SUPERVISION OF THE UMMS TAX DIRECTOR. DRAFT RETURNS ARE PREPARED USING IRS- APPROVED TAX SOFTWARE.
	ONCE A DRAFT RETURN IS PREPARED, IT UNDERGOES MULTIPLE LEVELS OF REVIEW BOTH INTERNALLY BY UMMS TAX & FINANCE PERSONNEL, AND EXTERNALLY BY ERNST & YOUNG LLP. FOLLOWING ANY NECESSARY CHANGES TO THE RETURN, A FINAL DRAFT IS REVIEWED BY EACH AFFILIATE'S VICE PRESIDENT OF FINANCE AND/OR CFO.
	PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, GOVERNANCE COMMITTEE, FINANCE COMMITTEE OR OTHER MEMBER(S) OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. ALL BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE FILING ORGANIZATION FOLLOWS THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) CONFLICTS OF INTEREST POLICY, WHICH REQUIRES THAT ALL COVERED PERSONS DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION. COVERED PERSONS MEANS ANY MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS, A MEMBER OF A COMMITTEE OF THE BOARD, AN OFFICER, OR AN EMPLOYEE OF ORGANIZATION (INCLUDING SUBSIDIARIES) AT THE VP LEVEL OR ABOVE.
	THE ORGANIZATION (OR ITS SOLE MEMBER) IS RESPONSIBLE FOR ADMINISTERING AND ENFORCING THE CONFLICTS OF INTEREST POLICY (POLICY). THE GOVERNANCE COMMITTEE (OR OTHER BOARD COMMITTEE HAVING SIMILAR AUTHORITY) REVIEWS ANY AND ALL CONFLICTS, SHALL REPORT ANNUALLY TO THE FULL BOARD ON THE ADMINISTRATION, INFRACTIONS, AND ENFORCEMENT OF THE POLICY AND SHALL REPORT AT THE EARLIEST OPPORTUNITY ALL MATTERS OF CONCERN TO THE FULL BOARD IN EXECUTIVE SESSION WHILE INTERESTED PARTIES ARE RECUSED.
	THE ORGANIZATION OR ITS SOLE MEMBER'S COMPLIANCE OFFICER IS THE RESPONSIBLE ADMINISTRATIVE AUTHORITY TO ASSIST THE BOARD IN ADMINISTERING AND ENFORCING THE CONFLICTS OF INTEREST POLICY AND BRINGING CONCERNS TO THE OVERSIGHT COMMITTEE. A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO COVERED PERSONS. THE CHIEF COMPLIANCE OFFICER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) DISTRIBUTES AND COLLECTS THE RESPONSES FOR UMMS AND OTHER AFFILIATES, AND MAY BE CALLED FOR CONSULT WHEN POTENTIAL CONFLICTS ARE DISCLOSED.
	IF THE OVERSIGHT COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE COMMITTEE SHALL NOTIFY THE COVERED PERSON AND THE ORGANIZATION'S BOARD CHAIR, AND FURTHER WILL NOTIFY THE FULL BOARD AT ITS NEXT MEETING. FURTHERMORE, IN THE EVENT THE COMMITTEE DETERMINES THAT AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST EXISTS, THE COMMITTEE DETERMINES THAT AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST EXISTS, THE COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS BUT THAT THE ORGANIZATION MAY ENTER INTO THE SUBJECT TRANSACTION OR ARRANGEMENT, THE INTERESTED COVERED PERSON SHALL BE RECUSED FROM ALL DELIBERATIONS AND DECISIONS CONCERNING SAID TRANSACTION OR ARRANGEMENT, ANY ARRANGEMENTS WITH THAT ENTITY, AND COMPENSATION OR BENEFITS FOR OFFICERS, DIRECTORS, AND TRUSTEES. FURTHERMORE, THE CHAIR OF THE BOARD AND THE CHAIRS OF THE OVERSIGHT COMMITTEE AND THE AUDIT AND COMPLIANCE COMMITTEE SHALL NOT HAVE ANY BUSINESS TRANSACTIONS WITH UMMS, NOR SHALL THEIR FAMILY MEMBERS.
	IF THE OVERSIGHT COMMITTEE DETERMINES THAT A COVERED PERSON HAS USED THEIR POSITION TO ACCRUE EXCESS BENEFITS OR TO KNOWINGLY ASSIST OTHERS IN ACCRUING EXCESS BENEFITS IN ANY WAY AT THE EXPENSE OF THE ORGANIZATION, THE COMMITTEE SHALL RECOMMEND TO THE EXECUTIVE COMMITTEE APPROPRIATE CORRECTIVE ACTION TO BE TAKEN.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH	SHS DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:
COMPENSATION OF TOP MANAGEMENT OFFICIAL	EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT- FOLLOWING MEETING.
	THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH	SHS DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:
COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT- FOLLOWING MEETING.
	THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE PUBLICLY AVAILABLE THROUGH THE STATE OF MARYLAND VIA THE SECRETARY OF STATE'S OFFICE. THE CONFLICT OF INTEREST POLICY IS GENERALLY AVAILABLE ON THE ORGANIZATION'S OR AFFILIATE'S WEBSITE. FINANCIAL STATEMENTS ARE MADE PUBLICLY AVAILABLE ON A QUARTERLY BASIS THROUGH FILINGS ON THE ELECTRONIC MUNICIPAL MARKET ACCESS ("EMMA") SYSTEM.

Return Reference - Identifier		E	xplanation		
FORM 990, PART VII, SECTION A - HOURS ON RELATED ENTITIES	UMMS IS A MULTI-ENTITY H HOSPITALS, 1 ACUTE CARE VARIOUS SUPPORTING ENT VARIOUS ENTITIES WITHIN EMPLOYEES OF UMMS AVE DIFFERENT ENTITIES THAT	HOSPITAL OWNED TITIES. A NUMBER (THE SYSTEM. IN GI RAGE IN EXCESS () IN A JOINT VENTU OF INDIVIDUALS PI	JRE ARRANGEMEN ROVIDE SERVICES	ТО
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(d) Management and General Expenses	(e) Fundraising Expenses		
	SHARED SERVICES	15,772,156	13,721,776	2,050,380	0
	PHYSICIAN SERVICES	13,879,609	13,879,609	0	0
	CONTRACT SERVICES	5,260,943	4,721,271	539,672	0
	TEMPORARY LABOR	5,537,942	5,537,942	0	0
	CONSULTING	2,219,793	1,931,220	288,573	0
	OTHER SERVICES	1,871,595	1,631,374	240,221	0
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET		(a) Descriptio	n		(b) Amount
ASSETS OR FUND BALANCES	EQUITY TRANSFER UMMS	AFFILIATES			- 14,950,280
	CAPITAL CONTRIBUTIONS				- 3,234,284
	BENEFICIAL INTEREST IN F	OUNDATIONS			- 4,896,763
	MALPRACTICE ADJUSTMEN	IT			564,263
	VACATION TRANSFER				55,713
	SWAP ADJUSTMENT				- 840,708
	NET ASSETS RELEASED FR	COM RESTRICTION			- 147,465

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

SHORE HEALTH SYSTEM, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)	-				
(6)					

Part II

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

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

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

Cat. No. 50135Y

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OMB No. 1545-0047

2018

Open to Public

Inspection

Employer identification number

52-0610538

(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	(I Disprop alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section 5 contr enti) 12(b)(13) olled ty?
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)	-								
(7)									

Schedule R (Form 990) 2018

Part V

Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es No
1	During the tax year, did the organization engage in any of the following transactions with one of	or more related organ	izations listed in Parts	: II_I\/2		
'a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	~
b	Gift, grant, or capital contribution to related organization(s)				1b	
	Gift, grant, or capital contribution from related organization(s)					
C					10	· ·
d	Loans or loan guarantees to or for related organization(s)				1d	
е	Loans or loan guarantees by related organization(s)				1e	-
f	Dividends from related organization(s)				1f	~
g	Sale of assets to related organization(s)				1g	· ·
h	Purchase of assets from related organization(s)				1h	~
i	Exchange of assets with related organization(s)				1i	~
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	~
k	Lease of facilities, equipment, or other assets from related organization(s)			[1k •	/
1	Performance of services or membership or fundraising solicitations for related organization(s)				11	~
m	Performance of services or membership or fundraising solicitations by related organization(s)					/
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	· ·
	Sharing of paid employees with related organization(s)					
0					10	,
	Deinsteine eine statte metete die mensionation (a) familieur eine eine					/
р	Reimbursement paid to related organization(s) for expenses					
q	Reimbursement paid by related organization(s) for expenses				1q	~
r	Other transfer of cash or property to related organization(s)				1r •	
S	Other transfer of cash or property from related organization(s)				1s	~
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	mplete this line, inclu	iding covered relation	ships and transactior	n thresl	nolds.
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of determining a	amount ii	nvolved
		type (a-s)				
M	MORIAL HOSPITAL FOUNDATION	С	5,093,390	BOOK		
(1)						
DC	RCHESTER GENERAL HOSPITAL FOUNDATION	С	125,755	BOOK		
(2)			,			
(2)						
(3)						
_(4)						
·						
(5)						
(6)						
				Schedule R ((Form 9	90) 2018

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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	elated, section excluded 501(c)(3)		(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ttions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging	(k) Percentage ownership
				from tax under sections 512–514)	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2018

(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) So 512(b controlle	ection b)(13) d entity?
						Yes	No
(7) CHESTER RIVER HEALTH FOUNDATION INC (52-1338861) 100 BROWN STREET, CHESTERTOWN, MD 21620	FUNDRAISING	MD	501(C)(3)	8	UMSRH		~
(8) UNIV OF MD SHORE REGIONAL HEALTH, INC (52-2046500) 100 BROWN STREET, CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	12 TYPE I	UMMSC		✓
(9) CHESTER RIVER HOSPITAL CENTER (52-0679694) 100 BROWN STREET, CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	3	UMSRH		~
(10) CHESTER RIVER MANOR INC (52-6070333) 200 MORGNEC ROAD, CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	10	UMSRH		✓
(11) MARYLAND GENERAL CLINICAL PRACTICE GROUP (52-1566211) 827 LINDEN AVENUE, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	12 TYPE II	UMMTH		✓
(12) UNIVERSITY OF MARYLAND MIDTOWN HEALTH, INC (52-1175337) 827 LINDEN AVENUE, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	12 TYPE II	UMMSC		~
(13) MARYLAND GENERAL HOSPITAL INC (52-0591667) 827 LINDEN AVENUE, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	3	UMMTH		✓
(14) CARE HEALTH SERVICES INC (52-1510269) 219 SOUTH WASHINGTON STREET, EASTON, MD 21601	HEALTHCARE	MD	501(C)(3)	10	SHS	~	
(15) MEMORIAL HOSPITAL FOUNDATION INC (52-1282080) 219 SOUTH WASHINGTON STREET, EASTON, MD 21601	FUNDRAISING	MD	501(C)(3)	12 TYPE I	SHS	~	
(16) UNIVERSITY OF MARYLAND COMMUNITY MEDICAL (52-1874111) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	3	UMSRH		~
(17) JAMES LAWRENCE KERNAN HOSPITAL INC (52-0591639) 2200 KERNAN DRIVE, BALTIMORE, MD 21207	HEALTHCARE	MD	501(C)(3)	3	UMMSC		~
(18) UMMS FOUNDATION, INC (52-2238893) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMMSC		1
(19) UNIVERSITY OF MD MEDICAL SYSTEM CORP (52-1362793) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	3	N/A		1
(20) UNIVERSITY OF MARYLAND CHARLES REGIONAL (52-2155576) PO BOX 1070, LA PLATA, MD 20646	HEALTHCARE	MD	501(C)(3)	12 TYPE III-FI	UMMSC		✓
(21) CIVISTA MEDICAL CENTER, INC (52-0445374) PO BOX 1070, LA PLATA, MD 20646	HEALTHCARE	MD	501(C)(3)	3	UMCRH		✓
(22) CHARLES REGIONAL MEDICAL CENTER FOUNDATION (52-1414564) PO BOX 1070, LA PLATA, MD 20646	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMCRH		~
(23) UNIV OF MD ST. JOSEPH FOUNDATION, INC (52-1681044) 7601 OSLER DRIVE, TOWSON, MD 21204	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMSJHS		~
(24) HARFORD MEMORIAL HOSPITAL, INC (52-0591484) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	3	UMUCHS		✓
(25) UMSJ HEALTH SYSTEM, LLC (46-2097818) 7601 OSLER DRIVE, TOWSON, MD 21204	HEALTHCARE	MD	501(C)(3)	3	UMMSC		✓
(26) UM UPPER CHESAPEAKE HEALTH SYSTEM, INC (52-1398513) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	12 TYPE III-O	UMMSC		✓
(27) UPPER CHESAPEAKE HEALTH FOUNDATION, INC (52-1398507) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMUCHS		✓
(28) UPPER CHESAPEAKE MEDICAL CENTER, INC (52-1253920) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	3	UMUCHS		✓
(29) UPPER CHESAPEAKE MEDICAL SERVICES, INC (52-1501734) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	10	UMUCHS		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) So 512(b controlle	o)(13)
						Yes	No
(30) UPPER CHESAPEAKE PROPERTIES, INC (52-1907237) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	REAL ESTATE	MD	501(C)(2)		UMUCHS		~
(31) UPPER CHES RESIDENTIAL HOSPICE HOUSE, INC (26-0737028) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HOSPICE	MD	501(C)(3)	10	UMUCHS		✓
(32) HARFORD CRISIS CENTER, INC. (52-1229742) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HOME CARE	MD	501(C)(3)	12 TYPE II	UMUCHS		✓
(33) DIMENSIONS HEALTH CORPORATION (52-1289729) 3001 HOSPITAL DRIVE, CHEVERLY, MD 20785	HEALTHCARE	MD	501(C)(3)	3	UMMSC		1
(34) DIMENSIONS HEALTHCARE ASSOCIATES (52-1902711) 3001 HOSPITAL DRIVE, CHEVERLY, MD 20785	HEALTHCARE	MD	501(C)(3)	12 TYPE I	UMCAPRH		✓
(35) UM CAPITAL REGION HEALTH, INC (82-3596114) 250 W PRATT ST, STE 2400, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	12 TYPE III-FI	UMMSC		✓

(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	s	ropor late ation ?	(i) Code V - UBI amount in box 20 of Schedule K- 1 (Form 1065)	Gen o mana parti	eral r aging ner?	(k) Percentage ownership
(1) ARUNDEL PHYSICIANS ASSOCIATES (52- 2000762) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	APA, INC				Yes	No V	1003)	Yes	No V	
(2) BALTIMORE WASHINGTON IMAGING (20- 0806027) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	UMBWMS					1			1	
(3) UNIVERSITYCARE LLC (52-1914892) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	HEALTHCARE	MD	UMMSC					1			~	
(4) O'DEA MEDICAL ARTS LIMITED PAR (52- 1682964) 7601 OSLER DRIVE, TOWSON, MD 21204	RENTAL	MD	SJMC PROP.					1			1	
(5) ADVANCED IMAGING AT ST JOSEPH (52- 1958002) 7601 OSLER DRIVE, TOWSON, MD 21204	HEALTHCARE	MD	UMSJMC					~			~	
(6) UNIVERSITY OF MARYLAND CHARLES (30- 0956382) PO BOX 1070, LAPLATA, MD 20646	HEALTHCARE	MD	UMCRCP					1			~	
(7) BALTIMORE ASC VENTURES, LLC (82- 4133899) 7620 YORK ROAD, TOWSON, MD 21204	HEALTHCARE	DE	UMSJMC					1			<	
(8) UCHS/UMMS REAL ESTATE TRUST (27- 6803540) 520 UPPER CHESAPEAKE DRIVE, BEL AIR, MD 21014	HOLDING CO	MD	UMMSC					~			~	

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Se 512(b contr enti Yes	o)(13) olled
(1) ARUNDEL PHYSICIANS ASSOCIATES, INC (52-1992649) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES (52- 1936656) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		\checkmark
(3) BW PROFESSIONAL SERVICES, INC (52-1655640) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		1
(4) NA EXECUTIVE BUILDING CONDO ASSN, INC 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		~
(5) UM CHARLES REGIONAL CARE PARTNERS (52- 2176314) PO BOX 1070, LA PLATA, MD 20646	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		~
(6) UNIVERSITY MIDTOWN PROF CENTER (52-1891126) 827 LINDEN AVENUE, BALTIMORE, MD 21201	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		1
(7) UNIVERSITY OF MARYLAND HEALTH ADVANTAGE (46- 1411902) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORPORATION	N/A	N/A	N/A		~
(8) UNIVERSITY OF MARYLAND HEALTH PARTNERS (45- 2815803) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORPORATION	N/A	N/A	N/A		~
(9) UNIVERSITY OF MARYLAND MEDICAL SYSTEM HE (45- 2815722) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORPORATION	N/A	N/A	N/A		\checkmark
(10) UPPER CHESAPEAKE HEALTH VENTURES, INC (52- 2031264) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		>
(11) UPPER CHESAPEAKE MEDICAL CENTER LAND CON (77-0674478) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		\checkmark
(12) UPPER CHESAPEAKE MEDICAL OFFICE BUILDING (52-1946829) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		\checkmark
(13) SHORE ORTHOPEDICS, INC (37-1817262) 219 S WASHINGTON STREET, EASTON, MD 21601	HEALTHCARE	MD	YES	C CORPORATION	8,796,925	1,743,493	100.00	<	
(14) MADISON MANOR, INC (52-1269059) 5801 42ND AVE, HYATTSVILLE, MD 20781	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		1
(15) AFFILIATED ENTERPRISES, INC (52-1542144) 3001 HOSPITAL DRIVE, CHEVERLY, MD 20785	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		~
(16) DIMENSIONS ASSURANCE LTD (98-0348082) PO BOX 1363, GENESIS BLDG, GRAND CAYMAN, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A		~
(17) RIVERSIDE HEALTH OF DELAWARE, INC (46-3205820) 1966 GREENSPRING DRIVE, STE 600, TIMONIUM, MD 21093	HEALTHCARE	DE	N/A	C CORPORATION	N/A	N/A	N/A		>
(18) RIVERSIDE HEALTH OF DC, INC (46-1411713) 1966 GREENSPRING DRIVE, STE 600, TIMONIUM, MD 21093	HEALTHCARE	DC	N/A	C CORPORATION	N/A	N/A	N/A		~

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Se 512(b contr enti	o)(13) olled
								Yes	No
(19) UPPER CHESAPEAKE INSURANCE COMPANY, LTD. (98-0468438) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A		~



Consolidated Financial Statements and Schedules

June 30, 2019 and 2018

(With Independent Auditors' Report Thereon)

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KPMG LLP 750 East Pratt Street, 18th Floor Baltimore, MD 21202

Independent Auditors' Report

The Board of Directors University of Maryland Medical System Corporation:

We have audited the accompanying consolidated financial statements of the University of Maryland Medical System Corporation and its subsidiaries (the Corporation), which comprise the consolidated balance sheets as of June 30, 2019 and 2018, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the University of Maryland Medical System Corporation and its subsidiaries as of June 30, 2019 and 2018, and the results of their operations, changes in net assets and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.



Emphasis of Matter

As discussed in note 1(aa) to the consolidated financial statements, the Corporation adopted Accounting Standards Update (ASU) No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, and ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, during the year ended June 30, 2019 on a modified retrospective basis. Our opinion is not modified with respect to these matters.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary information in Schedules 1-8 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.



Baltimore, Maryland October 28, 2019

Consolidated Balance Sheets

June 30, 2019 and 2018

(In thousands)

Assets	2019	2018
Current assets:		
Cash and cash equivalents \$	360,318	397,243
Assets limited as to use, current portion	64,910	56,484
Accounts receivable:		
Patient accounts receivable, net	458,437	431,665
Other Inventories	91,103	88,718
Assets held for sale	70,478 116,828	70,776 139,120
Prepaid expenses and other current assets	48,055	41,115
Total current assets	1,210,129	1,225,121
Investments	885,640	859,905
Assets limited as to use, less current portion	1,227,384	1,142,707
Property and equipment, net Investments in joint ventures	2,309,086 91,942	2,165,466 88,063
Other assets	409,188	548,201
Total assets \$	6,133,369	6,029,463
= Liabilities and Net Assets		
Current liabilities:		
Trade accounts payable \$	288,841	267,396
Accrued payroll and benefits	281,177	262,201
Advances from third-party payors	139,163	153,867
Lines of credit	161,300	99,300
Short-term financing	150,000	150,000
Other current liabilities	127,760	151,163
Liabilities held for sale	60,830	86,834
Long-term debt subject to short-term remarketing arrangements	18,895	58,054
Current portion of long-term debt	47,621	51,989
Total current liabilities	1,275,587	1,280,804
Long-term debt, less current portion and amount subject to short-term		
remarketing arrangements	1,484,960	1,508,334
Other long-term liabilities	439,024	395,447
Interest rate swap liabilities	196,174	149,789
Total liabilities	3,395,745	3,334,374
Net assets:		
Without donor restrictions	1,973,405	1,952,422
With donor restrictions	764,219	742,667
Total net assets	2,737,624	2,695,089
Total liabilities and net assets	6,133,369	6,029,463

See accompanying notes to consolidated financial statements.

Consolidated Statements of Operations and Changes in Net Assets

Years ended June 30, 2019 and 2018

(In thousands)

		2019	2018
Operating revenue, gains, and other support:			
Net patient service revenue State and county support Other revenue	\$	4,017,054 41,521 176,699	3,877,341 40,374 150,856
Total operating revenue, gains, and other support		4,235,274	4,068,571
Operating expenses: Salaries, wages and benefits Expendable supplies Purchased services Contracted services Depreciation and amortization Interest expense	_	2,158,136 792,015 634,618 269,897 244,056 57,792	2,020,075 758,252 615,978 275,376 236,090 55,627
Total operating expenses		4,156,514	3,961,398
Income from continuing operations		78,760	107,173
Nonoperating income and expenses, net: Unrestricted contributions Inherent contribution – Capital Region Equity in net income of joint ventures Investment income, net Change in fair value of investments Change in fair value of undesignated interest rate swaps Other nonoperating losses, net	_	5,607 3,624 30,632 24,421 (47,995) (33,045)	12,377 41,772 5,489 37,465 23,976 43,071 (27,120)
Excess of revenues over expenses from continuing operations	\$	62,004	244,203
Loss on discontinued operations Excess of revenues over expenses		(25,847) 36,157	(27,366) 216,837

Consolidated Statements of Operations and Changes in Net Assets

Years ended June 30, 2019 and 2018

(In thousands)

	_	Without donor restrictions	With donor restrictions	Total
Balance at June 30, 2017	\$	1,711,329	304,535	2,015,864
Excess of revenues over expenses		216,837	_	216,837
Inherent contribution – Capital Region		_	418,243	418,243
Investment gains, net		—	2,967	2,967
State support for capital		—	3,209	3,209
Contributions, net		—	17,086	17,086
Net assets released from restrictions used for operations and nonoperating activities			(3,956)	(3,956)
Net assets released from restrictions used for purchase				
of property and equipment		3,484	(3,484)	—
Change in economic and beneficial interests in the net				
assets of related organizations		_	2,731	2,731
Change in ownership interest of joint ventures		—	1,301	1,301
Amortization of accumulated loss of discontinued				
designated interest rate swap		1,668	—	1,668
Change in funded status of defined benefit pension plans		16,287	—	16,287
Asset reclassifications at request of donor		1,145	(1,145)	—
Other		1,672	1,180	2,852
Increase in net assets	_	241,093	438,132	679,225
Balance at June 30, 2018	_	1,952,422	742,667	2,695,089
Excess of revenues over expenses		36,157	_	36,157
Investment gains, net		—	1,666	1,666
State support for capital		—	5,565	5,565
Contributions, net		—	26,782	26,782
Net assets released from restrictions used for operations				
and nonoperating activities		_	(4,279)	(4,279)
Net assets released from restrictions used for purchase				
of property and equipment		14,130	(14,130)	_
Change in economic and beneficial interests in the net				
assets of related organizations		—	1,982	1,982
Change in ownership interest of joint ventures		68	1,178	1,246
Amortization of accumulated loss of discontinued				
designated interest rate swap		1,610	—	1,610
Change in funded status of defined benefit pension plans		(26,886)		(26,886)
Other	_	(4,096)	2,788	(1,308)
Increase in net assets	_	20,983	21,552	42,535
Balance at June 30, 2019	\$	1,973,405	764,219	2,737,624

See accompanying notes to consolidated financial statements.

Consolidated Statements of Cash Flows

Years ended June 30, 2019 and 2018

(In thousands)

		2019	2018
Cash flows from operating activities:			
Increase in net assets from continuing operations	\$	42,535	679,225
Adjustments to reconcile increase in net assets to net cash	-	·	
provided by operating activities:			
Depreciation and amortization		244,056	236,090
Amortization of bond premium and deferred financing costs		1,477	1,477
Net realized gains and change in fair value of investments		(41,626)	(53,029)
Equity in net income of joint ventures		(3,624)	(5,489)
Change in economic and beneficial interests in net assets			
of related organizations		(1,982)	(3,776)
Change in fair value of interest rate swaps		46,385	(44,735)
Change in funded status of defined benefit pension plans		26,886	(16,287)
Inherent contribution – Capital Region		—	(460,015)
Restricted contributions, grants and other support, net		(22,503)	(17,086)
Change in operating assets and liabilities:			
Patient accounts receivable		(26,772)	(10,470)
Other receivables, prepaid expenses, other current			
assets and other assets		152,963	92,974
Inventories		298	(4,778)
Trade accounts payable, accrued payroll and benefits,			
other current liabilities and other long-term liabilities		14,617	(14,294)
Change in contingent consideration		—	(35,700)
Advances from third-party payors		(14,704)	21,926
Net cash provided by operating activities	_	418,006	366,033
Cash flows from investing activities:			
Purchases and sales of investments and assets limited as to			
use, net		(98,911)	(347,160)
Purchases of alternative investments		(66,267)	(64,375)
Sales of alternative investments		89,948	38,938
Cash acquired in contribution from Capital Region		_	46,626
Purchases of property and equipment		(394,588)	(217,153)
(Contributions to)/distributions from joint ventures, net	_	(1,238)	3,527
Net cash used in investing activities		(471,056)	(539,597)

Consolidated Statements of Cash Flows

Years ended June 30, 2019 and 2018

(In thousands)

	 2019	2018
Cash flows from financing activities: Proceeds from long-term debt Repayment of long-term debt and capital leases Draws (repayments) on lines of credit, net Payment of debt issuance costs Restricted contributions, grants and other support	\$ 10,016 (78,394) 62,000 22,503	190,928 (44,577) (25,700) (2,255) 17,086
Net cash provided by financing activities	 16,125	135,482
Net decrease in cash and cash equivalents	(36,925)	(38,082)
Cash and cash equivalents, beginning of year	 397,243	435,325
Cash and cash equivalents, end of year	\$ 360,318	397,243
Cash flows from discontinued operations: Operating Activities Investing Activities Financing activities	\$ 2,150 (3,131) —	10,615 (2,710) —
Supplemental disclosures of cash flow information: Cash paid during the year for interest, net of amounts capitalized Amount included in accounts payable for construction in progress	\$ 58,860 35,414	59,716 28,502
Supplemental disclosures of noncash information: Capital leases Contributed from Capital Region	\$ 427	1,077 *

* See footnote 1(a)(x) for detail of noncash contributions from Capital Region.

See accompanying notes to consolidated financial statements.

Notes to Consolidated Financial Statements June 30, 2019 and 2018

(1) Organization and Summary of Significant Accounting Policies

(a) Organization

The University of Maryland Medical System Corporation (the Corporation or UMMS) is a private, not-for-profit corporation providing comprehensive healthcare services through an integrated regional network of hospitals and related clinical enterprises. UMMS was created in 1984 when its founding hospital was privatized by the State of Maryland. Prior to that time, the founding hospital was state-owned, operated and financed as part of the University of Maryland, now a part of the University System. As part of the privatization process, the Maryland General Assembly and the University of Maryland's Board of Regents adopted legislation (the "Governance Legislation") separating the major health care delivery components from the University System to UMMS. This Governance Legislation provides for certain level of oversight by the State of Maryland to ensure UMMS' founding purposes are consistently set forth in its functions and operating practices. The Corporation monitors compliance with all requirements of the Governance Legislation.

Over its 35-year history, UMMS evolved into a multi-hospital system with academic, community and specialty service missions reaching primarily across Maryland. In continuing partnership with the University of Maryland School of Medicine, UMMS operates healthcare programs that improve the physical and mental health of thousands of people each day.

The accompanying consolidated financial statements include the accounts of the Corporation, its wholly owned subsidiaries, and entities controlled by the Corporation. In addition, the Corporation maintains equity interests in various unconsolidated joint ventures, which are described in note 4. The significant operating divisions of the Corporation are described in further detail below.

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

(i) Recent Acquisitions and Divestitures

During the year ended June 30, 2019, the Corporation approved a plan to sell the assets and liabilities of University of Maryland Medical System Health Plans, Inc. The sale, which will include both the Medicaid Plan and Medicare Advantage Plan, is expected to be completed within the next 12 months. Based on the criteria in Accounting Standards Codification (ASC) Topic 205, *Discontinued Operations*, it was determined that the pending sale met the criteria for discontinued operations treatment. The carrying amount of the assets and liabilities held for sale are stated at their net realizable value as of June 30, 2019 and any gain or loss on the sale is considered to be immaterial to the consolidated financial statements of the Corporation. As of June 30, 2019 and 2018, assets held for sale were approximately \$116,800 and \$139,100 and liabilities held for sale were approximately \$60,800 and \$86,800, respectively. For the years ended June 30, 2019 and 2018, operating revenues from discontinued operations were approximately \$379,630 and \$357,099, respectively. For the years ended June 30, 2019 and 2018, operating expenses from discontinued operations were approximately \$406,593 and \$388,693, respectively.

Effective September 1, 2017, the Corporation entered into an affiliation agreement with Dimensions Healthcare System and Subsidiaries (DHS) whereby the Corporation became the sole corporate member of DHS. DHS has changed its trade name to University of Maryland Capital Region Health (Capital Region) located in Prince George's County, Maryland, and includes one acute care

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

hospitals, one free standing medical facility (FMF), ambulatory and outpatient facilities, and other subsidiaries.

The transaction is described in more detail in note 1(a)(x).

(ii) University of Maryland Medical Center (Medical Center)

The Medical Center, which is a major component of UMMS, is a 767-bed academic medical center located in Baltimore. The Medical Center has served as the teaching hospital of the School of Medicine of the University System of Maryland, Baltimore since 1823. As part of the privatization in 1984, only clinical faculty members of the School of Medicine may serve as medical staff of the Medical Center.

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

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

The Corporation has certain agreements with various departments of the University of Maryland School of Medicine concerning the provision of professional and administrative services to the Corporation and its patients. Total expense under these agreements in the years ended June 30, 2019 and 2018 was approximately \$159,043 and \$163,321, respectively.

(iii) University of Maryland Rehabilitation and Orthopaedic Institute (ROI)

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

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

(iv) University of Maryland Medical Center Midtown Campus (Midtown)

Midtown is located in Baltimore city and is comprised of University of Maryland Midtown Hospital (UM Midtown), with 170 licensed beds, including 90 acute care beds and 80 chronic care beds and a wholly owned subsidiary providing primary care.

Notes to Consolidated Financial Statements June 30, 2019 and 2018

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

Baltimore Washington is located in Anne Arundel County, a suburb of Baltimore city, and is a health system comprised of University of Maryland Baltimore Washington Medical Center (UM Baltimore Washington), a 288-bed acute care hospital providing a broad range of services, and several wholly owned subsidiaries providing emergency physician and other services.

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

(vi) University of Maryland Shore Regional Health System (Shore Regional)

Shore Regional is a health system located on the Eastern Shore of Maryland. Shore Regional owns and operates University of Maryland Memorial Hospital (UM Memorial), a 140-bed acute care hospital providing inpatient and outpatient services in Easton, Maryland; University of Maryland Dorchester Hospital (UM Dorchester), a 48-bed acute care hospital providing inpatient and outpatient services in Cambridge, Maryland; University of Maryland Chester River Hospital Center (UM Chester River), a 26-bed acute care hospital providing inpatient services to the residents of Kent and Queen Anne's counties; Shore Emergency Center at Queenstown (Shore Emergency Center), a free-standing emergency center; Memorial Hospital Foundation (Memorial Foundation), a nonprofit corporation established to solicit donations for the benefit of UM Memorial; Chester River Health Foundation (Chester River; and several other subsidiaries providing various outpatient and home care services.

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

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

Charles Regional owns and operates University of Maryland Charles Regional Medical Center (UM Charles Regional), which is comprised of a 109-bed acute care hospital and other community healthcare resources providing inpatient and outpatient services to the residents of Charles County in Southern Maryland.

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

St. Joseph owns and operates University of Maryland St. Joseph Medical Center (UM St. Joseph), a 224-bed, Catholic acute care hospital located in Towson, Maryland, as well as other subsidiaries providing inpatient and outpatient services to the residents of Baltimore County.

Notes to Consolidated Financial Statements June 30, 2019 and 2018

(ix) University of Maryland Upper Chesapeake Health System (Upper Chesapeake)

Upper Chesapeake is a health system located in Harford County, Maryland. Upper Chesapeake's healthcare delivery system includes two acute care hospitals, University of Maryland Upper Chesapeake Medical Center (UM Upper Chesapeake), a 171-bed acute care hospital and University of Maryland Harford Memorial Hospital (UM Harford Memorial), an 86-bed acute care hospital; a physician practice; a captive insurance company; a land holding company; and Upper Chesapeake Health Foundation.

(x) University of Maryland Capital Region Health (Capital Region)

Capital Region is a health system located in Prince George's County. Capital Region owns and operates UM Prince George's Hospital Center (UM Prince George's), a 230-bed acute care teaching hospital providing an array of services including emergency medicine, behavioral health, cardiac surgery and a Level II Trauma Center; and UM Laurel Regional Health (UM Laurel), a 61-bed acute care hospital providing cardiopulmonary care, critical care, infusion and inpatient and outpatient surgery among other services.

Effective September 1, 2017, UMMS became the sole corporate member of Capital Region after several years of collaboration with Prince George's County and the state of Maryland. This affiliation represents the culmination of those discussions and includes plans to build a new state-of-the-art medical center in Largo, Maryland. In accordance with the agreement, Prince George's County and the state of Maryland have each approved funding through legislation of \$208,000 towards the construction of the new medical facility. The combined \$416,000 of county and state capital funding commitments was recorded as a receivable within other assets of the accompanying consolidated balance sheets and net assets with donor restrictions as of the affiliation date.

The affiliation was accounted for under the guidance of ASC Topic 805, *Business Combinations*, and the financial position and results of operations of Capital Region were consolidated by the Corporation beginning on September 1, 2017.

The following table summarizes the estimated fair value of the assets acquired and liabilities assumed at September 1, 2017:

Assets:	
Cash	\$ 46,626
Current assets	63,472
Investments	15,256
Limited use funds	54,370
Property and equipment	96,089
Other long-term assets	 393,747
Total assets	\$ 669,560

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

Liabilities:	
Current liabilities	\$ 87,002
Long-term liabilities	122,543
Total liabilities	209,545
Net assets:	
Without donor restrictions	41,772
With donor restrictions	418,243
Total net assets	460,015
Total liabilities and net	
assets	\$ 669,560

The following table summarizes the Corporation's unaudited pro forma consolidated results as though the acquisition date occurred at the beginning of fiscal year:

		2018
Operating revenues:		
The Corporation	\$	4,118,985
Capital Region		413,142
	\$	4,532,127
Net nonoperating income:		
The Corporation	\$	148,107
Capital Region		3,315
	\$	151,422
Excess of revenues over expenses		
from continuing operations:		
The Corporation	\$	207,117
Capital Region	_	10,520
	\$	217,637
Changes in net assets:		
Without donor restrictions		
The Corporation	\$	228,935
Capital Region		12,158
	\$	241,093

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

	 2018
With donor restrictions	
The Corporation	\$ 416,225
Capital Region	 21,907
	\$ 438,132
Total changes in net assets:	
The Corporation	\$ 645,160
Capital Region	 34,065
	\$ 679,225

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

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

(xii) University of Maryland Community Medical Group, LLC (CMG)

CMG is a physician network that employs more than 300 primary care physicians, specialists and advanced practice providers. CMG is a wholly owned subsidiary of UMMS and has over 75 locations across the state of Maryland. Effective July 1, 2018, CMG was decentralized, moving the primary care physicians back to their respective health systems.

(xiii) University of Maryland Quality Care Network (QCN)

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

(xiv) University of Maryland Health Ventures, LLC. (UM Health Ventures)

UM Health Ventures, a wholly owned subsidiary of UMMS, is the parent company of University of Maryland Medical System Health Plans, Inc. (UM Health Plans), a managed care healthcare company based in Baltimore, Maryland. UM Health Plans is the parent company of University of Maryland Health Partners (UMHP), which provides managed care health coverage to approximately 45,000 Medicaid recipients throughout Maryland; University of Maryland Health Advantage, Inc. (UMHA), which provides Medicare Advantage Plans to approximately 10,000 members; Riverside Health of Delaware Inc. (RHDE) and Riverside Health DC, Inc. See note 1(a)(i) for discussion on proposed sale.

(b) Basis of Presentation

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

Notes to Consolidated Financial Statements June 30, 2019 and 2018

(c) Cash and Cash Equivalents

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

(d) Investments and Assets Limited as to Use

The Corporation's investment portfolios are classified as trading and are reported in the consolidated balance sheets, as long-term assets, at their fair value based on quoted market prices at June 30, 2019 and 2018. Unrealized holding gains and losses on trading securities with readily determinable market values are included in nonoperating income. Investment income, including realized gains and losses, is included in nonoperating income in the accompanying consolidated statements of operations and changes in net assets.

Assets limited as to use include investments set aside at the discretion of the board of directors for the replacement or acquisition of property and equipment, investments held by trustees under bond indenture agreements and self-insurance trust arrangements, and assets whose use is restricted by donors. Such investments are stated at fair value. Amounts required to meet current liabilities have been included in current assets in the consolidated balance sheets. Changes in fair values of donor-restricted investments are recorded in net assets with donor restrictions unless otherwise required by the donor or state law.

Assets limited as to use also include the Corporation's economic interests in financially interrelated organizations (note 12).

Alternative investments, which the Corporation defines to include multi-strategy commingled funds, hedge funds, hedge fund-of-funds, and private equity investments, are recorded under the equity method of accounting. Underlying securities of these alternative investments may include certain debt and equity securities that are not readily marketable. Because certain investments are not readily marketable, their fair value is subject to additional uncertainty, and therefore, values realized upon disposition may vary significantly from current reported values.

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

(e) Inventories

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

Notes to Consolidated Financial Statements June 30, 2019 and 2018

(f) Economic Interests in Financially Interrelated Organizations

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

(g) Property and Equipment

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

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

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

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

(h) Deferred Financing Costs

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

(i) Goodwill and Intangible Assets

Intangible assets include amounts recognized in connection with acquisitions. Intangible assets are initially valued at fair market value using generally accepted valuation methods. Amortization is recognized on a straight-line basis over the estimated useful life of the intangible assets. Intangible assets with definite and indefinite lives are reviewed for impairment if indicators of impairment arise.

Goodwill is an asset representing the future economic benefits arising from other assets acquired in a business combination that are not individually identified and separately recognized. The Corporation adopted Accounting Standards Update (ASU) No. 2017-04, *Simplifying the Test for Goodwill Impairment*, for the year ended June 30, 2018. Goodwill is evaluated for impairment at least annually

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on June 30, in accordance with ASC Topic 350, *Intangibles – Goodwill and Other*, using a qualitative assessment (Step 0) to determine whether there are events or circumstances that indicate it is more likely than not that the fair value of the reporting unit is less than its carrying value, which determines whether a quantitative (Step 1) goodwill impairment test is necessary. Under the quantitative assessment, the fair value of the reporting unit is compared with its carrying value (including goodwill). If the fair value of the reporting unit is less than its carrying value, goodwill impairment exists for the reporting unit and the entity must record an impairment loss.

The Corporation has two reporting units, one of which includes all health care delivery assets and the other that includes UM Health Plan assets. Based on the Corporation's qualitative assessment, it was determined that it was more likely than not that the fair values of each reporting unit exceeded their respective carrying value for the year ended June 30, 2019. Based on the Corporation's qualitative assessment, it was determined that the fair value of the health care delivery reporting unit was more likely than not greater than its carrying value for the year ended June 30, 2018. The Health Plans reporting unit experienced increasing losses in the fiscal year ended June 30, 2018 primarily related to medical claims expenses in excess of premium revenues for its Medicare Advantage Plan, and as a result, the Corporation engaged a third party to perform the Step 1 impairment test using the income approach. The income approach provides an estimation of the fair value of an asset based on market participant expectations about the cash flows that asset would generate over its remaining useful life. The cash flow models were developed using projected revenues and expenses based on historical data, industry projections as well as management expectations.

Based on the results of the impairment test, the Corporation recognized a loss on impairment of \$12,794 related to goodwill and \$33,000 related to an intangible asset (Medicaid Contract) for the year ended June 30, 2018, and these were recorded in loss on discontinued operations in the consolidated financial statements. There was no impairment loss recognized for the year ended June 30, 2019.

The changes in the carrying amount of goodwill are as follows:

	+ 	lealth Care Delivery	Health Plans
Goodwill at June 30, 2017 Acquisitions Write-downs	\$	48,810 — —	42,019 (12,794)
Goodwill at June 30, 2018		48,810	29,225
Acquisitions Write-downs			
Goodwill at June 30, 2019	\$	48,810	29,225

Notes to Consolidated Financial Statements June 30, 2019 and 2018

(j) Contingent Consideration for Business Acquisitions

Acquisitions may include contingent consideration payments based on future financial measures of an acquired company. Contingent consideration is required to be recognized at fair value as of the acquisition date. The fair value of these liabilities is estimated based on financial projections of the acquired companies and estimated probabilities of achievement and discount the liabilities to present value using a weighted average cost of capital. Contingent consideration is valued using significant inputs that are not observable in the market, which are defined as Level 3 inputs pursuant to fair value measurement accounting. At each reporting date, the contingent consideration obligation is revalued to estimated fair value and changes in fair value subsequent to the acquisition are reflected in operating income in the consolidated statements of operations and changes in net assets. Changes in the fair value of contingent consideration obligations may result from changes in discount periods and rates. changes in the timing and amount of revenue and/or earnings estimates, and changes in probability assumptions with respect to the likelihood of achieving the various earn-out criteria. The Corporation recorded a contingent liability of \$35,700 related to an earn-out clause in connection with the August 15, 2015 acquisition of UM Health Plans. This earn-out could result in an undiscounted payment ranging from \$0 to \$106,500 depending on the performance and membership of both plans. The final computation of the earn-out is not to be determined until March 31, 2020. Based on the earn-out calculation, the Corporation determined that the fair value of the contingent liability was \$0 at both June 30, 2019 and 2018. As such, the Corporation recognized a gain of \$0 and \$35,700 related to the change in fair value of the contingent consideration during the fiscal year ended June 30, 2019 and 2018, respectively. The gain is included in the loss on discontinued operations in the 2018 consolidated statement of operations and changes in net assets.

(k) Impairment of Long-Lived Assets

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

No impairment losses were recorded for the years ended June 30, 2019 or 2018.

(I) Investments in Joint Ventures

When the Corporation does not have a controlling interest in an entity, but exerts a significant influence over the entity, the Corporation applies the equity method of accounting.

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(m) Self-Insurance

Under the Corporation's self-insurance programs (general and professional liability, workers' compensation, and employee health and long-term disability benefits), claims are reflected as a present-value liability based upon actuarial estimates and reported and incurred but not reported claims analysis, taking into consideration the severity of incidents and the expected timing of claim payments.

(n) Net Assets

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

(o) Net Patient Service Revenue and Patient Accounts Receivable

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

The Corporation's estimate of the transaction price includes the Corporation's standard charges for the goods and services provided with a reduction recorded related to price concessions for such items as contractual allowances, charity care, potential adjustments that may arise from payment and other reviews, and uncollectible amounts. The price concessions are determined using the portfolio approach as a practical expedient to account for patient contracts as collective groups rather than individually. Estimates for uncollectible amounts are based on the aging of the accounts receivable, historical collections experience for similar payors and patients, current market conditions, and other relevant factors. The Corporation recognizes a significant amount of patient service revenue at the time the services are rendered even though they do not assess the patient's ability to pay. Based on historical experience, a significant portion of the self pay population will be unable or unwilling to pay for services which is estimated in the transaction price. Subsequent changes to the estimate of the transaction price are generally recorded as adjustment to net patient service revenue in the period of change. Subsequent changes that are determined to be the result of an adverse change in the payor's or patient's ability to pay are recorded as bad debt expense. Bad debt expense for the year ended June 30, 2019 was not significant to the consolidated financial statements.

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The standard charges for goods and services for the Medical Center, ROI, Midtown, Baltimore Washington, Shore Regional, Charles Regional, St. Joseph, Upper Chesapeake, and Capital Region reflects actual charges to patients based on rates established by the State of Maryland Health Services Cost Review Commission (HSCRC) in effect during the period in which the services are rendered. See note 18 for further discussion on the HSCRC and regulated rates.

Patient accounts are recorded at the net realizable value based on certain assumptions determined by each payor. For third-party payors, including Medicare, Medicaid, and commercial insurance, the net realizable value is based on the estimated contractual adjustments, which is based on approved discounts on charges as permitted by the HSCRC. For self-pay accounts, which includes patients who are uninsured and the patient responsibility portion for patients with insurance, the net realizable value is determined using estimates of historical collection experience. Net patient accounts receivable shown on the consolidated balance sheet for June 30, 2018 is net of allowance for doubtful accounts of \$219,769. Net patient service revenue shown on the consolidated statement of operations and changes in net assets for June 30, 2018 are net of provision for bad debts of \$174,137. With the adoption of ASC Topic 606, all revenue and related accounts receivable are recorded at the net expected transaction price, therefore, there is no material allowance for doubtful accounts or provision for bad debts for the year ended June 30, 2019.

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

Net patient service revenue by line of business are as follows for the years ended June 30:

	 2019	2018
Hospital inpatient and outpatient services	\$ 3,734,201	3,616,917
Physician services	245,150	225,555
Non-hospital outpatient services	32,247	30,325
Other	 5,456	4,544
Net patient service revenue	\$ 4,017,054	3,877,341

(p) Premium Revenue and Medical Claims Expense

Premium revenue consists of amounts received from the state of Maryland and the Centers for Medicare and Medicaid Services (CMS) by the Corporation's managed care organization for providing medical services to subscribing participants, regardless of services actually performed, and is accounted for under ASC Topic 944, *Financial Services – Insurance*. The managed care organization provides services primarily to enrolled Medicaid and Medicare beneficiaries. This revenue is recognized ratably over the contractual period for the provision of services. Medical expenses of the managed care organization include actuarially determined estimates of the ultimate costs for both

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reported claims and claims incurred but unreported and are included in medical claims expense on the consolidated statements of operations and changes in net assets. These accounts are included within loss on discontinued operations. See note 1(a)(i).

(q) Charity Care

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

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

- Financial assistance brochures and other information are posted at each point of service. When patients have questions or concerns, they are encouraged to call a toll-free number to reach customer service representatives during the business day. Financial assistance programs are published on the Corporation's website and included on the statements provided to patients.
- The Corporation offers assistance to patients in completing the applications for Medicaid or other government payment assistance programs, or applying for care under the Corporation's charity care policy, if applicable. The Corporation also employs an external firm to assist in the eligibility process.
- Any patient, whether covered by insurance or not, may meet with a UMMS representative and receive financial counseling from UMMS' dedicated financial assistance unit.

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

The amounts reported as charity care represent the cost of rendering such services. Costs incurred are estimated based on the cost-to-charge ratio for each hospital and applied to charity care charges. The Corporation estimates the total direct and indirect costs to provide charity care were \$48,821 and \$48,479 for the years ended June 30, 2019 and 2018, respectively.

Notes to Consolidated Financial Statements June 30, 2019 and 2018

(r) Nonoperating Income and Expenses, Net

Other activities that are only indirectly related to the Corporation's primary business of delivering healthcare services are recorded as nonoperating income and expenses and include investment income, equity in the net income of joint ventures, general donations and fund-raising activities, inherent contributions, changes in fair value of investments, changes in fair value of undesignated interest rate swaps, and settlement payments on interest rate swaps that do not qualify for hedge accounting treatment. Settlement payments on interest rate swaps were approximately \$15,124 and \$19,227 for the years ended June 30, 2019 and 2018, respectively, and are reported within other nonoperating losses, net.

(s) Derivative Financial Instruments

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

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

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

The Corporation formally documents all hedge relationships between hedging instruments and hedged items, as well as its risk-management objective and strategy for undertaking various hedge transactions. On the date the derivative contract is entered into, the Corporation may designate the derivative as either a hedge of the fair value of a recognized or forecasted liability (fair value hedge) or a hedge of the variability of cash flows to be received or paid related to a recognized liability (cash flow hedge), provided the derivative instrument meets certain criteria related to its effectiveness. This process includes linking all derivatives that are designated as fair value or cash flow hedges to specific liabilities on the consolidated balance sheets. The Corporation also formally assesses, both at the hedge's inception and on an ongoing basis, whether the derivatives that are used in hedging transactions are highly effective in offsetting changes in fair values or cash flows of hedged items.

All derivative instruments are reported as other assets or interest rate swap liabilities in the consolidated balance sheets and measured at fair value. Derivatives not designated as hedges or not meeting effectiveness criteria are carried at fair value with changes in the fair value recognized in other nonoperating income and expenses. For the years ended June 30, 2019 and 2018, none of the Corporation's derivatives qualify for hedge accounting.

Changes in the fair value of derivative instruments are included in or excluded from the excess of revenues over expenses depending on the use of the derivative and whether it qualifies for hedge accounting treatment. Changes in the fair value of a derivative that is designated and qualifies as a fair

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value hedge, along with the changes in the fair value of the hedged item related to the risk being hedged, are included in the excess of revenues over expenses. Changes in the fair value of a derivative that is designated as a cash flow hedge are excluded from the excess of revenues over expenses to the extent that the hedge is effective until the excess of revenues over expenses is affected by the variability of cash flows in the hedged transaction. Changes in the fair value that relate to ineffectiveness are included in the excess of revenues over expenses.

(t) Excess of Revenue over Expenses from continuing operations

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

(u) Income Taxes

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

The Corporation had net operating loss carryforwards on for-profit and unrelated business activities of approximately \$103,627 and \$89,890 as of June 30, 2019 and June 30, 2018, respectively, which expire at various dates through 2032. The Corporation's deferred tax assets, which consist primarily of the net operating loss carryforwards, are approximately \$25,598 at June 30, 2019, and \$22,345 at June 30, 2018, were fully reserved as they are not expected to be utilized. The Corporation had a deferred tax liability in the amount of \$3,027 and \$3,027 related to indefinite-lived intangibles at June 30, 2019 and 2018, respectively, which is included in liabilities held for sale on the accompanying consolidated balance sheets.

The Corporation follows a threshold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. Management does not believe that there are any unrecognized tax liabilities or benefits that should be recognized.

On December 22, 2017, the President signed into law H.R.1, originally known as the Tax Cuts and Jobs Act, as such the Corporation's effective tax rate was reduced from 35% to 21% during the fiscal year 2018. The new law includes several provisions that result in substantial changes to the tax treatment of tax-exempt organizations and their donors. The Company has reviewed these provisions and the potential impact and has concluded the enactment of H.R.1 did not have a material effect on the operations of the organization.

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(v) Donor-Restricted Gifts

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

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

The Corporation follows accounting guidance for classifying the net assets associated with donor-restricted endowment funds held by organizations that are subject to an enacted version of the Uniform Prudent Management Institutional Funds Act of 2006 (UPMIFA).

(w) Fair Value Measurements

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

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

Pension plan assets – The Corporation applies ASU No. 2009-12, Fair Value Measurements and Disclosures (Topic 820): Investments in Certain Entities That Calculate Net Asset per Share (or Its Equivalent), to its pension plan assets. The guidance permits, as a practical expedient, fair value of investments within its scope to be estimated using the net asset value (NAV) or its equivalent. The alternative investments classified within the fair value hierarchy have been recorded using the NAV.

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

• Level 1 inputs are quoted market prices (unadjusted) in active markets for identical assets or liabilities that the Corporation has the ability to access at the measurement date.

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- Level 2 inputs are inputs other than quoted market prices including within Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 inputs are unobservable inputs for the asset or liability.

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

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

As of June 30, 2019 and 2018, the Level 2 assets and liabilities listed in the fair value hierarchy tables presented in notes 2 and 10 utilize the following valuation techniques and inputs:

(i) Cash Equivalents

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

(ii) U.S. Government and Agency Securities

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

(iii) Corporate Bonds

The fair value of investments in U.S. and international corporate bonds, including commingled funds that invest primarily in such bonds and foreign government bonds, is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker-dealer quotes, issuer spreads, and security specific characteristics, such as early redemption options.

(iv) Collateralized Corporate Obligations

The fair value of collateralized corporate obligations is primarily determined using techniques consistent with the income approach, such as a discounted cash flow model. Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and quotes.

Notes to Consolidated Financial Statements

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(v) Derivative Liabilities

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

(x) Commitments and Contingencies

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

(y) Going Concern

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

(z) Use of Estimates

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

(aa)New Accounting Pronouncements

The Financial Accounting Standards Board (FASB) issued ASU No. 2014-09, Revenue from Contracts with Customers (Topic 606). This ASU establishes principles for reporting useful information to users of financial statements about the nature, amount, timing, and uncertainty of revenue and cash flows arising from the entity's contracts with customers. The ASU requires that an entity recognizes revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The ASU was adopted on July 1, 2018 using the modified retrospective method for those contracts that were not substantially completed as of July 1, 2018. Results for reporting periods beginning on or after July 1, 2018 are presented under Topic 606, while prior period amounts have been revised to conform to the net presentation of a single net patient service revenue total. The adoption of the ASU primarily changes the Corporation's presentation of revenue and the provision and allowance for bad debts. The ASU requires revenue to be recognized based on the Corporation's estimate of the transaction price the Corporation expects to collects as a result of satisfying its performance obligations. Accordingly, for performance obligations satisfied after July 1, 2018, the Corporation no longer separately presents a provision for bad debts on the consolidated statement of operations and changes in net assets or the related allowance for bad debts on the consolidated balance sheets and these are included as price concessions and a reduction to net patient service revenue and net accounts receivable, respectively. Net patient accounts receivable shown on the consolidated balance sheet for June 30, 2018 are net of

Notes to Consolidated Financial Statements June 30, 2019 and 2018

allowance for doubtful accounts of \$219,769. Net patient service revenue shown on the consolidated statement of operations and changes in net assets for June 30, 2018 is net of provision for bad debts of \$174,137. Changes to the allowance for bad debts, other than the write-offs of uncollectible accounts, are recorded through the provision for bad debts on the consolidated statements of operations and changes in net assets in accordance with Topic 605. The adoption of Topic 606 did not have significant impact on the recognition of net patient service revenues for any periods prior to adoption. The adoption of Topic 606 did not have a significant impact on any financial statement line items when compared to Topic 605.

The FASB issued ASU No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities*, to improve the current net asset classification requirements and information presented in financial statements and notes about a not-for-profit entity's liquidity, financial performance, and cash flows. This update requires not-for-profit entities to present two classes of net assets (net assets with donor restrictions and net assets without donor restrictions), requires the presentation of expenses in both natural and functional classification, and other quantitative information regarding the entity's liquidity. UMMS adopted ASU No. 2016-14 with a retrospective approach as of July 1, 2018. There were no material changes to the consolidated balance sheets, statements of operations and changes in net assets or cash flows because of the adoption. Periods prior to adoption, which previously presented temporarily restricted of \$698,458 and permanently restricted net assets of \$44,209, have been revised to conform to the new presentation of a single classification of net assets with donor restrictions.

The FASB issued ASU No. 2016-02, *Leases (Topic 842)*, which will require lessees to recognize most leases on the balance sheet, increasing their reported assets and liabilities. This update was developed to provide financial statement users with more information about an entity's leasing activities and will require changes in processes and internal controls. The Corporation will adopt Topic 842 effective July 1, 2019, applying the modified retrospective approach in which the Corporation will not adjust comparable prior period information and disclosures. The Corporation expects to utilize the practical expedients being made available, including the package of practical expedients to not reassess whether a contract is or contains a lease, the lease classification and initial direct costs. The Corporation estimates the amount of right-of-use assets and obligations resulting from the adoption of ASU No. 2016-02 to be within a range of \$75,000 to \$125,000.

From time to time, new accounting guidance is issued by the FASB or other standard setting bodies that is adopted by the Corporation as of the effective date or, in some cases where early adoption is permitted, in advance of the effective date. The Corporation has assessed the recently issued guidance that is not yet effective and, unless otherwise indicated above, believes the new guidance will not have a material impact on the Corporation's consolidated financial position, results of operations, or cash flows.

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

(2) Investments and Assets Limited as to Use

The carrying values of assets limited as to use were as follows at June 30:

	_	2019	2018
Investments held for collateral	\$	113,586	84,590
Debt service and reserve funds		86,157	82,820
Construction funds – held by trustee		279,205	266,822
Construction funds – held by the Corporation		183,917	145,052
Board designated funds		140,689	123,729
Self-insurance trust funds		212,384	230,589
Funds restricted by donors		78,255	69,470
Economic and beneficial interests in the net assets of related			
organizations (note 12)	_	198,101	196,119
Total assets limited as to use		1,292,294	1,199,191
Less amounts available for current liabilities	_	(64,910)	(56,484)
Total assets limited as to use, less current portion	\$_	1,227,384	1,142,707

The carrying values of assets limited as to use were as follows at June 30, 2019:

	Investments held for collateral	Debt service and reserve funds	Construction funds	Board designated funds	Self- insurance trust funds	Funds restricted by donors	Economic and beneficial interests	Total
Cash and cash equivalents \$	31,394	25,070	265,160	19,216	8,473	13,924	_	363,237
Corporate bonds			—	27,003	5,959	13,152	—	46,114
Collateralized corporate obligations U.S. government and	_	_	_	132	_	347	_	479
agency securities	82,192	61,087	197,962	153	11,151	402	—	352,947
Common stocks, including mutual funds	_	_	_	48,283	7,046	23,074	_	78,403
Alternative investments	—	—	—	45,902	—	27,356	—	73,258
Assets held by other organizations					179,755		198,101	377,856
Total assets limited as to use \$	113,586	86,157	463,122	140,689	212,384	78,255	198,101	1,292,294

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

The carrying values of assets limited as to use were as follows at June 30, 2018:

	Investments held for collateral	Debt service and reserve funds	Construction funds	Board designated funds	Self- insurance trust funds	Funds restricted by donors	Economic and beneficial interests	Total
Cash and cash equivalents \$	2,466	32,819	250,784	5,992	16,619	10,058	_	318,738
Corporate bonds	—	—	_	19,579	19,603	8,595	—	47,777
Collateralized corporate obligations U.S. government and	_	_	_	155	_	390	_	545
agency securities	82,124	50,001	161,090	170	13,016	427	—	306,828
Common stocks, including mutual funds Alternative investments Assets held by other	_	_		50,886 46,947	6,840 —	22,529 27,471	_	80,255 74,418
organizations					174,511		196,119	370,630
Total assets limited as to use \$	84,590	82,820	411,874	123,729	230,589	69,470	196,119	1,199,191

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

The carrying values of investments were as follows at June 30:

	 2019	2018
Cash and cash equivalents	\$ 61,004	85,188
Corporate bonds	118,738	57,820
Collateralized corporate obligations	20,107	22,656
U.S. government and agency securities	23,304	24,771
Common stocks	213,139	191,994
Alternative investments:		
Hedge funds/private equity	137,693	139,388
Commingled funds	 311,655	338,088
	\$ 885,640	859,905

Notes to Consolidated Financial Statements June 30, 2019 and 2018

Alternative investments include hedge fund, private equity, and commingled investment funds, which are valued using the equity method of accounting. As of June 30, 2019, the majority of these alternative investments are subject to 30 day or less notice requirements and are available to be redeemed on at least a monthly basis. Approximately \$140,600 of the alternative investments were subject to 31–60 day notice requirements and can only be redeemed monthly, quarterly, or annually. Other funds, totaling approximately \$72,000, are subject to over 60-day notice requirements and can only be redeemed monthly, quarterly, or annually. Of the funds with over 60-day notice requirements, approximately \$15,000 are subject to lockup restrictions and are not available to be redeemed until certain time restrictions are met, which range from one to three years. In addition, there are approximately \$5,700 of other funds that are subject to lockup restrictions and are not available to be redeemed until certain time restrictions are met, which range from one to three years. The Corporation had \$6,679 of unfunded commitments in alternative investments as of June 30, 2019.

As of June 30, 2018, the majority of these alternative investments are subject to 30 day or less notice requirements and are available to be redeemed on at least a monthly basis. Approximately \$56,300 of the alternative investment were subject to 31-60 day notice requirements and can only be redeemed monthly, quarterly, or annually. Other funds, totaling approximately \$72,400, are subject to over 60-day notice requirements and can only be redeemed monthly, quarterly, or annually. Of the funds with over 60-day notice requirements, approximately \$14,600 are subject to lockup restrictions and are not available to be redeemed until certain time restrictions are met, which range from one to three years. In addition, there are approximately \$6,900 of other funds that are subject to lockup restrictions and are not available to be redeemed until certain time restrictions are met, which range from one to three years. The Corporation had \$8,170 of unfunded commitments in alternative investments as of June 30, 2018.

<u> </u>	Level 1	Level 2	Level 3	Total
Assets:				
Investments:				
Cash and cash equivalents \$	61,004	_	_	61,004
Corporate bonds	83,822	34,916	—	118,738
Collateralized corporate				
obligations	_	20,107	—	20,107
U.S. government and				
agency securities	15,581	7,723	_	23,304
Common and preferred				
stocks, including				
mutual funds	213,139			213,139
-	373,546	62,746		436,292

The following table presents investments and assets limited as to use that are measured at fair value on a recurring basis excluding alternative investments in the amount of \$449,348 and \$73,258, respectively, which are accounted for under the equity method at June 30, 2019:

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

Level 1	Level 2	Level 3	Total
278,625	84,612	_	363,237
43,559	3,846	—	47,405
_	479	_	479
93,581	259,366	—	352,947
77,112	_	_	77,112
<u> </u>	377,856		377,856
492,877	726,159		1,219,036
866,423	788,905		1,655,328
	278,625 43,559 — 93,581 77,112 — 492,877	278,625 84,612 43,559 3,846 479 93,581 259,366 77,112 377,856 492,877 726,159	278,625 84,612 — 43,559 3,846 — — 479 — 93,581 259,366 — 77,112 — — <u>—</u> 377,856 — 492,877 726,159 —

The following table presents investments and assets limited as to use that are measured at fair value on a recurring basis excluding alternative investments in the amount of \$477,476 and \$74,418, respectively, which are accounted for under the equity method at June 30, 2018:

_	Level 1	Level 2	Level 3	Total
Assets:				
Investments:				
Cash and cash equivalents \$	85,188	—	—	85,188
Corporate bonds	35,122	22,698	—	57,820
Collateralized corporate				
obligations	_	22,656	_	22,656
U.S. government and				
agency securities	15,576	9,195	_	24,771
Common and preferred				
stocks, including				
mutual funds	191,994			191,994
_	327,880	54,549	<u> </u>	382,429

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

Level 1	Level 2	Level 3	Total
191,914	126,824	_	318,738
44,415	3,362	_	47,777
—	545	_	545
95,240	211,588	—	306,828
80,255	—	—	80,255
	370,630		370,630
411,824	712,949		1,124,773
739,704	767,498		1,507,202
	191,914 44,415 95,240 80,255 411,824	191,914 126,824 44,415 3,362 545 95,240 211,588 80,255 370,630 411,824 712,949	191,914 126,824 44,415 3,362 - 545 95,240 211,588 80,255 - 370,630 411,824 712,949

Changes to Level 1 and Level 2 securities between June 30, 2019 and 2018 were the result of strategic investments and reinvestments, interest income earnings, and changes in the fair value of investments.

The Corporation's total return on its investments and assets limited as to use was as follows for the years ended June 30:

	 2019	2018
Dividends and interest, net of fees	\$ 18,059	11,379
Net realized gains	14,276	27,002
Change in fair value of trading securities	 24,384	26,027
Total investment return	\$ 56,719	64,408

Total investment return is classified in the consolidated statements of operations and changes in net assets as follows for the years ended June 30 (in thousands):

	 2019	2018
Nonoperating investment income, net	\$ 30,632	37,465
Change in fair value of unrestricted investments	24,421	23,976
Investment gains on net assets with donor restrictions	 1,666	2,967
Total investment return	\$ 56,719	64,408

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

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

(3) Property and Equipment

The following is a summary of property and equipment at June 30:

	_	2019	2018
Land	\$	196,004	188,071
Buildings		1,496,177	1,488,714
Building and leasehold improvements		1,048,608	973,084
Equipment		1,814,503	1,677,047
Construction in progress		321,660	164,674
		4,876,952	4,491,590
Less accumulated depreciation and amortization	_	(2,567,866)	(2,326,124)
	\$	2,309,086	2,165,466

Interest cost capitalized was \$0 and \$1,152,000 for years ended June 30, 2019 and 2018, respectively.

Remaining contractual commitments on construction projects were approximately \$210,397 at June 30, 2019, of which approximately \$159,295 relates to Capital Region.

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

(4) Investments in Joint Ventures

The Corporation has investments of \$91,942 and \$88,063 at June 30, 2019 and 2018, respectively, in the following unconsolidated joint ventures:

		Ownership p	ercentage
Joint venture	Business purpose	FY 2019	FY 2018
Shipley's Imaging Center, LLC Innovative Health Services, LLC	Freestanding imaging center Third-party insurance claims	50%	50%
Terrapin Insurance	processor	50	50
Company (Terrapin)	Healthcare professional liability insurance		
	company	50	50

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

		Ownership percentage			
Joint venture	Business purpose	FY 2019	FY 2018		
Mt. Washington Pediatric Hospital,					
Inc. (Mt. Washington)	Healthcare services	50%	50%		
Central Maryland Radiation					
Oncology Center LLC	Healthcare services	50	50		
University of Maryland Medicine					
ASC, LLC	Ambulatory surgical services	50	50		
Chesapeake-Potomac					
Healthcare Alliance	Healthcare services	33	33		
Ruxton SurgiCenter	Ambulatory surgical services	20			
Civista Ambulatory					
Surgery Center, Inc.	Ambulatory surgical services	50	50		
NRH/CPT/St. Mary's/Civista					
Regional Rehab, LLC	Medical rehabilitative and	**	4 -		
	therapy services	~~	15		
UM SJMC Choice One		05/40 *	05/40 *		
Urgent Care Centers	Urgent care centers	25/49 *	25/49 *		
UM UCHS Choice One Urgent Care Centers	l Irgant cara contara	49	49		
UM SRH Choice One	Urgent care centers	49	49		
Urgent Care Centers	Urgent care centers	49	49		
UM BWMC Choice One	orgent care centers	-5			
Urgent Care Centers	Urgent care centers	**	49		
Maryland eCare, LLC	Remote monitoring				
	technology	14	14		
MRI at St. Joseph Medical		- 4	-4		
Center, LLC	Healthcare services	51	51		
Advanced/Upper Chesapeake		10	40		
Health Center, LLC Madison Manor	Imaging center	10 25	10 25		
	Nursing Home	20	25		

* In each of the fiscal years 2019 and 2018, a new UM SJMC Choice One Urgent Care center was started at an ownership percentage of 49%. The remaining centers have an ownership percentage of 25%.

** These ventures ceased operations during fiscal year 2019.

The Corporation recorded equity in net income of \$3,624 and \$5,489 related to these joint ventures for the years ended June 30, 2019 and 2018, respectively.

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

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

				2019		
	v	Mt. Vashington	Terrapin	Choice One*	Others	Total
Current assets	\$	31,609	52,058	4,571	30,471	118,709
Noncurrent assets	_	104,354	242,783	13,772	36,307	397,216
Total assets	\$	135,963	294,841	18,343	66,778	515,925
Current liabilities	\$	14,565	4,878	7,777	11,073	38,293
Noncurrent liabilities		6,452	288,013	2,625	8,901	305,991
Net assets	_	114,946	1,950	7,941	46,804	171,641
Total liabilities and net						
assets	\$	135,963	294,841	18,343	66,778	515,925
Total operating revenue	\$	64,668	44,898	10,419	95,367	215,352
Total operating expenses		(61,835)	(49,435)	(11,450)	(84,621)	(207,341)
Total nonoperating gains/(losses), ne	ət	2,157	4,536	—	1,446	8,139
Contributions from (to) owners		2,986		—	(9,525)	(6,539)
Other changes in net assets, net				(266)	2,735	2,469
Increase (decrease) in						
net assets	\$_	7,976	(1)	(1,297)	5,402	12,080

* Choice One is the combination of UM SJMC, UM UCHS, UM SRH, and UM BWMC Choice One Urgent Care Cen

	2018					
	_	Mt. Washington	Terrapin	Choice One*	Others	Total
Current assets Noncurrent assets	\$	30,302 97,468	22,272 229,838	5,321 6,369	25,620 23,902	83,515 357,577
Total assets	\$_	127,770	252,110	11,690	49,522	441,092
Current liabilities Noncurrent liabilities Net assets	\$	13,718 7,082 106,970	3,631 246,529 1,950	2,016 436 9,238	7,836 865 40,821	27,201 254,912 158,979
Total liabilities and net assets	\$_	127,770	252,110	11,690	49,522	441,092

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

			2018		
	Mt. Washington	Terrapin	Choice One*	Others	Total
Total operating revenue \$	62,491	29,728	8,643	83,616	184,478
Total operating expenses	(58,384)	(34,535)	(9,961)	(72,188)	(175,068)
Total nonoperating gains/(losses), net	3,281	4,806	_	(360)	7,727
Contributions from (to) owners	_	_	1,313	(11,710)	(10,397)
Other changes in net assets, net	2,602	1	(238)	8	2,373
Increase (decrease) in					
net assets \$	9,990		(243)	(634)	9,113

* Choice One is the combination of UM SJMC, UM UCHS, UM SRH, and UM BWMC Choice One Urgent Care Centers.

(5) Leases

The Corporation rents various equipment and facility space. Rent expense under these operating leases for the years ended June 30, 2019 and 2018 was approximately \$35,912 and \$31,731, respectively.

Future noncancelable minimum lease payments under operating leases are as follows for the years ending June 30:

2020	\$ 9,464
2021	7,076
2022	6,768
2023	6,522
2024	6,158
Thereafter	 13,791
	\$ 49,779

The Corporation rents property used for administration under a 99-year lease. The lease was recorded as a capital lease, and the Corporation recorded assets at their respective fair values of \$3,770 and \$29,230 for land and buildings, respectively. The lease includes an option for the Corporation to purchase the property during the period from April 20, 2017 to February 28, 2021 for a purchase price of not less than \$37,000 but not more than \$45,000, as determined by appraisals. Management exercised the option on October 21, 2019 to purchase the property for \$40,000. As of June 30, 2019 and 2018, amounts of \$38,093 and \$37,649, respectively, representing obligations under the lease have been recorded in other current liabilities.

As of June 30, 2019, amounts of \$2,260 and \$12,174 representing obligations under all other capital leases are included in other current liabilities and other long-term liabilities, respectively.

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

The following is a summary of all property and equipment under capital leases at June 30:

	 2019	2018
Land	\$ 3,770	3,770
Buildings	29,230	29,230
Equipment	 28,571	28,843
	61,571	61,843
Less accumulated amortization	 (26,261)	(23,941)
	\$ 35,310	37,902

Future minimum lease payments under capital leases, together with the present value of the net minimum lease payments, are as follows as of June 30, 2019:

2020	\$	42,811
2021		1,862
2022		1,145
2023		891
2024		891
Thereafter		12,083
Total minimum lease payments	6	59,683
Less amounts representing interest		(7,156)
Present value of net minimum		
lease payments	\$	52,527

(6) Line of Credit

For the fiscal years ended June 30, 2019 and 2018, the Corporation had a \$250,000 revolving line of credit outstanding with a syndicate of banking partners. The line of credit is annually renewing and the current expiration date is August 26, 2020. Interest is calculated based on an optional base rate or percentage of 1-month LIBOR plus a credit spread. As of June 30, 2019 and 2018, the amount outstanding on the line of credit was \$161,300 and \$99,300, respectively. The calculated interest rates as of June 30, 2019 was a range from 3.14% to 5.5% and as of June 30, 2018 was 5.0%.

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

(7) Long-Term Debt and Other Borrowings

Long-term debt consists of the following at June 30:

	Interest rate	Payable in fiscal year(s)		2019	2018
MHHEFA project revenue bonds: Corporation issue, payments due annually on July 1:					
Series 2017D/E bonds	4.00%-4.17%	2045–2049	\$	189,965	189,965
Series 2017B/C bonds	2.23%-5.00%	2018–2040		260,835	267,055
Series 2017A bonds	Variable rate	2017–2043 ¹		44,010	45,135
Series 2016A-F bonds	Variable rate	2017–2042 ¹		314,270	318,475
Series 2015 bonds	3.63%-5.00%	2016–2042		75,060	76,420
Series 2013 bonds	4.00%-5.00%	2014–2044		339,465	343,250
Series 2010 bonds	4.75%-5.25%	2011–2032		50,210	56,635
Series 2008D/E bonds	Variable rate	2025–2042		105,000	105,000
Series 2008F bonds	4.50%-5.25%	2009–2024		27,555	34,125
Series 2007A bonds	Variable rate	2008–2035		79,440	82,330
MHHEFA Pooled Loan Program Other long-term debt:	Variable rate	2017–2035		17,099	8,034
UCHS term loan	Variable rate	2020		150,000	150,000
Term loans	1.86%-4.44%	2009–2022		9,377	48,736
Other loans, mortgages and notes payable	3.25%-6.73%	Monthly,			
		1991–2025	_	17,893	20,468
Total debt				1,680,179	1,745,628
Less current portion of long-term debt				47,621	51,989
Less short-term financing				150,000	150,000
Less long-term debt subject to short-term					
remarketing agreements				18,895	58,054
				1,463,663	1,485,585
Plus unamortized premiums and discounts, net				30,762	32,853
Plus unamortized deferred financing costs			_	(9,465)	(10,104)
			\$	1,484,960	1,508,334

¹ Mandatory purchase options are due in the following (fiscal years), unless the bondholding bank and the Obligated Group agree to an extension: Series 2016A (2024), 2016B (2022), 2016C&D (2024), 2016E&F (2027), and 2017A (2022).

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

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

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

Under the terms of the UMMS Master Loan Agreement and other loan agreements, certain funds are required to be maintained on deposit with the master trustee to provide for repayment of the obligations of the Obligated Group (note 2).

The Corporation has a term loan in the amount of \$150,000 related to the acquisition of Upper Chesapeake, which expires on March 1, 2020. The Corporation intends to refinance this obligation prior to its maturity date and has classified this obligation as a short-term financing at June 30, 2019 and 2018, in the consolidated balance sheets.

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

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

2020	\$ 197,621
2021	40,322
2022	48,572
2023	45,266
2024	47,655
Thereafter	 1,300,743
	\$ 1,680,179

The Corporation's Series 2007A and 2008D-E bonds are variable rate demand bonds requiring remarketing agents to purchase and remarket any bonds tendered before the stated maturity date. The

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

reimbursement obligations with respect to the letters of credit are evidenced and secured by the respective bonds. To provide liquidity support for the timely payment of any bonds that are not successfully remarketed, the Corporation has entered into letter-of-credit agreements with three banking institutions. These agreements have terms that expire in 2021 through 2022. If the bonds are not successfully remarketed, the Corporation is required to pay an interest rate specified in the letter-of-credit agreement, and the principal repayment of bonds may be accelerated to require repayment in periods ranging from 20 to 60 months from the date of the failed remarketing. The Corporation has reflected the amount of its long-term debt that is subject to these short-term remarketing arrangements as a separate component of current liabilities in its consolidated balance sheets. In the event that bonds are not remarketed, the Corporation maintains available letters of credit and has the ability to access other sources to obtain the necessary liquidity to comply with accelerated repayment terms. All variable rate demand bonds were successfully remarketed as of June 30, 2019.

The following table reflects the mandatory redemptions and required repayment terms for the years ended June 30 of the Corporation's debt obligations in the event that the put options associated with variable rate demand bonds subject to short-term remarketing agreements were exercised, but not successfully remarketed, and mandatory purchase options are not extended:

2020	\$ 216,516
2021	88,113
2022	235,733
2023	62,214
2024	173,505
Thereafter	 904,098
	\$ 1,680,179

The approximate interest rates on outstanding debt bearing interest at variable rates were as follows at June 30:

	2019	2018
Series 2008D bonds	1.92 %	1.54 %
Series 2008E bonds	1.85	1.49
Series 2007A bonds	1.85	1.55
Series 2016A bonds	2.74	2.51
Series 2016B bonds	2.62	2.34
Series 2016C bonds	2.54	2.36
Series 2016D bonds	2.63	2.66
Series 2016E bonds	2.66	2.50
Series 2016F bonds	2.63	2.47
Series 2017A bonds	2.46	2.26
Series 1985 pooled Loan Program (MHHEFA)	2.40	2.25
UCHS term loan	3.10	2.84

(Continued)

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

Term loans outstanding are as follows at June 30:

		Interest rate as of	Payable in		
	Interest rate	June 30, 2019	fiscal year(s)	2019	2018
Term loan 1: Payable monthly, beginning March 2012 Term loan 2: Payable monthly, beginning	Fixed rate	3.95 %	2012–2022 \$	6,000	6,800
February 2010	1-month LIBOR + 2.00%	4.44	2010–2023	2,381	2,609
Term loan 3: Payable monthly, beginning November 2015	1-month LIBOR + 1.95%		2016–2021	,	36.667
Term loan 4: Payable monthly, beginning May 2016	Fixed rate	_	2016-2019	_	383
Term loan 5: Payable monthly, beginning February 2017	Fixed rate	2.47	2017-2020	419	976
Term loan 6: Payable monthly, beginning July 2017	Fixed rate	2.66	2018-2020	577	1,301
Total term loans (included in	TheuTale	2.00			1,001
long-term debt)			\$_	9,377	48,736

(8) Interest Rate Risk Management

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

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June 30, 2019 and 2018

At June 30, 2019 and 2018, the Corporation's notional values of outstanding interest rate swaps were \$746,348 and \$758,901, respectively, the details of which were as follows:

		Notional amount	Pay rate	Receive rate	Maturity date	 Mark to market
As of June 30, 2019	-					
Swap #1	\$	80,998	3.59 %	70% 1-month LIBOR	7/1/2031	\$ (11,813)
Swap #2		84,000	3.93	68% 1-month LIBOR	7/1/2041	(31,398)
Swap #3		21,000	4.24	68% 1-month LIBOR	7/1/2041	(8,869)
Swap #4		33,200	3.99	67% 1-month LIBOR	7/1/2034	(7,048)
Swap #5		25,160	3.54	70% 1-month LIBOR	7/1/2031	(3,589)
Swap #6		196,000	3.93	68% 1-month LIBOR	7/1/2041	(73,275)
Swap #7		49,000	4.24	68% 1-month LIBOR	7/1/2041	(20,698)
Swap #8		77,450	4.00	67% 1-month LIBOR	7/1/2034	(16,496)
Swap #9		2,850	3.63	67% 1-month LIBOR	7/1/2032	(269)
Swap #10		98,425	3.92	67% 1-month LIBOR	1/1/2043	(27,914)
Swap #11	_	78,265	0.51	67% 1-month LIBOR + 0.5133%	1/1/2038	 2,299

(199,070)

Valuation adjustments 2,896

\$ (196,174)

Total \$ 746,348

	Notional amount	Pay rate	Receive rate	Maturity date	 Mark to market
As of June 30, 2018:					
Swap #1	\$ 83,446	3.59 %	70% 1-month LIBOR	7/1/2031	\$ (8,996)
Swap #2	84,000	3.93	68% 1-month LIBOR	7/1/2041	(23,745)
Swap #3	21,000	4.24	68% 1-month LIBOR	7/1/2041	(6,905)
Swap #4	34,325	3.99	67% 1-month LIBOR	7/1/2034	(5,685)
Swap #5	25,930	3.54	70% 1-month LIBOR	7/1/2031	(2,704)
Swap #6	196,000	3.93	68% 1-month LIBOR	7/1/2041	(55,421)
Swap #7	49,000	4.24	68% 1-month LIBOR	7/1/2041	(16,117)
Swap #8	80,075	4.00	67% 1-month LIBOR	7/1/2034	(13,321)
Swap #9	3,230	3.63	67% 1-month LIBOR	7/1/2032	(233)
Swap #10	101,275	3.92	67% 1-month LIBOR	1/1/2043	(21,731)
Swap #11	80,620	0.51	67% 1-month LIBOR + 0.5133%	1/1/2038	 1,086
					(153,772)
				Valuation	

		adjustments	3,983
Total	\$ 758,901	\$	(149,789)

Notes to Consolidated Financial Statements June 30, 2019 and 2018

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

On January 1, 2013, in accordance with ASC Topic 815, *Derivatives and Hedging*, the Corporation elected to discontinue the cash flow hedging relationship for Swap #8. As of that date, the accumulated losses included in net assets without donor restrictions will be reclassified into earnings over the life of the Series 2007 bonds. For the years ended June 30, 2019 and 2018, \$1,610 and \$1,668, respectively, was reclassified from other changes in net assets into change in fair value of undesignated interest rate swaps. The accumulated losses included in net assets without donor restrictions were \$14,656 and \$16,266 at June 30, 2019 and 2018, respectively.

The Corporation recorded a net nonoperating (loss)/gain on changes in the fair value of nonqualifying interest rate swaps of (\$47,995) and \$43,071 for the years ended June 30, 2019 and 2018, respectively.

The swap agreements are included in the consolidated balance sheets at their fair value of \$196,174 and \$149,789 as of June 30, 2019 and 2018, respectively, an amount that is based on observable inputs other than quoted market prices in active markets for identical liabilities (Level 2 in the fair value hierarchy).

The Corporation is subject to a collateral posting requirement with two of its swap counterparties. Collateral posting requirements are based on the Corporation's long-term debt credit ratings, as well as the net liability position of total interest rate swap agreements outstanding with that counterparty. The amount of such posted collateral was \$109,934 and \$80,480 at June 30, 2019 and 2018, respectively. As of June 30, 2019 and 2018, the Corporation met its collateral posting requirement through the use of collateralized investments, which were selected and purchased by the Corporation and subsequently transferred to the custody of the swap counterparty. The amount of posted investments that is required to meet the collateral requirement is computed daily and is accounted for as a component of the Corporation's assets limited as to use on the accompanying consolidated balance sheets as of that date. Any excess investment value is considered a component of the Corporation's unrestricted investment portfolio and is included in investments on the accompanying consolidated balance sheets as of that date.

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(9) Other Liabilities

Other liabilities consist of the following at June 30:

	 2019	2018
Professional and general malpractice liabilities	\$ 313,136	290,306
Capital lease obligations	52,528	53,784
Accrued pension obligations	108,533	91,210
Accrued interest payable	21,922	23,809
Unearned revenue	3,736	2,812
Other miscellaneous	 66,929	84,689
Total other liabilities	566,784	546,610
Less current portion	 (127,760)	(151,163)
Other long-term liabilities	\$ 439,024	395,447

Other miscellaneous liabilities consists of patient credit balances and other current and long-term liabilities.

(10) Retirement Plans

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

(a) Defined Benefit Plans

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

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

Baltimore Washington Medical Center Supplemental Executive Retirement Plan – A noncontributory defined benefit pension plan for senior management level employees. In 2018, Baltimore Washington terminated the defined benefit pension plan and liquidation of its remaining benefit obligation using its plan assets was completed on December 29, 2017.

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

Chester River Health System, Inc. Pension Plan and Trust – A noncontributory defined benefit pension plan covering substantially all CRHC employees as well as employees of a subsidiary. The benefits are paid to retirees based upon age at retirement, years of service, and average compensation. Chester River's funding policy is to satisfy the minimum funding requirements of ERISA. Effective June 30, 2008, Chester River froze the defined-benefit pension plan. On March 31, 2018, Chester River terminated the defined benefit pension plan and liquidation of its remaining benefit obligation using its plan assets was completed as of June 30, 2019.

Civista Health Inc. Retirement Plan and Trust (Charles Regional Plan) – A noncontributory defined benefit pension plan covering employees that have worked at least 1,000 hours per year during three or more plan years. Plan benefits are accumulated based upon a combination of years of service and percent of annual compensation. Charles Regional makes annual contributions to the plan based upon amounts required to be funded under provisions of ERISA.

Upper Chesapeake Health System, Inc. Pension Plan and Trust – A noncontributory defined benefit pension plan covering substantially all employees of the various affiliates of Upper Chesapeake who have completed six months of employment and attained the age of 20.5 years. Upper Chesapeake makes annual contributions to the plan equal to the minimum funding requirements pursuant to ERISA regulations. On December 31, 2005, Upper Chesapeake froze the defined benefit pension plan. On June 30, 2015, Upper Chesapeake terminated the defined benefit pension plan and liquidation of its remaining benefit obligation using its plan assets was completed by September 30, 2017.

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

Dimensions Health Corporation Post Retirement Benefit Plans (Capital Region Post Retirement Benefit Plans) – A postretirement health care plan is provided to both salaried and nonsalaried employees who

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have retired and certain other employees who were eligible to retire prior to July 1, 1995. The plan is contributory for those who retired prior to July 1, 1995, with retiree contributions adjusted annually. Employees who retired on July 1, 1995 and later are eligible to participate in the plan by paying 100% of the premiums without corporate contributions. The Corporation's policy has been to fund this plan on an as needed basis.

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

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

The following tables set forth the combined benefit obligations and assets of the defined benefit plans at June 30:

	 2019	2018
Change in projected benefit obligations:		
Benefit obligations at beginning of year	\$ 431,340	182,024
Benefit obligations, Capital Region	—	278,165
Settlements	(37,686)	(11,747)
Curtailments and plan amendments	—	(2,206)
Service cost	3,093	3,093
Interest cost	17,812	17,120
Actuarial loss	30,783	(13,064)
Benefit payments	 (19,633)	(22,045)
Projected benefit obligations at end of year	\$ 425,709	431,340

Notes to Consolidated Financial Statements

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	2019	2018
Change in plan assets:		
Fair value of plan assets at beginning of year \$	340,130	155,602
Fair value of plan assets, Capital Region	—	187,164
Actual return on plan assets	16,354	16,182
Settlements	(38,544)	(11,747)
Employer contributions	18,869	14,974
Benefit payments	(19,633)	(22,045)
Fair value of plan assets at end of year \$	317,176	340,130

The funded status of the plans and amounts recognized as accrued payroll and benefits and other long-term liabilities in the consolidated balance sheets at June 30 are as follows:

	 2019	2018
Funded status, end of period: Fair value of plan assets Projected benefit obligations	\$ 317,176 425,709	340,130 431,340
Net funded status	\$ (108,533)	(91,210)
Accumulated benefit obligation at end of year	\$ 423,017	428,509
Amounts recognized in consolidated balance sheets at June 30: Accrued payroll and benefits Accrued pension obligation	\$ (108,533) (108,533)	 (91,210) (91,210)
Amounts recognized in net assets without donor restrictions at June 30: Net actuarial gain (loss) Prior service cost	\$ (71,177) (159)	44,165
	\$ (71,336)	44,449

Notes to Consolidated Financial Statements

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The estimated amounts that will be amortized from net assets without donor restrictions into net periodic pension cost in fiscal year 2020 are as follows:

Net actuarial loss	\$ 3,974
Prior service cost	 72
	\$ 4,046

The components of net periodic pension cost for the years ended June 30 are as follows:

	 2019	2018
Service cost	\$ 3,093	3,093
Interest cost	17,812	17,120
Expected return on plan assets	(19,849)	(22,636)
Prior service cost recognized	76	464
Recognized gains or losses	 8,173	8,990
Net periodic pension cost	\$ 9,305	7,031

Components of net benefit cost other than the service cost of \$3,093 were recorded in other nonoperating losses, net in the consolidated statements of operations and changes in net assets for the years ended June 30, 2019 and 2018. Service cost is included as a component of fringe benefits, which is recorded as salaries, wages, and benefits in the accompanying consolidated statements of operations and changes in net assets.

The following table presents the weighted average assumptions used to determine benefit obligations for the plans at June 30:

	2019	2018
Discount rate Rate of compensation increase (for nonfrozen plan)	3.25%–3.70% 3.00	4.22%–4.44% 3.00
Nale of compensation increase (ior nonirozen plan)	3.00	3.00

The following table presents the weighted average assumptions used to determine net periodic benefit cost for the plans for the years ended June 30:

	2019	2018
Discount rate	4.22%-4.69%	3.20%-4.10%
Expected long-term return on plan assets	6.25-6.50	6.50
Rate of compensation increase (for nonfrozen plan)	3.00	3.00

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

	Target	Percentage of ן as of Jun		
Asset category	allocation	2019	2018	
Cash and cash equivalents	0%–10%	4 %	2 %	
Fixed income securities	20%-40%	28	30	
Equity securities	30%-50%	41	39	
Global asset allocation	10%–20%	17	17	
Hedge funds	5%–15%	10	12	
		100 %	100 %	

The Corporation's pension plans' target allocation and weighted average asset allocations at the measurement date of June 30, 2019 and 2018, by asset category, are as follows:

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

Notes to Consolidated Financial Statements

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The table below presents the Corporation's combined investable assets of the defined benefit pension plans as of June 30, 2019, aggregated by the fair value hierarchy as described in note 1(w):

	_	Level 1	Level 2	Level 3	Investments reported at NAV*	Total
Cash and cash equivalents	\$	7,324	4,589	_	_	11,913
Corporate bonds		19,531	_	_	_	19,531
Government and agency bonds		16,509	_	_	_	16,509
Fixed income mutual funds		12,430	_	_	_	12,430
Common and preferred stocks		21,840	_	_	_	21,840
Equity mutual funds		45,633	15,096	_	_	60,729
Other mutual funds		26,582	_	_	_	26,582
Alternative investments		7,575	30,295	—	109,772	147,642
	\$	157,424	49,980		109,772	317,176

* Fund investments reported at NAV as practical expedient

The table below presents the Corporation's combined investable assets of the defined benefit pension plans as of June 30, 2018, aggregated by the fair value hierarchy as described in note 1(w):

	_	Level 1	Level 2	Level 3	Investments reported at NAV*	Total
Cash and cash equivalents	\$	5,107	3,010	_	_	8,117
Corporate bonds		25,285	_	_	_	25,285
Government and agency bonds		10,315	_	_	_	10,315
Fixed income mutual funds		21,556	_	_	_	21,556
Common and preferred stocks		10,084	_	_	_	10,084
Equity mutual funds		100,309	12,091	_	_	112,400
Other mutual funds		30,968			_	30,968
Alternative investments	_	26,961	27,153		67,291	121,405
	\$_	230,585	42,254		67,291	340,130

* Fund investments reported at NAV as practical expedient

Alternative investments include hedge funds and commingled investment funds. The majority of these alternative investments held as of June 30, 2019 are subject to notice requirements of 30 days or less and are available to be redeemed on at least a monthly basis. There are funds, totaling \$33,000, which are subject to notice requirements of 30-60 days and are available to be redeemed on a monthly or quarterly basis. Funds totaling \$14,500 are subject to notice requirements of 90 days and can be redeemed monthly or quarterly. Of these funds, one fund totaling \$2,100 is subject to a lock-up restriction of three years. In addition, one fund totaling \$13 is subject to lockup restrictions and is not available to be redeemed until certain time restrictions are met, which range from one to three years. The Corporation had no unfunded commitments as of June 30, 2019.

Notes to Consolidated Financial Statements

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Alternative investments include hedge funds and commingled investment funds. The majority of these alternative investments held as of June 30, 2018 are subject to notice requirements of 30 days or less and are available to be redeemed on at least a monthly basis. There are funds, totaling \$14,400, which are subject to notice requirements of 30-60 days and are available to be redeemed on a monthly or quarterly basis. Funds totaling \$13,400 are subject to notice requirements of 90 days and can be redeemed monthly or quarterly. Of these funds, one fund totaling \$1,200 is subject to a lock-up restriction of three years. In addition, one fund totaling \$800 is subject to lockup restrictions and is not available to be redeemed until certain time restrictions are met, which range from one to three years. The Corporation had no unfunded commitments as of June 30, 2018.

The Corporation expects to contribute \$17,590 to its defined benefit pension plans for the fiscal year ending June 30, 2020.

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

2020	\$ 23,317
2021	24,170
2022	24,376
2023	25,105
2024	25,785
2025–2029	125,949

The expected benefits to be paid are based on the same assumptions used to measure the Corporation's benefit obligation at June 30, 2019.

(b) Defined Contribution Plans

Corporation Salary Reduction 403(b) Plan – A contributory benefit plan covering substantially all employees not participating in the plans described below. Employees are immediately eligible for elective deferrals of compensation as contributions to the plan. Employees are eligible for matching contributions after one year of service with a five-year gradual vesting schedule. Effective January 1, 2017, this plan was opened for new participants.

Corporation Pension Plan – A noncontributory defined contribution plan for all eligible Corporation employees not participating in the ROI Plan or the Midtown Plan described below. Contributions to this plan by the Corporation are determined as a fixed percentage of total employees' base compensation. Effective January 1, 2017, this plan was frozen to new participants.

Corporation Salary Reduction 403(b) Plan – A contributory benefit plan covering substantially all employees not participating in the plans described below. Employees are immediately eligible for elective deferrals of compensation as contributions to the plan. Effective July 29, 2016, the Baltimore Washington retirement plan was merged into this plan. Effective January 1, 2017, this plan was frozen to new participants.

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Midtown 401(k) Profit Sharing Plan for Union Employees – A defined contribution plan for substantially all union employees of Midtown. Employer contributions to this plan are determined based on years of service and hours worked. Employees are immediately eligible for elective deferrals of compensation as contributions to the plan.

Baltimore Washington Retirement Plans – There are defined contribution plans covering all employees of Baltimore Washington Medical Center and certain related entities. Effective July 29, 2016, these plans merged into the UMMS Voluntary 403(b) plan.

Shore Health System Retirement Plan – A contributory benefit plan covering substantially all employees of Shore Health. Employees are eligible for matching contributions after one year of service.

Chester River Retirement Plan – A contributory benefit plan covering substantially all employees of Chester River who have met the eligibility requirements. Employees are eligible for matching contributions after one year of service.

Charles Regional Retirement Savings Plan – A contributory benefit plan covering substantially all full-time employees of Charles Regional. Employees are eligible for matching contributions after three years of service as defined in the plan.

Upper Chesapeake Retirement Plan – A contributory benefit plan covering substantially all employees of Upper Chesapeake. Employees are eligible for elective deferrals of compensation as contributions to the plan. Employees are eligible for matching contributions after one year of service with a five-year gradual vesting schedule.

Dimensions Health Retirement Plan (Capital Region Retirement Plan) – A contributory benefit plan covering substantially all employees of Capital Region. This plan replaced the frozen defined benefit plan effective January 1, 2008. Employees are eligible for elective deferrals of compensation as contributions to the plan. Employees are eligible for matching contributions after one year of service with a three year "cliff" vesting schedule. Nonrepresented employees who, as of January 1, 2008, are both 55 years or older, who have at least one year of vesting service, and work in positions budged for at least 40 hours per pay period receive an additional contribution.

In accordance with the collective bargaining agreement with 1199 SEIU Health Care Workers East – Registered Nurses Chapter, represented employees with 15 years of service also receive a matching \$25 for each pay period in which they defer \$25 or more paid quarterly. These employees who are both 55 years or older, and who have 15 years of vesting service, and work in positions budged for at least 40 hours per pay period receive an additional contribution.

Total annual retirement costs incurred by the Corporation for the previously discussed defined contribution plans were \$48,972 and \$45,918 for the years ended June 30, 2019 and 2018, respectively. Such amounts are included in salaries, wages, and benefits in the accompanying consolidated statements of operations and changes in net assets.

Notes to Consolidated Financial Statements

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(11) Net Assets with Donor Restrictions

Net assets are restricted primarily for the following purposes at June 30:

	 2019	2018	
Facility construction and renovations, research, education, and other:			
Capital region All others	\$ 424,034 142,084	424,034 122,514	
Economic and beneficial interests in the net assets of related organizations	198,101	196,119	
	\$ 764,219	742,667	

Net assets were released from donor restrictions during the years ended June 30, 2019 and 2018 by expending funds satisfying the restricted purposes or by occurrence of other events specified by donors as follows:

	 2019	2018
Purchases of equipment and construction costs	\$ 14,130	3,484
Research, education, uncompensated care, and other	 4,279	3,956
	\$ 18,409	7,440

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

(a) Interpretation of Relevant Law

The Corporation has interpreted the Maryland Uniform Prudent Management of Institutional Funds Act (MUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Corporation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund are classified in net assets with donor restrictions until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by MUPMIFA. In accordance with MUPMIFA, the Corporation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

(1) The duration and preservation of the fund

Notes to Consolidated Financial Statements June 30, 2019 and 2018

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

Endowment net assets are as follows:

	_	June 30, 2019					
		Without donor restrictions	With donor restrictions	Total			
Donor-restricted endowment funds	\$	39	65,433	65,472			

		nout donor strictions	With donor restrictions	Total	
Donor-restricted endowment funds	\$	38	60,333	60,371	

Donor restricted endowment funds within net assets with donor restrictions whose use is restricted in perpetuity were \$48,826 and \$44,209 as of June 30, 2019 and 2018, respectively.

(b) Funds with Deficiencies

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

(c) Investment Strategies

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

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

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

(12) Economic and Beneficial Interests in the Net Assets of Related Organizations

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

The following is a summary of economic and beneficial interests in the net assets of financially interrelated organizations as of June 30:

	2019		2018	
Economic interests in:				
UCH Legacy Funding Corporation	\$	150,000	150,000	
The James Lawrence Kernan Hospital Endowment Fund,				
Incorporated		33,099	31,804	
Baltimore Washington Medical Center Foundation, Inc.		10,337	9,862	
Total economic interests		193,436	191,666	
Beneficial interest in the net assets of:				
Dorchester General Hospital Foundation, Inc.		3,709	3,711	
Prince George's Hospital Center Foundation, Inc.		894	496	
Laurel Regional Hospital Auxiliary, Inc.		62	170	
Laurel Regional Hospital Foundation, Inc.			76	
	\$	198,101	196,119	

The UCH Legacy Funding Corporation was formed in December 2013 to hold funds restricted for the benefit of Upper Chesapeake.

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

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

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

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

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

A summary of the combined unaudited condensed financial information of the financially interrelated organizations in which the Corporation holds an economic or beneficial interest as of June 30 is as follows:

	 2019	2018
Current assets Noncurrent assets	\$ 4,447 193,658	3,355 192,857
Total assets	\$ 198,105	196,212
Current liabilities Noncurrent liabilities Net assets Total liabilities and net assets	\$ 102 (97) <u>198,101</u> 198,106	109 (16) <u>196,119</u> 196,212
Total operating revenue Total operating expense Other changes in net assets	\$ 4,481 (2,505) 5	3,897 (1,474) 1,353
Total increase in net assets	\$ 1,981	3,776

(13) State and County Support

The Corporation received \$3,300 and \$3,200 in support for the Shock Trauma Center operations from the state of Maryland for the years ended June 30, 2019 and 2018, respectively.

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

In support of Capital Region operations, the Corporation received the following for the years ended June 30:

		2018	
State of Maryland	\$	27,000	28,000
Prince George's County government		10,178	8,305
Magruder Memorial Hospital Trust		1,042	869
	\$	38,220	37,174

The State of Maryland appropriates funds for construction costs incurred, equipment purchases made, and other capital support. The Corporation recognizes this support as the funds are expended for the intended projects. The Corporation expended and recorded \$5,565 and \$3,209 during the years ended June 30, 2019 and 2018, respectively.

As described in note 1(a)(x), Prince George's County and the State of Maryland have each approved funding through legislation of \$208,000 towards the construction of the new medical facility.

(14) Functional Expenses

The Corporation provides healthcare services to residents within its geographic location. Expenses related to providing these services, based on management's estimates of expense allocations, are as follows for the years ended June 30:

	Year ended June 30, 2019								
			F	lealthcare servio	e				
	Hospital &	Retail	Physician		Corporate				
	Ambulatory	Pharmacy	Practices	Risk Taking	Services	Other	Biminations	Total	
Operating expenses:									
Salaries, wages and benefits \$	1,646,025	5,177	268,023	3,886	190,219	46,915	(2,109)	2,158,136	
Expendable supplies	678,620	71,514	34,480	42	2,924	4,435	_	792,015	
Purchased services:									
Purchased services	471,657	9,150	65,400	4,480	148,689	69,516	(134,274)	634,618	
Purchased service recoveries	355,031	_	_	_	(355,031)	_		_	
Contracted services:									
Contracted services	274,221	_	30,169	_	_	270	_	304,660	
Contracted service recoveries	_	_	_	_	_	_	(34,763)	(34,763)	
Depreciation and amortization	232,436	_	2,484	_	419	8,717		244,056	
Interest expense	54,698			1,492	355	1,247		57,792	
Total operating expenses \$	3,712,688	85,841	400,556	9,900	(12,425)	131,100	(171,146)	4,156,514	

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

	Year ended June 30, 2018								
	_			He	ealthcare servic	e			
	-	Hospital & Ambulatory	Retail Pharmacy	Physician Practices	Risk Taking	Corporate Services	Other	∃∃iminations	Total
Operating expenses:									
Salaries, wages and benefits	\$	1,584,288	4,708	243,256	4,279	161,743	21,801	_	2,020,075
Expendable supplies		659,829	63,394	27,649	90	3,988	3,302	_	758,252
Purchased services:									
Purchased services		422,885	5,592	57,001	7,857	136,758	22,174	(36,289)	615,978
Purchased service recoveries		303,255	_	_	_	(303,255)	_	_	_
Contracted services:									
Contracted services		266,364	_	29,054	_	_	60	_	295,478
Contracted service recoveries		_	_	_	—	_	_	(20,102)	(20,102)
Depreciation and amortization		227,240	_	2,482	_	695	5,673	_	236,090
nterest expense	-	52,661			1,369	321	1,276		55,627
Total operating expenses	\$	3,516,522	73,694	359,442	13,595	250	54,286	(56,391)	3,961,398

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

(15) Liquidity and Availability of Resources

The Corporation had financial assets available to management for general expenditure within one year of the financial reporting date, or June 30, 2019 and 2018, as follows:

		2019	2018
Cash and cash equivalents	\$	360,318	397,243
Receivables, net		549,540	520,383
Current investments and assets whose use is limited		64,910	56,484
Long-term investments and assets whose use is limited	_	2,113,024	2,002,612
Total financial assets available within one year	_	3,087,792	2,976,722
Less:			
Amounts unavailable for general expenditures within one			
year due to:			
Restricted by donors with purpose restrictions		78,255	69,470
Restricted for swap collateral		113,586	84,590
Debt service and reserve funds		86,157	82,820
Self insurance trust funds		212,384	230,589
Construction funds - held by trustee		279,205	266,822
Alternative investments subject to lockup restrictions	_	20,700	15,070
Total amounts unavailable for general			
expenditures within one year		790,287	749,361
Total financial assets available to management			
for general expenditure within one year	\$ _	2,297,505	2,227,361

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

(16) Insurance

The Corporation maintains self-insurance programs for professional and general liability risks, employee health, employee long-term disability, and workers' compensation. Estimated liabilities have been recorded based on actuarial estimation of reported and incurred but not reported claims. The accrued liabilities for these programs as of June 30, 2019 and 2018 were as follows:

	 2019	2018
Professional and general malpractice liabilities	\$ 313,136	290,306
Employee health	33,556	35,799
Employee long-term disability	5,577	6,369
Workers' compensation	 20,977	19,869
Total self-insured liabilities	373,246	352,343
Less current portion	 (70,368)	(73,226)
	\$ 302,878	279,117

The Corporation provides for and funds the present value of the costs for professional and general liability claims and insurance coverage related to the projected liability from asserted and unasserted incidents, which the Corporation believes may ultimately result in a loss. In management's opinion, these accruals provide an adequate and appropriate loss reserve. The professional and general malpractice liabilities presented above include \$202,779 and \$168,452 as of June 30, 2019 and 2018, respectively, for which related insurance receivables have been recorded within other assets on the accompanying consolidated balance sheets.

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

As discussed in note 4, Terrapin is a joint venture corporation in which a 50% equity interest is owned by the Corporation and a 50% equity interest is owned by Faculty Physicians, Inc.

Total malpractice insurance expense for the Corporation during the years ended June 30, 2019 and 2018 was approximately \$60,654 and \$52,652, respectively.

(17) Business and Credit Concentrations

The Corporation provides healthcare services through its inpatient and outpatient care facilities located in the State of Maryland. The Corporation generally does not require collateral or other security in extending credit; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits

Notes to Consolidated Financial Statements

June 30, 2019 and 2018

receivable under their health insurance programs, plans, or policies (e.g., Medicare, Medicaid, Blue Cross, workers' compensation, health maintenance organizations (HMOs), and commercial insurance policies).

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

The Corporation had receivables from patients and third-party payors as follows at June 30:

	2019	2018
Medicare	23 %	23 %
Medicaid	21	23
Commercial insurance and HMOs	17	18
Blue Cross	10	10
Self-pay and others	29	26
	100 %	100 %

The Corporation recorded revenues from patients and third-party payors for the years ended June 30 as follows:

	2019	2018
Medicare	37 %	38 %
Medicaid	24	24
Commercial insurance and HMOs	24	22
Blue Cross	10	11
Self-pay and others	5	5
	100 %	100 %

(18) Certain Significant Risks and Uncertainties

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

- Dependence on revenues derived from reimbursement by the federal Medicare and state Medicaid programs;
- Regulation of hospital rates by the State of Maryland Health Services Cost Review Commission;
- Government regulation, government budgetary constraints, and proposed legislative and regulatory changes; and
- Lawsuits alleging malpractice and related claims.

Notes to Consolidated Financial Statements June 30, 2019 and 2018

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

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

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

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

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

(19) Maryland Health Services Cost Review Commission

Effective July 1, 2013, the Health System and the Health Services Cost Review Commission (HSCRC) agreed to implement the Global Budget Revenue (GBR) methodology for the following hospitals: Medical Center, ROI, UM Midtown, UM Baltimore Washington, UM Charles Regional, UM St. Joseph, UM Memorial, UM Dorchester, UM Chester River, Shore Emergency Center, UM Upper Chesapeake, UM Harford Memorial, UM Prince George's, and UM Laurel. The agreements will continue each year and on July 1 of each year thereafter; the agreements will renew for a one-year period unless it is canceled by the HSCRC or by the Corporation. The agreements were in place for the years ended June 30, 2019 and 2018. The GBR model is a revenue constraint and quality improvement system designed by the HSCRC to provide hospitals with strong financial incentives to manage their resources efficiently and effectively in order to slow the rate of increase in healthcare costs and improve healthcare delivery processes and outcomes. The GBR model is consistent with the Corporation's mission to provide the highest value of care possible to its patients and the communities it serves.

Notes to Consolidated Financial Statements June 30, 2019 and 2018

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

The HSCRC utilizes a bad debt pool into which each of the regulated hospitals in Maryland participates. The funds in the bad debt pool are distributed to the hospitals that exceed the state average based upon the amount of uncompensated care delivered to patients during the year. For the years ended June 30, 2019 and 2018, the Corporation recognized a net distribution from the pool of approximately \$23,974 and \$14,015, respectively, which is recorded as net patient service revenue.

(20) Subsequent Events

The Corporation evaluated all events and transactions that occurred after June 30, 2019 and through October 28, 2019, the date the consolidated financial statements were issued. Other than described in note 5, the Corporation did not have any material recognizable subsequent events during the period.

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES Consolidating Balance Sheet Information by Division June 30, 2019

(In thousands)

Consolidated total	360,318 64,910	458,437 91,103 70,478 116,828 48,055	1,210,129 885,640	113,586 29,550 463,122 140,689	204,081 78,255 198 101	1,227,384	2,309,086 501,130 6,133,369
Eliminations		(451,395) 	(451,395) —			(79,652)	(792,346) (1,323,393)
Other	306	(4,387) 1,494 97	(2,490)			I	449 — (2,041)
UMMS Foundation		1,500	1,500	20 321	30,789	51,110	
UM Health Plans			116,828 —			I	2,217 119,045
Capital Region	32,766 406	49,339 192,685 5,837 3,066	284,099 57		36,486 	37,441	87,109 8,935 417,641
Upper Chesapeake	26,227 —	40,367 33,903 8,828 11,612	120,937 265,615			43,985	253,201 233,686 917,424
St. Joseph Health	4,733	41,725 9,157 5,383 1,849	64,128 12,849	4,389	8,280 11,989 9.503	34,161	226,849 42,925 380,912
Charles Regional	10,816 529	18,916 17,659 1,675 669	50,264 24,266	2,722 — (181)	9,400	25,379	103,666 10,999 214,574
Shore Regional	22,012 1,020	43,890 16,156 4,074 2,152	89,304 77,712	4,313 30,097 76.564	36,016 34,384 3 709	185,083	147,200 14,896 514,195
Baltimore Washington Medical System	5,415 1,484	51,729 40,680 6,019 	108,425 154,416	8,929 19,023	26,009 — 10.337	64,298	253,452 25,665 606,256
Midtown	9,554 497	15,115 6,549 2,279 2,622	36,616 17,269	1,721 1,931	11,214 1,093 531	16,490	106,606 8,178 185,159
Rehabilitation & Orthopaedic Institute	5,261 	7,352 889 1,159 —	14,797 39,599	1,115 19,573	36 95	57,638	43,324 15,600 170,958
University of Maryland Medical Center & Affiliates	\$ 243,228 59,693	194,391 223,326 35,224 21,254	777,116 293,857	94,786 29,550 374,671	76,676 — 215,768	791,451	1,087,230 912,619 \$3,862,273

Assets limited as to use, less current portion: Investments held for collateral Debt service funds Construction funds Beard designated and escrow funds Self-insuance trust trunds Funds restricted by donor Economic and beneficial interests in the net assets of related organizations

Property and equipment, net Investments in joint ventures and other assets Total assets

Current assets: Cash and cash equivalents Assets imited as to use, current portion Accounts receivable. Patient accounts receivable, net Other Inventories Assets held for sale Prepaid expenses and other current assets Prepaid expenses and other current

Total current assets

Investments

Assets

(Continued)

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Balance Sheet Information by Division June 30, 2019

(In thousands)

Consolidated total	288,841 281,177 139,163 150,000 150,000 127,760 60,830	18,895 47,621 1,275,587 1,484,960 439,024 196,174	3,395,745 1,973,405 764,219 2,737,624 6,133,369
Eliminations		(451,395) (451,395) (90,046)	(541,441) (553,047) (228,905) (781,952) (1,323,333)
Other	1,090 1,067 	19,512 	19,512 (21,553) — (21,553) (2,041)
UMMS Foundation	217	217	217 22,317 47,832 70,149 70,366
UM Health Plans	261 		208,935 (89,890) — (89,890) 119,045
Capital Region	18,832 21,352 12,921 12,921 173,062	226,400 226,400 1,451 120,297	348,148 35,437 34,056 69,493 417,641
Upper Chesapeake	20,269 29,007 8,240 	 5,418 107,614 185,920 36,638 	330,172 427,880 159,372 587,252 917,424
St. Joseph Health	23,218 23,700 11,252 		400,419 (50,538) 31,031 (19,507) 380,912
Charles Regional	6,574 4,600 3,729 	3,226 3,226 40,444 52,126 16,801	109,371 105,203 214,574
Shore Regional	22,211 20,045 6,217 17,103	2,932 68,508 77,521 25,252	171,281 303,036 39,878 342,914 514,195
Baltimore Washington Medical System	21,173 24,979 11,672 	4,642 107,752 152,066 46,711	306,529 289,390 10,337 299,727 606,256
Midtown	16,189 9,341 6,180 180 5,259	852 37,821 28,771 28,771 21,450	88,042 95,493 1,624 97,117 185,159
Rehabilitation & Orthopaedic Institute	15,839 4,991 5,544 	28,950 18,726 103	47,779 86,096 37,083 123,179 170,958
University of Maryland Medical Center & Affiliates	\$ 142,968 142,095 73,408 130,000 150,000 129,811	18,895 14,724 801,901 758,114 150,592 196,174	1,906,781 1,323,581 631,911 1,955,492 \$ 3,862,273

Current liabilities: Trade accounts payable Accrued payroll and benefits Accrued payroll and benefits Accrued payrol and benefits Lines of credit Short eurner liabilities Liabilities head for sale Labilities head for sale Labilities head for sale and anoments Current portion of long-term debt

Liabilities and Net Assets

See accompanying independent auditors' report.

Total net assets Total liabilities and net assets

Net assets: Without donor restrictions With donor restrictions

Long-term debt, less current portion Other long-term liabilities Interest rate swap liabilities Total liabilities

Total current liabilities

1-a	
Schedule	

Consolidating Balance Sheet Information by Division – University of Maryland Medical Center & Affiliates (UMMC)

June 30, 2019 (In thousands)

Assets	University of Maryland Medical Center	Corporate Shared Services	36 South Paca	University CARE	Eliminations	University of Maryland Medical Center & Affiliates consolidated total
Current assets: Cash and cash equivalents Assets limited as to use, current portion	\$ 47,596 3,085	188,756 56,608	1,479 —	5,397 —		243,228 59,693
Patient accounts receivable, net Patient accounts receivable, net Other Inventories Prepaid expenses and other current assets	194,391 214,732 35,186 2,225	8,566 38 19,027	58	~		194,391 223,326 35,224 21,254
Total current assets Investments	497,215 292,107	272,995 1,750	1,507	5,399		777,116 293,857
Assets limited as to use, less current portion: Investment held for collateral Debt service funds Construction funds Board designated and escrow funds Self-insurance trust funds Funds restricted by donor	59,522 59,522 76,676	94,786 29,550 315,149 —				94,786 29,550 374,671 76,676
Economic interests in the net assets of related organizations Property and equipment, net	65,768 201,966 739,746	150,000 589,485 339,605		1 1 1		215,768 791,451 1,087,230
investments in joint ventures and other assets Total assets	180,857	1,936,356	3,277 12,663	5,399	(10,036) (10,036)	912,619 3,862,273

(Continued)

Schedule 1-a

Consolidating Balance Sheet Information by Division – University of Maryland Medical Center & Affiliates (UMMC)

June 30, 2019

(In thousands)

Liabilities and Net Assets	University of Maryland Medical Center	Corporate Shared Services	36 South Paca	University CARE	Eliminations	University of Maryland Medical Center & Affiliates consolidated total
Current liabilities: Trade accounts pavable	\$ 93.050	49.299	190	429	I	142.968
Accrued payroll and benefits		67,393			Ι	142,095
Advances from third-party payors	73,408	1	I	Ι	Ι	73,408
Lines of credit	1	130,000	I	Ι	Ι	130,000
Short-term financing	Ι	150,000	Ι	Ι	Ι	150,000
Other current liabilities	69,658	60,031	115	7	Ι	129,811
Long-term debt subject to short-term remarketing arrangements	I	18,895	Ι	Ι	Ι	18,895
Current portion of long-term debt	13,774	950	l		Ι	14,724
Total current liabilities	324,592	476,568	305	436		801,901
Long-term debt, less current portion	549,416	208,698	I	ļ	I	758,114
Other long-term liabilities	150,587	Ι	5	Ι	Ι	150,592
Interest rate swaps	I	196,174	I			196,174
Total liabilities	1,024,595	881,440	310	436	Ι	1,906,781
Net assets:						
Without donor restrictions With donor restrictions	827,528 65,768	488,773 566,143	12,353 —	4,963 —	(10,036) —	1,323,581 631,911
Total net assets	893,296	1,054,916	12,353	4,963	(10,036)	1,955,492
Total liabilities and net assets	\$ 1,917,891	1,936,356	12,663	5,399	(10,036)	3,862,273

Schedule 1-b

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Balance Sheet Information by Division – Midtown Health, Inc. (Midtown)

June 30, 2019

(In thousands)

Assets	UM Syst	UM Midtown Health Systems, Inc.	UMMC Midtown Campus	UM Midtown Clin. Prac. Group	Eliminations	Midtown consolidated total
Current assets: Cash and cash equivalents	θ	ω	9.537	0	I	9.554
Assets limited as to use, current portion		I	497			497
Accounts receivable: Patient accounts receivable. net		168	13.447	1.500	ļ	15.115
Other		3,714	2,835		I	6,549
Inventories			2,279	Ι	Ι	2,279
Prepaid expenses and other current assets		2,194	428			2,622
Total current assets		6,084	29,023	1,509	Ι	36,616
Investments		I	17,269			17,269
Assets limited as to use, less current portion:						
Investment held for collateral			1,721	I	I	1,721
Debt service funds			I	Ι	I	Ι
Construction funds		I	1,931	Ι	I	1,931
Board designated and escrow funds			I	Ι	I	Ι
Self-insurance trust funds			11,214	Ι	I	11,214
Funds restricted by donor			1,093	Ι	I	1,093
Economic interests in the net assets of related organizations		I	531		I	531
		Ι	16,490	Ι	Ι	16,490
Property and equipment, net		3,970	102,547	89	I	106,606
Investments in joint ventures and other assets		I	8,178	Ι	Ι	8,178
Total assets	\$	10,054	173,507	1,598		185,159

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Schedule 1-b

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Balance Sheet Information by Division – Midtown Health, Inc. (Midtown)

June 30, 2019

(In thousands)

	UM Midtown Health	UMMC Midtown	UM Midtown Clin. Prac.		Midtown consolidated
Liabilities and Net Assets	Systems, Inc.	Campus	Group	Eliminations	total
Current liabilities:					
Trade accounts payable	\$ 384	15,755	50	Ι	16,189
Accrued payroll and benefits	Ι	9,177	164	Ι	9,341
Advances from third-party payors	I	6,180		I	6,180
Lines of credit	I	I	I	I	I
Other current liabilities	Ι	4,285	974	Ι	5,259
Current portion of long-term debt	I	852	I	Ι	852
Total current liabilities	384	36,249	1,188	Ι	37,821
Long-term debt, less current portion Other long-term liabilities		28,771 21,450			28,771 21,450
Total liabilities	384	86,470	1,188	Ι	88,042
Net assets: Without donor restrictions With donor restrictions	9,670 	85,413 1,624	410		95,493 1,624
Total net assets	9,670	87,037	410	I	97,117
Total liabilities and net assets	\$ 10,054	173,507	1,598	I	185,159

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Consolidating Balance Sheet Information by Division – Baltimore Washington Medical System (BWMS)

June 30, 2019

Washington Washington Washington Washington Washington Washington Washington Medical Health Commy BWMS Center Services Enterprises Corporation Eliminations Lotal Lotal	
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- -	I
- - - - - - - - - - - - 2,053 - - - 2,053 - 15,729 - 30,360 - 15,993 (337,591)	I
2,053 15,729 2 2 337,591) 6 30,360 15,993 (337,591) 6	Ι
	I
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	I
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	4,709
30,360 — 15,993 (337,591)	337,592
	\$ 344,708

(Continued)

Schedule 1-c

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Balance Sheet Information by Division – Baltimore Washington Medical System (BWMS)

June 30, 2019

(In thousands)

		(In thousands)	lsands)				
Liabilities and Net Assets	Baltimore Washington Medical System, Inc.	Baltimore Washington Medical Center	Baltimore Washington Healthcare Services	Baltimore Washington Health Enterprises	North County Corporation	Eliminations	BWMS consolidated total
Current liabilities: Trade accounts payable Accrued payroll and benefits Advances from third-party payors	\$ (139) 1,588	18,577 18,566 11,672	3,310 4,825		(575)		21,173 24,979 11,672
Other current liabilities Current portion of long-term debt	40,185	3,904 4,417	1,177 		20 225		45,286 4,642
Total current liabilities	41,634	57,136	9,312	Ι	(330)	I	107,752
Long-term debt, less current portion Other long-term liabilities	2,806	149,910 43,905			2,156 		152,066 46,711
Total liabilities	44,440	250,951	9,312	Ι	1,826	Ι	306,529
Net assets: Without donor restrictions With donor restrictions	300,268 —	291,498 10,337	21,048 		14,167	(337,591) 	289,390 10,337
Total net assets	300,268	301,835	21,048	Ι	14,167	(337,591)	299,727
Total liabilities and net assets	\$ 344,708	552,786	30,360	l	15,993	(337,591)	606,256

Schedule 1-d

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Balance Sheet Information by Division – Shore Regional Health (Shore Regional)

June 30, 2019 (In thousands)

Current assets: Current assets: Current assets: Current assets: Current assets: Current portion 9 (1,4) $ -$	Assets	Ń	Shore Health System, Inc.	Shore Orthopedics	UM Shore Home Care	Queenstown ASC	Shore Medical Group	Memorial Hospital Foundation, Inc. and Subsidiary	Chester River Consolidated Total	Ellminations	Shore Regional consolidated total
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$		ഗ	(14.169)	424	Ø	I	4	I	35.745	l	22.012
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	tion		607	I	I	I	I	Ι	113	I	1,020
34,554 600 170 (14) $4,241$ - $4,339$ $3,4,54$ 224 34 $ -$ </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>:</td> <td></td> <td></td> <td></td> <td></td> <td></td>						:					
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			34,554	600	170	(14)	4,241	Ι	4,339	Ι	43,890
3,346 - - - - 728 - 710 - 222 2104 - - 222 2104 2104 2104 2104 2104 2104 2104			14,741	ю	e	I	-	1,082	326	I	16,156
1,744 224 34 $$ 88 25 37 37 $1,123$ $1,251$ 215 215 $1,231$ $1,107$ $41,288$ $1,107$ $41,288$ $1,261$ $41,288$ $1,261$ $41,288$ $1,261$ $41,288$ $1,261$ $41,288$ $1,107$ $41,288$ $1,107$ $41,288$ $1,107$ $41,288$ $1,107$ $22,2$			3,346	Ι	Ι	Ι	Ι	Ι	728	Ι	4,074
41,123 $1,251$ 215 (14) $4,334$ $1,107$ $41,288$ $77,659$ $ -$ <	assets	1	1,744	224	34	I	88	25	37		2,152
$\begin{array}{cccccccccccccccccccccccccccccccccccc$			41,123	1,251	215	(14)	4,334	1,107	41,288	Ι	89,304
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$			77,659	Ι	Ι	Ι	Ι	349	(296)	Ι	77,712
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	ortion:										
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$			4,091	I	I	I	Ι		222	I	4,313
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$			Ι	Ι	Ι	Ι	Ι		Ι	Ι	Ι
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$			25,987	Ι	I	Ι	I		4,110	I	30,097
27,749 - - 8,267 4,975 - - - 24,851 8,267 79,326 - - - - 6,663 167,128 - - - - 6,663 167,128 - - - - 6,663 10,616 - - - 17,377 28,858 10,616 - - - - 17,875 303 1,742 393 29 6,312 75,863 89,829			25,000	Ι	Ι	Ι	Ι	46,526	5,038	Ι	76,564
4,975 - - 24,851 4,558 79,326 - - - 24,851 4,558 167,128 - - - - 6,663 123,617 491 178 43 1,978 3,018 17,875 10,616 - - - - 12 2,104 \$ 420,143 1,742 393 29 6,312 75,863 89,829			27,749	I	I	Ι	I		8,267	I	36,016
79,326 6,663 167,128 - - 71,377 28,858 123,617 491 178 43 1,978 3,018 17,875 10,616 - - 12 2,104 \$ 420,143 1,742 393 29 6,312 75,863 89,829			4,975	Ι	Ι	Ι	Ι	24,851	4,558	Ι	34,384
79,326 — — — 6,663 — 6,663 — 6,663 — 6,663 — 6,663 — 0,565 — 1,377 28,858 — 17,875 21,377 28,858 — 17,875 17,875 17,875 17,875 17,875 17,875 17,875 21,04 17,875 21,04 17,875 21,04 21,04 22,104 23,018 17,875 21,04 22,104 23,012 75,863 89,829 80,829 80,829 80,829 80,829 80,829 80,829 80,829 80											
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	ations	1	79,326	I	I	Ι	Ι		6,663	(82,280)	3,709
$\begin{array}{cccccccccccccccccccccccccccccccccccc$			167,128	I	I	I	Ι	71,377	28,858	(82,280)	185,083
10,616 12 2,104 \$ 420,143 1,742 393 29 6,312 75,863 89,829			123,617	491	178	43	1,978	3,018	17,875	I	147,200
420,143 1,742 393 29 6,312 75,863 89,829	assets	1	10,616	I		Ι	Ι	12	2,104	2,164	14,896
		÷	420,143	1,742	393	29	6,312	75,863	89,829	(80,116)	514,195

(Continued)

Schedule 1-d

Shore Regional consolidated

total

Eliminations

Hospital River Shore Medical Foundation, Inc. Consolidated Group and Subsidiary Total

and Subsidiary

Group

Queenstown ASC

UM Shore Home Care

Shore Orthopedics

system, Inc.

Shore Health

Chester

Memorial

22,211 20,045 6,217

4,964 2,181 655

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1,512 5,345

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246

7,657

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1,212

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303,036 39,878 342,914

(49,260) (30,856) (80,116)

> 8,845 68,053

26,440

49,177

(1,345)

27

(819)

(7,293)

35,449

253,341

246

7,657

2

1,212

9,035

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75,617

(1,345)

27 29

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1,742

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25,252 171,281

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> 3,670 7,093 21,776

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I

18,159

73,851

I

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Balance Sheet Information by Division – Shore Regional Health (Shore Regional)

June 30, 2019 (In thousands)

S	θ	I	l		\$
Liabilities and Net Assets	Current liabilities: Trade accounts payable Accrued payroll and benefits Advances from third-party payors Lines of credit Current liabilities	Current portion or rong-term depr	Long-term debt, less current portion Other long-term liabilities Total liabilities	Net assets: Without donor restrictions With donor restrictions	Total net assets Total liabilities and net assets

Consolidating Balance Sheet Information by Division – Chester River Health System, Inc. (CRHS) a subsidiary of Shore Regional Health

June 30, 2019

(In thousands)

Assets		Chester River Hospital Center	UM Shore Nursing and Rehab.	UM Chester River Home Care	Chester River Health Foundation	Chester River consolidated total
Current assets:	÷	0E 700		٢		0E 74E
Cash and cash equivalents Assets limited as to use, current portion	9	33,730 113		-		30,743 113
Accounts receivable:) -				-
Patient accounts receivable, net		4,104	I	235	I	4,339
Other		263	Ι	19	44	326
Inventories		728	Ι	Ι	Ι	728
Prepaid expenses and other current assets		19	Ι	18	Ι	37
Total current assets		40,965	Ι	279	44	41,288
Investments		(4,168)	I	1,707	2,165	(296)
Assets limited as to use, less current portion:						
Investment held for collateral		222	Ι	I	I	222
Debt service funds		Ι	Ι	Ι	Ι	Ι
Construction funds		4,110	Ι	Ι	Ι	4,110
Board designated and escrow funds		5,000	Ι	Ι	38	5,038
Self-insurance trust funds		8,267	I	I	I	8,267
Funds restricted by donor		105	Ι	Ι	4,453	4,558
Economic interests in the net assets of related organizations		6,662	Ι	~	I	6,663
		24,366	l	4	4,491	28,858
Property and equipment, net		17,684	Ι	191	Ι	17,875
Investments in joint ventures and other assets		2,104	Ι	Ι	Ι	2,104
Total assets	φ	80,951	l	2,178	6,700	89,829

(Continued)

Schedule 1-e

Schedule 1-e

Consolidating Balance Sheet Information by Division – Chester River Health System, Inc. (CRHS) a subsidiary of Shore Regional Health

June 30, 2019

(In thousands)

		Chester River Hospital	UM Shore Nursing and	UM Chester River	Chester River Health	Chester River consolidated
Liabilities and Net Assets		Center	Rehab.	Home Care	Foundation	total
Current liabilities:						
Trade accounts payable	\$	4,904	Ι	61	(1)	4,964
Accrued payroll and benefits		1,990	Ι	191	I	2,181
Advances from third-party payors		655	I	I	Ι	655
Lines of credit		I	Ι	Ι	Ι	
Other current liabilities		3,068	I	I	37	3,105
Current portion of long-term debt		108	I	I	l	108
Total current liabilities		10,725	Ι	252	36	11,013
Long-term debt, less current portion		3,670	I	I	I	3,670
Other long-term liabilities		7,093	Ι	Ι	Ι	7,093
Total liabilities		21,488	Ι	252	36	21,776
Net assets:						
Without donor restrictions		55,038	Ι	1,922	2,248	59,208
With donor restrictions		4,425	Ι	4	4,416	8,845
Total net assets		59,463	Ι	1,926	6,664	68,053
Total liabilities and net assets	ŝ	80,951	Ι	2,178	6,700	89,829

Schedule 1-f

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Balance Sheet Information by Division – Charles Regional Health System, Inc. (Charles Regional)

June 30, 2019 (In thousands)

Charlee
Medical Center, Inc.
9.066
529
18,405
17,425
1,675
639
47,739
21,775
2,722
Ι
13,434
Ι
9,400
Ι
5,346
30,902
73,948
10,839
185,203

(Continued)

Schedule 1-f

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Balance Sheet Information by Division – Charles Regional Health System, Inc. (Charles Regional)

June 30, 2019 (In thousands)

Liabilities and Net Assets		Charles Regional Health, Inc.	Charles Regional Medical Center, Inc.	Charles Regional Urgent Care	Charles Regional Care Partners, Inc. and Subsidiary	Charles Regional Health Foundation, Inc.	Charles Regional Medical Group	Charles Regional Imaging Center	Eliminations	Charles Regional consolidated total
Current liabilities:	6	çç	6 216 6		260	34	00			6 674
Accrued bavroll and benefits	9	3	0,210 4.030		51	₽ ₽	519			4.600
Advances from third-party payors		I	3,729	I	I	I	I	Ι	I	3,729
Lines of credit		I	I	I	I	I	I	I	I	I
Other current liabilities		9,138	2,537	1,961	4,082	540	4,057	I	Ι	22,315
Current portion of long-term debt		728	2,465	I	l	33	I	I	I	3,226
Total current liabilities		9,889	18,977	1,961	4,392	619	4,606	Ι	Ι	40,444
Long-term debt, less current portion		4,847	46,605	I	Ι	674	I	Ι	Ι	52,126
Other long-term liabilities			16,761	I	30	I	10	I	I	16,801
Total liabilities		14,736	82,343	1,961	4,422	1,293	4,616	Ι	Ι	109,371
Net assets: Without donor restrictions With donor restrictions		9,849 	102,860 —	(1,961) 	(1,717) 	5,346 	(3,828) —		(5,346)	105,203 —
Total net assets		9,849	102,860	(1,961)	(1,717)	5,346	(3,828)	Ι	(5,346)	105,203
Total liabilities and net assets	Ş	24,585	185,203	I	2,705	6,639	788	I	(5,346)	214,574

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES Consolidating Balance Sheet Information by Division – University of Maryland St. Joseph Health System (SJHS) June 30, 2019 (In thousands)

sufficient portion \$ 194 115		194	Group	Properties	orthopaedics	O'Dea Medical Arts	St. Joseph Foundation	UM Regional Supplier svcs	UM Regional Prof svcs	UM Pain Specialist LLC	Eliminations	consolidated total
\$ 194 1,281 1,281 1,281 1,281 2,353 2,355 2,45 1,62 1,012 452 1,82 <l< td=""><td></td><td>194</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></l<>		194										
1,281 - - 36,083 2,353 - 36,083 2,353 - 2,205 245 - 5,230 245 - 6,005 3,165 182 1,012 452 182 4,389 - - 8,280 - - 9,503 - - 22,172 - -	rent portion ble, net current assets	2	115	I	I	984	3,452	I	I	(12)	I	4,733
36,083 2,353 - 2,205 245 - 2,205 245 - 5,230 452 182 46,005 3,165 182 45,289 - - 46,005 3,165 182 8,280 - - 9,503 - - 1012 - - 102 - - 1165 - - 1165 - - 1165 - - 1162 - - 1162 - - 1162 - - 1162 - - 1163 - - 1164 - - 1165 - - 1164 - - 1165 - - 1172 - - 1165 - - 1172	ole, net current assets	1,281	I	I	Ι	Ι	Ι	Ι	Ι	Ι	Ι	1,281
ated 2.205 2.45	ole, net current assets											
s 2,205 245	- current assets	36,083	2,353	Ι	1,388	Ι	Ι	1,013	469	419	Ι	41,725
s 5,230	. current assets	2,205	245	Ι	Ι	103	6,604	Ι	Ι	Ι	Ι	9,157
s 1,012 452 182 46,005 3,165 182 4,389	- current assets	5,230	I	I	I	I	I	153	I	I	I	5,383
46.005 3.165 182 - - - - 4,389 - - - 8,280 - - - 8,280 - - - 9,503 - - -		1,012	452	182	112	I	Ι	55	36	Ι	I	1,849
ated 22.172 22.1	ets	46,005	3,165	182	1,500	1,087	10,056	1,221	505	407	I	64,128
4.389		I	Ι	Ι	I	I	12,849	Ι	Ι	Ι	Ι	12,849
xow funds 4,389	urrent portion:											
xow funds 4,389		I	I	I	I	I	I	I	I	I	I	I
stow funds =		4,389	I	I	I	I	I	I	I	I	I	4,389
8,280	w funds	I	I	I	I	I	I	I	I	I	I	I
net assets of related		8,280	I	I	I	I	I	I	Ι	Ι	I	8,280
net assets of related 9,503 — _ _ _ _<			I	I	I	I	11,989	I	Ι	Ι	I	11,989
9,503 — — — —22,172 —	et assets of related											
22,172 — — —		9,503		I	I	I	I	I	I	Ι	I	9,503
		22,172	ļ	I			11,989	I	Ι	I	I	34,161
CLZ 208		213,412	1,368	215	191	11,542	I	43	78	I	I	226,849
Investments in joint ventures and other assets 40,448 – 1,948		40,448		1,948	I	1	526	I	1,951	I	(1,948)	42,925
Total assets \$ 322,037 4,533 2,345 1,		322,037	4,533	2,345	1,691	12,629	35,420	1,264	2,534	407	(1,948)	380,912

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Consolidating Balance Sheet Information by Division – University of Maryland St. Joseph Health System (SJHS)

June 30, 2019

(In thousands)

Liabilities and Net Assets	St. Joseph Medical Center	St. Joseph Medical Group	St. Joseph Properties	St. Joseph Orthopaedics	O'Dea Medical Arts	St. Joseph Foundation	UM Regional Supplier svcs	UM Regional Prof svcs	UM Pain Specialist LLC	Eliminations	St. Joseph consolidated total
Current liabilities:											
Trade accounts payable	\$ 20,956	751	623	-	74	104	672	37	I	I	23,218
Accrued payroll and benefits	16,837	5,616	I	1,005	Ι	Ι	25	190	27	Ι	23,700
Advances from third-party payors	11,252	I	I	I	I	I	I	Ι	I	I	11,252
Lines of credit	I	Ι	Ι	I	Ι	Ι	I	Ι	I	Ι	I
Other current liabilities	3,564	217	I	791	9	346	I	411	380	I	5,715
Current portion of long-term debt	6,821	Ι	I	I	8,222	I	I	I	Ι	I	15,043
Total current liabilities	59,430	6,584	623	1,797	8,302	450	697	638	407	Ι	78,928
Long-term debt, less current portion	210,299	I	(34)	Ι	I	I	Ι	I	Ι	I	210,265
Other long-term liabilities	111,226	I			Ι			Ι	I		111,226
Total liabilities	380,955	6,584	589	1,797	8,302	450	697	638	407	l	400,419
Net assets: Without donor restrictions	(58.919)	(2.051)	1.756	(106)	4.327	3.940	567	1.896	I	(1.948)	(50.538)
With donor restrictions	-) ;		Ì		31,030	Ι		Ι) ;	31,031
Total net assets	(58,918)	(2,051)	1,756	(106)	4,327	34,970	567	1,896	I	(1,948)	(19,507)
Total liabilities and net assets	\$ 322,037	4,533	2,345	1,691	12,629	35,420	1,264	2,534	407	(1,948)	380,912

Schedule 1-h

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Balance Sheet Information by Division – University of Maryland Upper Chesapeake Health System (UCHS)

June 30, 2019

(In thousands)

	Upper Chesapeake consolidated total	26,227	I	40,367	33,903	8,828	11,612	120,937	265,615	I	Ι	I	43,985	I	Ι	I	43,985	253,201	233,686	917,424
	Eliminations	Ι	I	I	I	I	I	Ι	I	I	I	I	I	I	I	I	Ι	I	(24,977)	(24,977)
	Upper Chesapeake Land Trust	I	I	Ι	I	Ι	I	I	I	I	Ι	I	I	I	Ι	I	Ι	3,007	I	3,007
	Upper Chesapeake Insurance Co.	I	I	Ι	I	Ι	I	Ι	I	I	Ι	I	I	Ι	Ι	I	Ι	I	Ι	Ι
	Behavioral Health Crisis Center	Ι	I	15	Ι	I	14	29	I	I	Ι	I	I	Ι	I	Ι	Ι	3,040	I	3,069
	Upper Chesapeake Health System	I	I	Ι	Ι	Ι	71	71	I	I	Ι	I	I	Ι	Ι	Ι	Ι	772	Ι	843
	Upper Chesapeake Health Foundation	2,907	Ι	Ι	Ι	I	5,720	8,627	I	I	Ι	I	28,872	Ι	Ι	I	28,872	49	23	37,571
(spu	Residential Hospice House	5	I	Ω	I	Ι	5	15	614	I	Ι	Ι	I	Ι	Ι	I	Ι	1,258	Ι	1,887
(In thousands)	Medical Services	109	I	6,315	Ι	601	522	7,547	Ι	I	Ι	Ι	I	Ι	Ι	I	Ι	2,651	Ι	10,198
	Health Ventures	Ι	I	Ι	I	Ι	I	Ι	Ι	I	Ι	I	I	Ι	Ι	Ι	Ι	1,096	4,393	5,489
	UCHS Properties	29	I	Ι	I	Ι	16	45	Ι	I	Ι	I	I	Ι	Ι	I	Ι	I	Ι	45
	Harford Memorial Hospital	9,522	I	5,935	I	2,922	2,559	20,938	95,813	I	Ι	I	I	Ι	Ι		Ι			150,320
	Upper Chesapeake Medical Center	\$ 13,655	I	28,097	33,903	5,305	2,705	83,665	169,188	I	Ι	I	15,113	Ι	I	I	15,113	207,759	254,247	\$ 729,972

Assets limited as to use, less current portion: Investments held for swap collateral Construction funds Construction funds Beard designated and escrow funds Self-insurance trust funds Funds restricted by donor Funds restricted by donor Economic interests in the net assets of related organizations

Current assels: Cash and cash equivalents Assets limited as to use, current portion Accounts receivable: Patient accounts receivable, net Patient accounts receivable, net Other

Assets

Inventories Prepaid expenses and other current assets Total current assets

Investments

Property and equipment, net Investments in joint ventures and other assets

Total assets

(Continued)

Schedule 1-h

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Balance Sheet Information by Division - University of Maryland Upper Chesapeake Health System (UCHS)

June 30, 2019

(In thousands)

Liabilities and Net Assets

Current liabilities: Trade accounts payable Accrued payroll and benefits Advances from third-party payors Other current liabilities Current portion of long-term debt

Total current liabilities

Long-term debt, less current portion Other long-term liabilities

Total liabilities

Net assets: Without donor restrictions With donor restrictions

Upper Chesapeake consolidated total	20,269	29,007	8,240	44,680	5,418	107,614	185,920 36,638	330,172	427,880 159,372	587,252	917,424
Eliminations	I	Ι	I	Ι	I	Ι			— (24,977)	(24,977)	(24,977)
Upper Chesapeake Land Trust	I	Ι	I	3,143	I	3,143		3,143	(136) —	(136)	3,007
Upper Chesapeake Insurance Co.	I	I	I	Ι	I	Ι		1		I	I
Behavioral Health Crisis Center	I	I	I	188	I	188		188	2,881 —	2,881	3,069
Upper Chesapeake Health System	86	1,422	I	Ι	I	1,508	-	1,509	(666)	(999)	843
Upper Chesapeake Health Foundation	I	I	I	12,594	I	12,594		12,594	16,219 8,758	24,977	37,571
Residential Hospice House	I	Ι	I	624	I	624		624	649 614	1,263	1,887
Medical Services	3,887	I	I	6,655	I	10,542		10,542	(344) —	(344)	10,198
Health Ventures	I	Ι	I	1,096	I	1,096		1,096	4,393 —	4,393	5,489
UCHS Properties	I	I	I	29	I	29		29	16	16	45
Harford Memorial Hospital	6,977	5,595	1,671	10,408	I	24,651	23,576 1,162	49,389	100,931 —	100,931	150,320
Upper Chesapeake Medical Center	\$ 9,319	21,990	6,569	9,943	5,418	53,239	162,344 35,475	251,058	303,937 174,977	478,914	\$ 729,972

See accompanying independent auditors' report.

Total liabilities and net assets

Total net assets

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Consolidating Balance Sheet Information by Division - University of Maryland Capital Region Health System (Capital Region)

June 30, 2019

(In thousands)

Assets	Prince George's Hospital Center	Laurel Regional Hospital	Bowie Health Center	Gladys Spellman Specialty Care	Dimensions Healthcare Associates	Affiliated Enterprises, Inc.	Madison Manor Inc.	Dimensions Assurance, Ltd.	Dimensions Health System Corporate	Regional Medical Center	Eliminations	Capital Region consolidated total
Current assets: Cash and cash equivalents	 %	I	~	Ι	Ι	1,719	277	I	30,769	Ι	Ι	32,766
Assets limited as to use, current portion	I	I	I	I	I	I	I	I	406	I	I	406
Patient accounts receivable, net	28,557	12,052	4,750	3,404	576	I	I	I	ļ	ļ	I	49,339
Other	159,420	897	8,740	17,926	111	1,312	3,089	6,309	529	561	(6,209)	192,685
Inventories Prepaid expenses and other current assets	3,922 177	1,533 32	382 14		- 171				2,672			5,837 3,066
Total current assets	192,076	14,514	13,887	21,330	858	3,031	3,366	6,309	34,376	561	(6,209)	284,099
Investments	Ι	Ι	Ι	ļ	Ι	Ι	Ι	Ι	57	I	Ι	57
Assets limited as to use, less current portion:												
Investments held for swap collateral	Ι	Ι	Ι	Ι	Ι	Ι	Ι	I	Ι	I	I	I
Debt service funds	I	I	I	I	I	I	I	I	I	I	I	I
Construction funds	I	I	I	I	I	I	I	I	I	I	I	I
Board designated and escrow funds	Ι	Ι	I	Ι	Ι	I	Ι	I	I	I	Ι	I
Self-insurance trust funds	Ι	I	Ι	I	Ι	Ι	I	29,172	7,314	I	I	36,486
Funds restricted by donor Economic interacts in the not accets of	I	I	I	I	I	I	I	l	I	I	I	I
related organizations	894	61	1	I	I	I	I	I	4,834	I	(4,834)	955
	894	61	Ι	Ι	Ι	Ι	Ι	29,172	12,148	Ι	(4,834)	37,441
Property and equipment, net	13,561	29,669	7,015	33	554	2,228	I	I	4,134	29,915	I	87,109
Investments in joint ventures and other assets	2,039	942	I	I	I	I	2,228	Ι	4,951	I	(1,225)	8,935
Total assets	\$ 208,570	45,186	20,902	21,363	1,412	5,259	5,594	35,481	55,666	30,476	(12,268)	417,641

Schedule 1-j

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Balance Sheet Information by Division – University of Maryland Capital Region Health System (Capital Region)

June 30, 2019

(In thousands)

Liabilities and Net Assets

Current liabilities: Trade accounts payable Accrued pryroll and benefits Advances from third-party payors Other current liabilities Current portion of long-term debt

Total current liabilities

Long-term debt, less current portion Other long-term liabilities

Total liabilities

Capital Region consolidated Eliminations total	18,832 21.352	- 12,921	(6,209) 173,062	- 233	(6,209) 226,400	- 1,451	- 120,297	(6,209) 348,148	(6,059) 35,437 — 34,056	(6,059) 69,493	117 768) 117 611
Regional Medical Center Eli		I	Ι	1	Ι	I	I	I	2,001 28,475	30,476	371.00
Dimensions Health System Corporate	2,177 7.548		123,273	1	132,998	Ι	94,709	227,707	(172,041) 	(172,041)	200
Dimensions Assurance, Ltd.	(2)	I	157	1	155	I	25,382	25,537	9,944 	9,944	75 404
Madison Manor Inc.	(3)	I	Ι	Ι	(3)	Ι	I	(3)	5,597 —	5,597	501
Affiliated Enterprises, Inc.	25	Ι	(9)	233	252	1,451	I	1,703	3,556 —	3,556	1050
Dimensions Healthcare Associates	3,495 1.770		4,774	Ι	10,039	Ι	I	10,039	(8,728) 101	(8,627)	
Gladys Spellman Specialty Care	75 231	321	с	Ι	630	I	I	630	20,733 —	20,733	
Bowie Health Center	41 440	91	548	Ι	1,120	Ι	I	1,120	19,723 59	19,782	
Laurel Regional Hospital	2,251 3.137	2,307	48,458	Ι	56,153	Ι	I	56,153	(14,281) 3,314	(10,967)	46.400
Prince George's Hospital Center	10,773 8 226	10,202	2,064	I	31,265	I	206	31,471	174,992 2,107	177,099	000 640
	Ф			1			I		I	I	6

See accompanying independent auditors' report.

Total liabilities and net assets

Total net assets

Net assets: Without donor restrictions With donor restrictions 8

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Balance Sheet Information by Division June 30, 2018

(In thousands)

Assets	University of Maryland Medical Center & Affiliates	Rehabilitation & Orthopaedic Institute	Midtown	Baltimore Washington Medical System	Shore Regional	Charles Regional	St. Joseph Health	Upper Ches apeake	Capital Region	UM Health Plans	UMMS Foundation	Other	Eliminations	Consolidated total
Current assets:														
Cash and cash equivalents	\$ 259,415	2,274	3,619	10,482	12,677	5,631	1,987	41,809	57,872	Ι	I	1,477	I	397,243
Assets limited as to use, current portion	51,674	I	682	1,392	943	484	1,128	I	181	I	I	I	I	56,484
Accounts receivable: Patient accounts receivable. less allowance for doubiful														
accounts of \$219,769	198,855	8,172	8,146	43,415	32,522	10,927	37,393	39,421	48,292	Ι	Ι	4,522	I	431,665
Other	342,758	16,159	33,258	27,975	11,367	11,724	12,101	I	194,421	I	I	11,164	(572,209)	88,718
Inventories	33,542	1,145	2,983	6,496	4,482	1,680	5,670	9,172	5,606	I	I	I		70,776
Assets held for sale		I	I	I	I	I	I	I	I	139,120	I	Ι	I	139,120
Prepaid expenses and other current assets	15,887	133	3,322	1,183	1,629	644	1,766	10,086	4,234	I	1,500	731	I	41,115
Total current assets	902,131	27,883	52,010	90,943	63,620	31,090	60,045	100,488	310,606	139,120	1,500	17,894	(572,209)	1,225,121
Investments	288,289	37,828	ę	147,525	96,349	35,552	12,277	242,082	Ι	Ι	Ι	Ι	Ι	859,905
Assets limited as to use, less current portion:														
Investments held for collateral	50,572	I	3,700	8,000	I	I	I	22,318	I	I	I	I	I	84,590
Debt service tunds	33,935				000	;	.	I	I	I	I	I	I	33,935
Construction runds	333,359	211,11	690'9	10,613	24,378	13,434	4,389	I	I	I	I	I	I	411,8/4
Board designated and escrow funds	I	I	I	I	79,493	(181)	I	26,743	I	I	17,674	I	I	123,729
Self-insurance trust funds	79,742	I	14,816	23,164	37,229	7,392	7,889	11,267	41,491	I	Ι	I	I	222,990
Funds restricted by donor Economic and heneficial interests in the net assets of	I	I	1,093	I	34,417	I	6,977	I		I	26,983	I	I	69,470
related organizations	202,725	35,620	447	9,862	3,711	I	9,503		743	I		I	(66,492)	196,119
	700,333	52,732	28,645	51,639	179,228	20,645	28,758	60,328	42,234	Ι	44,657	Ι	(66,492)	1,142,707
Property and equipment, net Investments in inity workness and other assets	925,452	45,094	104,904 8.042	255,253	157,506 11 058	105,942 0.366	221,008 33 777	250,550 218,612	91,425 8.648	- 210 0	- 11 008	8,332		2,165,466 636 264
Total assets	\$ 3.823.536	163.537	193.604	572.975	508.661	202.585	355.865	872.060	452.913	141.337	57.165	26.226	(1.341.001)	6.029.463

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES Consolidating Balance Sheet Information by Division June 30, 2018

Schedule 2

(In thousands)

University of

Liabilities and Net Assets

Current labilities: Trade accounts patble Accured payrol and benefits Advances from third-party payors Lines of creadi Short-term thirancing Other current labilities Labilities held for sale Labilities held for sale arrangements current portion of long-term debt Current portion of long-term debt

Long-term debt, less current portion Other long-term liabilities Interest rate swap liabilities

Total liabilities

Total current liabilities

Consolidated total	267,396	262,201	153,867	99,300	150,000	151,163	86,834	58,054	51,989	1,280,804	1,508,334	395,447	149,789	3,334,374	000 010 7	1,952,422	/42,66/	2,695,089	6,029,463
Eliminations	I	Ι	I	I	I	(572,209)	I	I	Ι	(572,209)	Ι	I	I	(572,209)		(203,047)	(215,745)	(768,792)	(1,341,001)
Other	3,154	11,410	I	I	I	15,493	Ι	I	I	30,057	I	I	Ι	30,057		(3,831)	I	(3,831)	26,226
UMMS Foundation	176	I	I	I	I	I	Ι	I	I	176	Ι	I	I	176	010 00	23,853	33,136	56,989	57,165
UM Health Plans	230	I	Ι	I	I	80,216	86,834	I	5,000	172,280	31,667	I	I	203,947	1010 000	(019,28)	I	(62,610)	141,337
Capital Region	23,579	23,378	14,584	I	I	196,083	Ι	Ι	233	257,857	1,683	99,116	I	358,656	000 00	999'09	33,569	94,257	452,913
Upper Chesapeake	21,878	28,187	9,367	I	I	35,905	Ι	Ι	5,088	100,425	191,386	36,096	Ι	327,907		384,991	159,162	544,153	872,060
St. Joseph Health	19,919	26,531	11,412	I	I	101,333	Ι	I	14,939	174,134	217,119	29,971	I	421,224	1000 000	(92,003)	26,644	(65,359)	355,865
Charles Regional	6,231	3,907	3,508	Ι	I	16,829	Ι	I	3,255	33,730	55,246	16,387	Ι	105,363	000 10	91,222	I	97,222	202,585
Shore Regional	14,847	18,746	6,238	I	I	20,850	Ι	I	2,802	63,483	80,454	22,600	I	166,537	000 100	301,068	41,056	342,124	508,661
Baltimore Washington Medical System	15,550	22,104	12,178	I	I	36,435	Ι	I	4,373	90,640	156,708	45,984	I	293,332		269,781	9,862	279,643	572,975
Midtown	13,812	10,595	7,378	I	I	5,451	Ι	I	940	38,176	29,623	18,742	I	86,541		57G'GNL	1,540	107,063	193,604
Rehabilitation & Orthopaedic Institute	11,787	5,789	6,526	I	I	1,333	Ι	Ι	518	25,953	19,278	144	1	45,375	000	82,409	35,753	118,162	163,537
Maryland Medical Center & Affiliates	\$ 136,233	111,554	82,676	99,300	150,000	213,444	Ι	58,054	14,841	866,102	725,170	126,407	149,789	1,867,468	0000	1,338,378	617,690	1,956,068	\$ 3,823,536

See accompanying independent auditors' report.

Total liabilities and net assets

Total net assets

Net assets: Without donor restrictions With donor restrictions

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Operations Information by Division Year ended June 30, 2019

(In thousands)

Consolidated total	4,017,054 41,521 176,699	4,235,274	2,158,136 792,015 634,618	— 269,897 244,056 57,792	4,156,514	78,760	5,607 3,624 30,632 24,421	(47,995) (33,045) (16,756)	62,004 (25.847)	36,157
Eliminations	(2,894) (27,000) (181,570) (1,127)	(212,591)	(181,570) — (31,021)		(212,591)	I			1 1	I
Other		4,766	4,642 173 7,382	1,060 	13,257	(8,491)			(8,491) —	(8,491)
UMMS Foundation		I			I	I	3,422 292	(4,793) (612)	(612) —	(612)
UM Health Plans		I		1,492	1,492	(1,492)		111	(1,492) (25.847)	(27,339)
Capital Region	361,054 38,221 8,013	407,288	211,698 48,579 93,463		408,772	(1,484)	542 93	(836) (201)	(1,685) —	(1,685)
UCHS	425,405 — 4,379	429,784	246,626 62,689 59,926	— 12,027 22,086 7,766	411,120	18,664	1,614 192 6,313 6,884	(2,263) 12,740	31,404	31,404
St. Joseph Health	414,509 — 7,313	421,822	213,225 66,861 90,328		412,392	9,430	161 1,236 1,385 292	(4,334) (1,260)	8,170	8,170
Charles Regional	138,942 — 1,088	140,030	63,663 17,975 34,096	 7,702 8,824 1,991	134,251	5,779	288 678 312	(494) 1,790	7,569	7,569
Shore Regional	349,955 — 10,365	360,320	191,154 49,199 75,440		360,995	(675)	122 257 5,288 (1,509)	(10,286) (6,128)	(6,803)	(6,803)
Baltimore Washington Medical System	456,452 4,532	460,984	246,107 73,351 83,013		450,367	10,617	— (518) 3,710 3,458	(2,200) 4,450	15,067	15,067
Midtown	207,202 — 20,534	227,736	104,354 35,256 51,874		233,848	(6,112)		(1,192) 478	(5,634) —	(5,634)
Rehabilitation & Orthopaedic Institute	109,644 — 2,013	111,657	54,783 13,811 23,536	— 9,392 6,879 676	109,077	2,580	942 989	2,108	4,688	4,688
University of Maryland Medical F Center 8 & Affiliates	1,556,785 30,300 181,570 114,823	1,883,478	1,003,454 424,121 146,581		1,833,534	49,944		(47,995) (6,924) (30,121)	\$ 19,823 	\$ 19,823

See accompanying independent auditors' report.

Nonoperating income and expenses, net: Contributions Equity in net income of joint ventures Investment income of joint ventures Change in fair value of investments Change in fair value of undesignated interest rate swaps Other nonoperating gans and losses

Excess (deficiency) of revenues over expenses Excess (deficiency) of revenues over expenses

Loss on discontinued operations

Total nonoperating income and expenses

Total operating expenses before non-recurring items Operating income (loss) from continuing operations

Total operating revenue, gains and other support

Operating expenses: Statings, wages and tenefits Expandiale supplies Proctased exproves Medical Calmis: Expense Contracted services Contracted services Deprediation and amortization Interest expense

Operating revenue, gains and other support:

Net patient service revenue State support Premium Revenue Other revenue

Schedule 3-a

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Operations Information by Division for University of Manyland Medical Center & Affiliates (UMMC)

Year ended June 30, 2019

(In thousands)

	Universit	University of Maryland Medical Center	cal Center	Corporate				University of Maryland Medical Center & Affiliates
	University Hospital	Shock Trauma Center	Subtotal	Shared Services	36 South Paca	University CARE	Eliminations	consolidated total
Operating revenue, gains and other support:								
Net patient service revenue	\$ 1,363,125	193,185	1,556,310	ļ	Ι	475	I	1,556,785
State support	I	3,300	3,300	27,000	I	Ι	Ι	30,300
Premium Revenue Other revenue	— 113,638	300	— 113,938	181,570 2,033	755	40	— (1,943)	181,570 114,823
Total operating revenue, gains and other support	1,476,763	196,785	1,673,548	210,603	755	515	(1,943)	1,883,478
Operating expenses:								
Salaries, wages and benefits	565,236	65,806	631,042	371,789	119	504	I	1,003,454
Expendable supplies	392,332	28,650	420,982	2,767	307	65	I	424,121
Purchased services	284,588	44,491	329,079	(182,585)	922	1,108	(1,943)	146,581
Contracted services	119,269	12,293	131,562	I	I	I	I	131,562
Depreciation and amortization	88,512	11,915	100,427	I	376	I	I	100,803
Interest expense	26,304	Ι	26,304	355	354	Ι	Ι	27,013
Total operating expenses	1,476,241	163,155	1,639,396	192,326	2,078	1,677	(1,943)	1,833,534
Operating income (loss)	522	33,630	34,152	18,277	(1,323)	(1,162)	Ι	49,944
Nonoperating income and expenses, net:			I					I
Equity in net income of joint ventures	(3,036)	I	(3,036)	1,903	I	I	2,370	1,237
Investment income	11,120	Ι	11,120	73	Ι	Ι	Ι	11,193
Change in fair value of investments	9,747	I	9,747	2,621	I	I	I	12,368
Change in fair value of undesignated interest rate swaps	I	I	I	(47,995)	I	I	I	(47,995)
Other nonoperating gains and losses	(8,339)	I	(8,339)	1,299	Ι	Ι	116	(6,924)
Total nonoperating income and expenses	9,492	Ι	9,492	(42,099)	Ι	Ι	2,486	(30,121)
Excess (deficiency) of revenues over expenses	\$ 10,014	33,630	43,644	(23,822)	(1,323)	(1,162)	2,486	19,823

Schedule 3-b

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Operations Information by Division for Midtown Health, Inc. (Midtown)

Year ended June 30, 2019

(In thousands)

	UM Syst	UM Midtown Health Systems, Inc.	UMMC Midtown Campus	UM Midtown Clin. Prac. Group	Eliminations	Midtown consolidated total
Operating revenue, gains and other support:						
Net patient service revenue	ŝ	1,081	203,649	5,347	(2,875)	207,202
State support Other revenue		1,043	— 19,457	34		20,534
Total operating revenue, gains and other support		2,124	223,106	5,381	(2,875)	227,736
Operating expenses:						
Salaries, wages and benefits		832	101,953	1,569	Ι	104,354
Expendable supplies		70	35,027	159	Ι	35,256
Purchased services		1,738	49,358	778	Ι	51,874
Contracted services		Ι	27,590	2,875	(2,875)	27,590
Depreciation and amortization		569	13,161	I	I	13,730
Interest expense		с	1,041	Ι	Ι	1,044
Total operating expenses		3,212	228,130	5,381	(2,875)	233,848
Operating income (loss)		(1,088)	(5,024)	Ι	Ι	(6,112)
Nonoperating income and expenses, net:						
Contributions		Ι	Ι	Ι	Ι	Ι
Equity in net income of joint ventures		I	I	I	I	I
Investment income		I	235	I	Ι	235
Change in fair value of investments			1,435	I	Ι	1,435
Change in fair value of undesignated interest rate swaps		Ι	Ι	Ι	Ι	Ι
Other nonoperating gains and losses		1	(1,192)	Ι	Ι	(1,192)
Total nonoperating income and expenses		Ι	478	Ι	Ι	478
Excess (deficiency) of revenues over expenses	\$	(1,088)	(4,546)	I	Ι	(5,634)

Schedule 3-c

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Operations Information by Division for Baltimore Washington Medical System (BWMS)

Year ended June 30, 2019

(In thousands)

		(In the	(In thousands)					
	Baltimore Washington Medical System, Inc.	Baltimore Washington Medical Center	Baltimore Washington Healthcare Services	Baltimore Washington Health Enterprises	North County Corporation	Shipley's	Eliminations	BWMS consolidated total
Operating revenue, gains and other support:								
Net patient service revenue	\$ 6,578	389,018	62,740	Ι	I	Ι	(1,884)	456,452
State support Other revenue	4,185	4,641			2,718		— (17,629)	4,532
Total operating revenue, gains and other support	10,763	393,659	73,357	Ι	2,718	Ι	(19,513)	460,984
Operating expenses: Salaries, wages and benefits	5.495	180.416	62.637	I	I	I	(2,441)	246,107
Expendable supplies	246	59,048	13,857	I	200	I	Ì	73,351
Purchased services	3,223	72,493	14,350	Ι	1,358	Ι	(8,411)	83,013
Contracted services	Ι	18,340	4,360	I	I	I	(8,662)	14,038
Depreciation and amortization	478	26,830	376	Ι	650	Ι	I	28,334
Interest expense	21	5,394	Ι	Ι	109	Ι	Ι	5,524
Total operating expenses	9,463	362,521	95,580	Ι	2,317	I	(19,514)	450,367
Operating income (loss)	1,300	31,138	(22,223)	l	401	I	~	10,617
Nonoperating income and expenses, net:								
Contributions	Ι	Ι	Ι	Ι	Ι	Ι	Ι	I
Equity in net income of joint ventures	13,420	(518)	Ι	Ι	Ι	Ι	(13,420)	(518)
Investment income	Ι	3,708	l	2	Ι	Ι	Ι	3,710
Change in fair value of investments	Ι	3,458	I	Ι	Ι	Ι	Ι	3,458
Change in fair value of undesignated interest rate swaps	Ι	Ι	ļ	Ι	Ι	I	I	I
Other nonoperating gains and losses	(455)	(2,170)	Ι	425	Ι	Ι	Ι	(2,200)
Total nonoperating income and expenses	12,965	4,478	Ι	427	Ι	I	(13,420)	4,450
Excess (deficiency) of revenues over expenses	\$ 14,265	35,616	(22,223)	427	401		(13,419)	15,067

Schedule 3-d

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Operations Information by Division for Shore Regional Health (Shore Regional)

Year ended June 30, 2019

(In thousands)

	Shore Health System, Inc.	Shore Orthopedics	UM Shore Home Care	Queenstown ASC	Shore Med. Group	Memorial Hospital Foundation, Inc. and Subsidiar <u>y</u>	Chester River Consolidated Total	Eliminations	SHS consolidated total
Operating revenue, gains and other support:									
Net patient service revenue	\$ 257,209	8,563	3,112	(20)	35,874	I	45,217	Ι	349,955
State support Other revenue	9,160	48	-		3,125			— (3,158)	— 10,365
Total operating revenue, gains and other support support	266,369	8,611	3,113	(20)	38,999	I	46,406	(3,158)	360,320
Operating expenses: Salaries, wages and benefits	114.716	8.845	3.582	111	46.108	I	17.792	I	191.154
Expendable supplies	37,512	1,017	66	23	6,728	Ι	3,853	I	49,199
Purchased services	44,893	1,554	615	400	7,651	Ι	21,793	(1,466)	75,440
Contracted services	13,880	I	Ι	Ι	421	Ι	6,414	(1,692)	19,023
Depreciation and amortization	18,473	133	23	80	457	Ι	4,202	I	23,296
Interest expense	2,751	Ι	Ι	Ι	Ι	Ι	132	Ι	2,883
Total operating expenses	232,225	11,549	4,286	542	61,365	Ι	54,186	(3,158)	360,995
Operating income (loss)	34,144	(2,938)	(1,173)	(562)	(22,366)	Ι	(7,780)	Ι	(675)
Nonoperating income and expenses, net: Contributions	œ	I	I	I	I	25	89	I	122
Equity in net income of joint ventures	257	Ι	I	I	I			Ι	257
Investment income (loss)	3,129	I	I	I	Ι	1,308	851	I	5,288
Change in fair value of investments	(862)	Ι	I	I	I	(184)	(463)	I	(1,509)
Change in fair value of undesignated interest rate swaps	Ι	I	Ι	Ι	Ι	I	Ι	Ι	I
Other nonoperating gains and losses	(681)	Ι	Ι	Ι	Ι	(3,968)	(5,637)	Ι	(10,286)
Total nonoperating income and expenses	1,851	Ι	Ι	Ι	Ι	(2,819)	(5,160)	Ι	(6,128)
Excess (deficiency) of revenues over expenses	\$ 35,995	(2,938)	(1,173)	(562)	(22,366)	(2,819)	(12,940)	Ι	(6,803)

Schedule 3-e

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Operations Information by Division for Chester River Health System, Inc. (CRHS) a subsidiary of Shore Regional Health

Year ended June 30, 2019

(In thousands)

		Chester River Hospital Center	UM Shore Nursing and Rehab.	UM Chester River Home Care	Chester River Health Foundation	Chester River consolidated total
Operating revenue, gains and other support:						
vice revenue	ŝ	42,677 		2,540 		45,217 —
Other revenue		1,187	l	2	l	1,189
Total operating revenue, gains and other support		43,864	Ι	2,542	l	46,406
Operating expenses:						
Salaries, wages and benefits		15,508	I	2,284	I	17,792
Expendable supplies Purchased services		3,807 21 222		40 571		3,853 21 793
Contracted services		6,414	I	;	I	6,414
Depreciation and amortization		4,192	Ι	10	Ι	4,202
Interest expense		132	Ι	Ι	Ι	132
Total operating expenses		51,275	Ι	2,911		54,186
Operating loss		(7,411)	Ι	(369)		(7,780)
Nonoperating income and expenses, net:					Οă	Οð
Equity in net income of joint ventures			I	I	3	3
Investment income		416	I	38	397	851
Change in fair value of investments		(109)	Ι	(10)	(344)	(463)
Change in fair value of undesignated interest rate swaps			I	I	I	I
Other nonoperating gains and losses		(4,594)	I	Ι	(1,043)	(5,637)
Total nonoperating income and expenses		(4,287)	I	28	(901)	(5,160)
Excess (deficiency) of revenues over expenses	φ	(11,698)	l	(341)	(901)	(12,940)

Schedule 3-f

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Operations Information by Division for Charles Regional Health (Charles Regional)

Year ended June 30, 2019

	ъ _В В	Charles Regional Health, Inc.	Charles Regional Medical Center, Inc.	Charles Regional Urgent Care	Charles Regional Care Partners, Inc. and Subsidiary	Charles Regional Health Foundation, Inc.	Charles Regional Medical Group	Charles Regional Imaging Center	Eliminations	Charles Regional consolidated total
Operating revenue, gains and other support:										
Net patient service revenue	ŝ	Ι	132,932	143	1,491	I	4,376	Ι	I	138,942
		I	Ι	I	Ι	Ι	Ι	Ι	I	I
Other revenue		226	541	Ι	Ι	Ι	321	Ι	Ι	1,088
Total operating revenue, gains and other support		226	133,473	143	1,491	I	4,697	Ι	Ι	140,030
Operating expenses: Salaries wardes and henefits		I	58 291	I	I	I	5.372	I	I	63 663
Expendable supplies		Ι	17,735	6	06	I	141	I	I	17,975
Purchased services		200	30,335	378	1,599	Ι	1,584	Ι	Ι	34,096
Contracted services		I	7,031	I	212	Ι	459	Ι	I	7,702
Depreciation and amortization		1,749	6,151	12	833	I	79	I	I	8,824
Interest expense		254	1,737	Ι	Ι	Ι	Ι	Ι	Ι	1,991
Total operating expenses		2,203	121,280	399	2,734	Ι	7,635	Ι	Ι	134,251
Operating income (loss)		(1,977)	12,193	(256)	(1,243)	Ι	(2,938)	Ι	Ι	5,779
Nonoperating income and expenses, net:										
Contributions		I	I	I	I	288	I	I	I	288
Equity in net income of joint ventures		Ι	305	Ι	373	I	Ι	Ι	Ι	678
Investment income		I	006	Ι	Ι	106	I	Ι	Ι	1,006
Change in fair value of investments		I	243	I	Ι	69	I	I	I	312
Change in fair value of undesignated interest rate swaps		I	Ι	Ι	Ι	I	I	I	Ι	I
Other nonoperating gains and losses		Ι	(532)	Ι	Ι	(381)	Ι	Ι	419	(494)
Total nonoperating income and expenses		Ι	916	Ι	373	82	Ι	Ι	419	1,790
Excess (deficiency) of revenues over expenses	Ф	(1.977)	13.109	(256)	(870)	82	(2 038)	I	419	7 560

Schedule 3-g

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Operations Information by Division for University of Maryland St. Joseph Health System (SJHS)

Year ended June 30, 2019

(In thousands)

	St. Joseph Medical Center	St. Joseph Medical Group	St. Joseph Properties	St. Joseph Orthopaedics	O'Dea Medical Arts	St. Joseph Foundation	UM Regional Supplier Svcs	UM Regional Prof SVCS	UM Pain Specialist LLC	Eliminations	St. Joseph consolidated total
perating revenue, gains and other support:											
Net patient service revenue	\$ 341,266	39,083	Ι	23,556	Ι	Ι	5,025	4,212	1,367	Ι	414,509
State support Other revenue		 14.487	1 812				07			 (16 582)	
Total operating revenue, gains and other support	345,298		1,812	24,210	2,647		5,074	4,426	1,367	(16,582)	421,822
perating expenses:											
Salaries, wages and benefits	139,503	Q	I	17,301	I	I	706	3,125	509	332	213,225
Expendable supplies	62,174	1,259	I	21	I	I	3,311	96	I	I	66,861
Purchased services	65,195	ດົ	2,714	11,718	1,398	I	1,314	750	858	(3,553)	90,328
Contracted services	21,857	102	I	I	I	Ι	I	I	I	(13,361)	8,598
Depreciation and amortization	23,198		47	49	493	I	29	31	I	I	24,097
Interest expense	8,894		Ι		389		Ι	Ι	Ι	Ι	9,283
Total operating expenses	320,821	63,294	2,761	29,089	2,280	Ι	5,360	4,002	1,367	(16,582)	412,392
Operating income (loss)	24,477	(9,724)	(949)	(4,879)	367	Ι	(286)	424	Ι	Ι	9,430
lonoperating income and expenses, net:											
Contributions	I	Ι	Ι	I	Ι	161	Ι	I	Ι	Ι	161
Equity in net income of joint ventures	1,236	I	I	I	I	I	I	I	I	I	1,236
Investment income	1	Ι	I	I	-	1,384	I	I	I	I	1,385
Change in fair value of investments	Ι	Ι	Ι	Ι	Ι	292	Ι	Ι	Ι	Ι	292
Change in fair value of undesignated interest rate swaps	I	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	I
Other nonoperating gains and losses	(2,562)		I	I	I	(1,772)	Ι	Ι	I	I	(4, 334)
Total nonoperating income and expenses	(1,326)	-		Ι	-	65	I	I	I	I	(1,260)
Excess (deficiency) of revenues over expenses	\$ 23,151	(9,724)	(949)	(4,879)	368	65	(286)	424	I	I	8,170

See accompanying independent auditors' report.

Operating expenses: Salaries, wages and benefits Expendable supplies Purchased services Contracted services Depreciation and amortization Interest expense

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Schedule

Consolidating Operations Information by Division for University of Maryland Upper Chesapeake Health System (UCHS)

Year ended June 30, 2019 (In thousands)

	Upper Chesapeake Medical Center	Harford Memorial Hospital	UCHS Properties	Health Ventures	Medical Services	Residential Hospice House	Upper Chesapeake Health Foundation	Upper Chesapeake Health System	Behavioral Health Crisis Center	Upper Chesapeake Insurance Co.	Upper Chesapeake Land Trust	Eliminations	Upper Chesapeake consolidated total
Operating revenue, gains and other support:													
Net patient service revenue	\$ 276,845	91,868	Ι	Ι	56,437	239	Ι	Ι	16	Ι	Ι	Ι	425,405
State support Other revenue	4.813	— 1.347				400		15.289	500	194		(020:020)	4.379
Total operating revenue, gains and other support	281,658		1	1	65,343	639	1	15,289	516	194	I	(27,070)	429,784
Operating expenses:													
Salaries, wages and benefits	127,890		I	I	51,974	198	I	11,902	264	I	I	I	246,626 62,680
Experiatore suppries Purchased services	44,300	19.345	287		11.679	30 136		2.984	30 651	350	21	(17.686)	59.926
Contracted services	12,481		I	I	2,931	Ι	I	58	I	I	I	(8,173)	12,027
Depreciation and amortization	17,806		Ι	Ι	401	274	Ι	109	115	Ι	Ι) ;	22,086
Interest expense	6,824	942	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	7,766
Total operating expenses	251,520	89,425	287	Ι	77,764	1,258	Ι	15,288	1,066	350	21	(25,859)	411,120
Operating income (loss)	30,138	3,790	(287)	Ι	(12,421)	(619)	Ι	۲	(550)	(156)	(21)	(1,211)	18,664
Nonoperating income and expenses, net:							0 10 0						
Contributions	I	I	I		I	I	2,376	I	I	I	I	(762)	1,614
Equity in net income of joint ventures		I	I	92	I		I	I	I	I	I	100	192
Investment income	3,101	2,075	I	I	I	18	963	I	I	156	I	I	6,313
Change in fair value of investments	3,563	2,128	I	I	I	25	1,168	I	I	I	I	I	6,884
Change in fair value of undesignated interest rate swaps	1	I	I	I	I	I	I	I	I	I	I	I	I
Other nonoperating gains and losses	(2,263)	I	I	I	I	Ι	I	I	I	I	I	Ι	(2,263)
Total nonoperating income and expenses	4,401	4,203	Ι	92	Ι	43	4,507	Ι	Ι	156	Ι	(662)	12,740
Excess (deficiency) of revenues over expenses	\$ 34,539	7,993	(287)	92	(12,421)	(576)	4,507	1	(220)	I	(21)	(1,873)	31,404

See accompanying independent auditors' report.

Schedule 3-h

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Operations Information by Division for University of Maryland Capital Region Health System (Capital Region)

Year ended June 30, 2019

				(In thousands)	sou, 2013 Ids)							
I	Prince George's Hospital Center	Laurel Regional Hospital	Bowie Health Center	Gladys Spellman Specialty Care	Dimensions Healthcare Associates	Affiliated Enter prises, Inc.	Madison Manor Inc.	Dimensions Assurance, <u>Ltd.</u>	Dimensions Health System Corporate	Regional Medical Center	Eliminations	Capital Region consolidated total
Ф	271,904	57,853	19,545	4,061	7,691	I	I	Ι	Ι	Ι	Ι	361,054
	28,594 6,572	9,246 310	1 8		381 92	 873		(493)			(76,534)	38,221 8,013
1	307,070	67,409	19,577	4,061	8,164	873	I	(493)	77,161	I	(76,534)	407,288
	129 745	010 10	9 N92	2 454	20.174	I	I	I	26.014	I	I	211 698
	36.969	7.865	3,033	347	545	4			(184)			48,579
	105,358	21,814	7,437	1,576	(15,057)	473	300	256	47,840	I	(76,534)	93,463
	16,125	4,908	(147)	58	19,021	I	I	I	I	I	I	39,965
	6,682	3,319 2	1,401	26	98	179	I	I	3,242	I	I	14,947
I	I	0	I	I	I	40	I	I		I	I	120
I	294,879	62,128	20,816	4,461	24,781	702	300	256	76,983	I	(76,534)	408,772
I	12,191	5,281	(1,239)	(400)	(16,617)	171	(300)	(749)	178	I	I	(1,484)
	I	I	I	I	I	I	I	I	I	I	I	I
	Ι	Ι	Ι	Ι	Ι	Ι	542	Ι	Ι	Ι	Ι	542
	I	I	I	I	I	I	I	200	(107)	I	I	93
	I	I	I	I	I	I	I	I	I	I	I	I
	(450)	(206)	(12)		109)				102)			
I	(150)	(102)	(21)	(07)	(00)		0 1	000	(2.1)			(200)
1	(459)	(707)	(21)	(28)	(09)		242	2002	(771)	I		(102)
ъ	11,732	5,074	(1,251)	(428)	(16,677)	171	242	(549)	4	I	Ι	(1,685)

Total operating revenue, gains and other support

Operating revenue, gains and other support:

Net patient service revenue State support Other revenue See accompanying independent auditors' report.

Excess (deficiency) of revenues over expenses

Total nonoperating income and expenses

Nonoperating income and expenses, net: Contibutions Equity in net income of joint ventures Investment income Change in fair value of undesignated interest rate swaps Other nonoperating gains and losses

Total operating expenses Operating income (loss)

Operating expenses: Salaries, wages and benefits Expendable supplies Purchased services Contracted services Depreciation and amortization Interest expense

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Consolidating Operations Information by Division Year ended June 30, 2018 (In thousands)

Consolidated total	3,877,341 40,374 150,856	4,068,571	2,020,075 788,252 615,978 275,376 236,090 55,627	3,961,398 107,173	12,377 41,772 5,489 37,465 23,976 43,071 (27,120)	137,030 244,203 (27,366) 216,837
Eliminations	(1,944) (23,334) (63,587)	(88,865)	(88, 865) 	(88,865) —		
Other	75,781 — 65,388	141,169	101,995 16,047 39,289 5,170 2,343 183	165,027 (23,858)	1111111	(23,858)
UMMS Foundation		I	11111		8,832 710 433 (3,643)	6,332 6,332 6,332
UM Health Plans		I		1,369 (1,369)		
Capital Region	303,212 32,508 6,665	342,385	174,599 43,570 69,506 35,348 12,699 12,699	335,910 6,475		3,245 9,720 –
UCHS	439,963 2,092	442,055	233,763 79,553 62,174 10,858 22,865 7,737	416,950 25,105	3,043 445 5,913 7,993 (2,702)	14,692 39,797
St. Joseph Health	427,381 6,594	433,975	204,532 83,121 96,864 7,867 21,990 9,413	423,787 10,188	213 759 277 (5,468)	(2,801) 7,387
Charles Regional	136,071 768	136,839	57,036 19,266 34,282 7,416 8,623 2,032	128,655 8,184	240 240 1,282 1,282 (530)	1,768 9,952
Shore Regional	314,862 4,916	319,778	141,377 45,245 80,194 19,256 22,396 22,953	311,421 8,357	289 	17,404 25,761
Baltimore Washington Medical System	391,932 — 6,689	398,621	187,436 58,274 86,874 17,164 27,564 5,495	382,807 15,814		2,578 18,392
Midtown	211,628 	231,245	97,227 32,898 55,187 27,207 12,843 1,061	226,423 4,822	(3,5 <u>35)</u>	(3,463) 1,359
Rehabilitation & Orthopaedic Institute	110,469 — 2,735	113,204	54,716 15,433 23,182 8,553 6,658 674	109,216 3,988	1,028 1,318 (294)	2,052 6,040
University of Maryland Medical Center & Affiliates	\$ 1,467,986 31,200 98,979	1,598,165	767,394 364,845 157,291 136,537 98,109 24,522	1,548,698 49,467	41,772 3,059 10,317 6,913 43,071 (9,909)	\$ 95,223 144,690

Total operating expenses Operating income/(loss) from continuing operations

Total operating revenue, gains and other support

Operating expenses: Salaries, varges and benefits Expendable supplies Furchased services Contracted services Depreciation and amonitization Interest expense

Operating revenue, gains and other support: Net patient service revenue State support Other revenue

Nonoperating income and expenses, net: Contributions Interent contribution - Capital Region (Equity in an income of joint ventures factorial in air value of investments Change in fair value of investments Change in fair value of indestigated interest rate swaps One fair nonoperating gains and losses Total nonoperating income and expenses Excess (deficiency) of reverues over expenses

See accompanying independent auditors' report.

Excess (deficiency) of revenues over expenses

Loss on discontinued operations

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Combining Balance Sheet Information – Obligated Group

June 30, 2019

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(l)	

Assets	University of Maryland Medical Center & Affiliate*	of I Rehabilitation & Orthopaedic * Institute	University of Maryland Midtown Campus	Baltimore Washington Medical Center, Inc.	Shore Health System, Inc.	Chester River Medical Center	Charles Regional Medical Center	St. Joseph Medical Center	Upper Chesapeake Hospitals**	Capital Region Hospitals***	UMMS Foundation	Eliminations	Obligated group total
Current assets: Cash and cash equivalents Assets limited as to use, current portion	\$ 236,352 59,693	2 5,261 3 –	9,537 497	5,958 1,484	(14,169) 907	35,738 113	9,066 529	194 1,281	23,177 —	-	11		311,115 64,504
Accounts receivable: Patient accounts receivable, net Other Inventories Prepaid expenses and other current assets	194,391 223,298 35,224 21,252	1 7,428 8 889 4 1,159 2 136	13,447 2,835 2,279 428	41,211 21,332 6,019 1,445	34,554 14,741 3,346 1,744	4,104 263 728 19	18,405 17,425 1,675 639	36,083 2,205 5,230 1,012	34,032 33,903 8,227 5,264	48,763 186,983 5,837 223		(100,557) 	432,418 403,317 69,724 33,662
Total current assets	770,210	0 14,873	29,023	77,449	41,123	40,965	47,739	46,005	104,603	241,807	1,500	(100,557)	1,314,740
Investments	293,857	7 39,599	17,269	154,416	77,659	(4,168)	21,775	Ι	265,001	I	Ι	I	865,408
Assets limited as to use, less current portion: Investments held for collateral	94,786	6 1,115	1,721	8,929	4,091	222	2,722	I	I	I	I	I	113,586
Debt service funds	29,550		1	I	I	I	I	I	Ι	I	I	I	29,550
Construction funds	374,671	1 19,573	1,931	19,023	25,987	4,110	13,434	4,389	Ι	Ι	Ι	Ι	463,118
Board designated and escrow funds	1	1	Ι	Ι	25,000	5,000	Ι	Ι	15,113	Ι	20,321	I	65,434
Self-insurance trust funds	76,676	9	11,214	26,009	27,749	8,267	9,400	8,280	I	I	I	I	167,595
Funds restricted by donor	I	1	1,093	Ι	4,975	105	Ι	Ι	Ι	Ι	30,789	I	36,962
Economic interests in the net assets of related organizations	215,768	35,655	531	10,337	79,326	6,662	5,346	9,503	I	955	I	(79,652)	284,431
	791,451	1 56,343	16,490	64,298	167,128	24,366	30,902	22,172	15,113	955	51,110	(79,652)	1,160,676
Property and equipment, net Investments in joint ventures and other assets	1,079,351 919,378	1 43,324 8 15,600	102,547 8,178	230,961 25,662	123,617 10,616	17,684 2,104	73,948 10,839	213,412 40,448	241,328 254,247	50,278 2,981	17,756	 (792,346)	2,176,450 515,463
Total assets	\$ 3,854,247	7 169,739	173,507	552,786	420,143	80,951	185,203	322,037	880,292	296,021	70,366	(972,555)	6,032,737
 Includes Corporate Shared Services Includes both Upper Chesapeake Medical Center and Harford Memorial Hospital 	d Harford Memorial H	Hospital											

** Includes both Upper Chesapeake Medical Center and Harford Memorial Hospital *** Includes Prince George's Hospital Center, Laurel Regional Hospital, Bowie Health Center and Gladys Spellman Specialty Care Unit

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Combining Balance Sheet Information – Obligated Group

June 30, 2019

(In thousands)

Liabilities and Net Assets	University of Maryland Medical Center & Affiliate*	Rehabilitation & Orthopaedic Institute	University of Maryland Midtown Campus	Baltimore Washington Medical Center, Inc.	Shore Health System, Inc.	Chester River Medical Center	Charles Regional Medical Center	St. Joseph Medical Center	Upper Chesapeake Hospitals**	Capital Region Hospitals***	UMMS Foundation	Eliminations	Obligated group total
Current liabilities:	010 011	100 11		111 01	11 400	1001	010 0	010 00	000 01	01101	1		101 000
	0 14Z,349	10,820	00/01	110,01	10,499	4,904	0,210	20,902	10,290	13,140	117	I	203,734
Accrued payroll and benefits	142,095	4,886	9,177	18,566	11,299	1,990	4,030	16,837	21,585	12,034	I	I	248,499
Advances from third-party payors	73,408	5,544	6,180	11,672	5,562	655	3,729	11,252	8,240	12,921	I	I	139,163
Short-term financing	130,000	I	I	I	I	I	I	I	I	I	I	Ι	130,000
Lines of credit	150,000	I	Ι	I	I	Ι	I	Ι	I	I	Ι	I	150,000
Other current liabilities	129,689	2,025	4,285	3,904	4,159	3,068	2,537	3,564	20,351	51,073	I	(100,557)	124,098
Long-term debt subject to short-term remarketing													
arrangements	18,895	I	I	I	I	I	I	I	I	I	I	I	18,895
Current portion of long-term debt	14,724	551	852	4,417	2,824	108	2,465	6,821	5,418	Ι	Ι	I	38,180
Total current liabilities	801,160	28,831	36,249	57,136	39,343	10,725	18,977	59,430	77,890	89,168	217	(100,557)	1,118,569
Long-term debt, less current portion	758,114	18,726	28,771	149,910	73,851	3,670	46,605	210,299	185,920	I	I	I	1,475,866
Other long-term liabilities	150,587	103	21,450	43,905	18,159	7,093	16,761	111,226	36,637	206	I	(90,046)	316,081
IIIIGIGSTIAIG SWAP IIAUIIIIGS	130,1/4	I	I		I	I	I	I	I	I	I	I	130,174
Total liabilities	1,906,035	47,660	86,470	250,951	131,353	21,488	82,343	380,955	300,447	89,374	217	(190,603)	3,106,690
Net assets: Without donor restrictions	1,316,301	86,424	85,413	291,498	253,341	55,038	102,860	(58,919)	404,868	201,167	22,317	(553,047)	2,207,261
With donor restrictions	631,911	35,655	1,624	10,337	35,449	4,425	I	-	174,977	5,480	47,832	(228,905)	718,786
Total net assets	1,948,212	122,079	87,037	301,835	288,790	59,463	102,860	(58,918)	579,845	206,647	70,149	(781,952)	2,926,047
Total liabilities and net assets	\$ 3,854,247	169,739	173,507	552,786	420,143	80,951	185,203	322,037	880,292	296,021	70,366	(972,555)	6,032,737
* Includes Corporate Shared services	Larford Memorial Hos	Dita											

** Includes both Upper Chesapeake Medical Center and Harford Memorial Hospital *** Includes Prince George's Hospital Center, Laurel Regional Hospital, Bowie Health Center and Gladys Spellman Specialty Care Unit

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Combining Balance Sheet Information – Obligated Group

June 30, 2018

(In thousands)

Assets	University of Maryland Medical Center & Affiliate*	Rehabilitation & Orthopaedic Institute	University of Maryland Midtown Campus	Baltimore Washington Medical Center, Inc.	Shore Health System, Inc.	Chester River Medical Center	Charles Regional Medical Center	St. Joseph Medical Center	Upper Chesapeake Hospitals**	Capital Region Hospitals***	UMMS Foundation	Eliminations	Obligated group total
Current assets: Cash and cash equivalents Assets limited as to use, current portion	\$ 254,636 51,674	2,274 —	3,264 682	10,770 1,392	(1,503) 767	12,637 176	3,954 484	(3,101) 1,128	41,087 —	σ			324,021 56,303
Accounts receivable: Patient accounts receivable, net Other Inventories Prepaid expenses and other current assets	198,855 385,791 33,503 15,800	8,172 16,159 1,145 133	7,260 31,529 2,983 839	35,056 5,110 6,496 1,220	25,109 4,030 3,810 1,428	6,266 3,737 672 48	10,658 11,554 1,680 617	31,520 693 5,501 830	33,326 — 8,478 3,169	47,352 176,042 5,606 213	 1,500	(273,176) 	403,574 361,469 69,874 25,797
Total current assets	940,259	27,883	46,557	60,044	33,641	23,536	28,947	36,571	86,060	229,216	1,500	(273,176)	1,241,038
Investments	288,289	37,828	e	147,525	77,168	14,319	33,218	I	241,512	Ι	I	Ι	839,862
Assets limited as to use, less current portion: Investments held for collateral	50,572	I	3,700	8,000	I	I	I	Ι	22,318	I	Ι	I	84,590
Debt service funds	33,935	Ι	I	I	Ι	I	Ι	Ι	Ι	Ι	I	Ι	33,935
Construction funds	333,359	17,112	8,589	10,613	20,268	4,110	13,434	4,389	I	I	I	I	411,874
Board designated and escrow funds	Ι	I	I	I	25,000	5,000	I	I	I	I	17,674	I	47,674
Self-insurance trust funds	79,742	I	14,816	23,164	29,050 5 250	8,179	7,392	7,889	ļ	I	000 000	I	170,232
runds resincted by donor Economic infreests in the net assets of related organizations	202,725	35,620	447	9,862	3,232 83,027	7,574	5,265	9,503		743	zo,302	(66,492)	33,433 288,274
	700,333	52,732	28,645	51,639	162,597	24,968	26,091	21,781	22,318	743	44,657	(66,492)	1,070,012
Property and equipment, net Investments in joint ventures and other assets	917,186 1,013,950	45,094 —	100,389 6,339	236,600 28,869	132,787 10,301	20,631 1,995	73,626 9,676	208,109 31,300	242,621 233,870	54,800 3,386	11,008	— (702,300)	2,031,843 648,394
Total assets	\$ 3,860,017	163,537	181,933	524,677	416,494	85,449	171,558	297,761	826,381	288,145	57,165	(1,041,968)	5,831,149
* Includes Corporate Shared Services	Harford Memorial Hos												

** Includes both Upper Chesapeake Medical Center and Harford Memorial Hospital *** Includes Prince George's Hospital Center, Laurel Regional Hospital, Bowie Health Center and Gladys Spellman Specialty Care Unit

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES

Combining Balance Sheet Information – Obligated Group

June 30, 2018 (In thousands)

Liabilities and Net Assets	University of Maryland Medical Center & Affiliate*	Rehabilitation & Orthopaedic Institute	University of Maryland Midtown Campus	Baltimore Washington Medical Center, Inc.	Shore Health System, Inc.	Chester River Medical Center	Charles Regional Medical Center	St. Joseph Medical Center	Upper Chesapeake Hospitals**	Capital Region Hospitals***	UMMS Foundation	Eliminations	Obligated group total
Current liabilities:													
Trade accounts payable	\$ 135,377	11,769	13,576	15,782	11,773	2,336	5,922	18,181	18,418	14,759	176	I	248,069
Accrued payroll and benefits	111,521	5,684	10,595	19,321	15,094	2,467	3,799	21,433	26,842	12,465	Ι	Ι	229,221
Advances from third-party payors	82,676	6,526	7,378	12,178	5,560	620	3,508	11,412	9,367	14,584	Ι	Ι	153,809
Short-term financing	99,300	I	I	Ι	I	I	Ι	I	Ι	Ι	I	Ι	99,300
Lines of credit	150,000	I	I	I	I	I	I	I	I	I	I	I	150,000
Other current liabilities	256,404	1,333	4,197	4,480	13,405	876	1,181	97,313	11,967	65,239	I	(273,176)	183,219
Long-term debt subject to short-term remarketing													
arrangements	58,054	I	I	I	I	I	I	I	I	I	I	I	58,054
Current portion of long-term debt	14,841	518	800	4,148	2,700	102	2,522	6,429	5,088	I	I	Ι	37,148
Total current liabilities	908,173	25,830	36,546	55,909	48,532	6,401	16,932	154,768	71,682	107,047	176	(273,176)	1,158,820
Long-term debt, less current portion	725,170	19,278	29,623	154,327	76,675	3,779	48,971	217,122	191,386	I	I	Ι	1,466,331
Other long-term liabilities	126,396	144	18,742	45,477	15,786	6,814	16,345	29,971	22,125	350	I	I	282,150
Interest rate swap liabilities	149,789	I	Ι	I	Ι	I	Ι	I	I	I	Ι	I	149,789
Total liabilities	1,909,528	45,252	84,911	255,713	140,993	16,994	82,248	401,861	285,193	107,397	176	(273,176)	3,057,090
Net assets: Unrestricted	1,332,799	82,665	95,482	259,102	238,908	63,998	89,310	(104,101)	368,698	175,835	23,853	(553,047)	2,073,502
Temporarily restricted	617,690	35,620	1,540	9,862	36,593	4,457	Ι	-	172,490	4,913	33,136	(215,745)	700,557
Total net assets	1,950,489	118,285	97,022	268,964	275,501	68,455	89,310	(104,100)	541,188	180,748	56,989	(768,792)	2,774,059
Total liabilities and net assets	\$ 3,860,017	163,537	181,933	524,677	416,494	85,449	171,558	297,761	826,381	288,145	57,165	(1,041,968)	5,831,149
 Includes Corporate Shared services ** Includes hold, Honor Channello Madrial Control Control Madrid Manuality 	Harford Memorial Hos												

** Includes both Upper Chesapeake Medical Center and Harford Memorial Hospital *** Includes Prince George's Hospital Center, Laurel Regional Hospital, Bowie Health Center and Gladys Spellman Specialty Care Unit

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND SUBSIDIARIES Combining Operations and Changes in Neu-Assess Information – Obligated Group Year ended June 30, 2019 (in throusends)

						6									
Rehab	Rehabili tati on & Orthopaedic	Uni versity of Maryland Midtown	Baltimore Washington Medical	Memorial	Shore Health System Dor chester	System		Chester River Hospital	Charles Regional Medical	St. Joseph Medical	Upper Chesapeake	Capital Region	SMMU		Obligated group
Ë	Institute	Campus	Center	Hospital	General	QAEC	Subtotal	Center	Center	Center	Hospitals**	Hospitals ***	Foundation	Eliminations	total
10	09,207	203,649	389,018	213,292	38,777	5,140	257,209	42,677	132,932	341,266	368,713	353,363	Ι	(2,894)	3,751,450
					I	I						37,840		(27,000) (181.570)	41,140
	2,013	19,457	4,641	8,153	894	113	9,160	1,187	541	4,032	6,160	6,914	I	(1,127)	168,949
-	11,220	223,106	393,659	221,445	39,671	5,253	266,369	43,864	133,473	345,298	374,873	398,117	Ι	(212,591)	3,961,539
، ۵	53,990 13,804	101,953 35,027	180,416 59.048	90,164 34.581	21,095 2.389	3,457 542	114,716 37.512	15,508 3.807	58,291 17 735	139,503 62 174	181,688 51 589	165,610 48.214		(181,570)	1,832,936 752,659
	23,375	49,358	72,493	37,114	6,839	940	44,893	21,222	30,335	65,195	61,504	136,185	I	(31,021)	620,033
	9,392 6 870	27,590	18,340 26 820	9,041	3,592	1,247	13,880	6,414	7,031	21,857	17,211	20,944			274,221
	676	1,041	5,394	2,390	258	103	2,751	132	1,737	8,894	7,766	3			55,053
10	116	228,130	362,521	188,652	36,862	6,711	232,225	51,275	121,280	320,821	340,945	382,384	Ι	(212,591)	3,766,828
Э	3,104	(5,024)	31,138	32,793	2,809	(1,458)	34,144	(7,411)	12,193	24,477	33,928	15,733	Ι	I	194,711
	I	I		80 10	I	I	8	I			I	I	3,422	I	3,430
1.8	1.831	235	3.708	3.129			3.129	416	c006		5.176		467		27.055
	I	1,435	3,458	(862)	I	Ι	(862)	(109)	243	Ι	5,691	I	292	I	22,516
	15	2		1 99	I	I	1 9	1 20 20		193 0	1 68 6	1 4025	1002 17	I	(47,995)
ļ	117	1021	12,110/	4 014			1001	(1000) 11	1000	(200.1)	10012)	(001)	(001)		(04 400)
ļ	00112	1011	0.00 0.0	1001	0000		1001	1 10012	010	102011	10010	100.0	12101		1001.1121
	717'0	(0+0'+)	010'00	34,044	R00'7	(004/1)	00,440	(060'11)	601'C1	101'07	44,034	/70'G1	(710)	I	000'671
	I	650	904	1,901	I	I	1,901	278	I	1,987	I	I	Ι	I	11,105
	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
							I								I
	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
0	-1.452)	(3.955)	(2.671)	(25.629)			(25.629)	(565)	386	20.637	(6.362)	10.205	(1.002)		(53.713)
-	Ì	(appella)	((a=a a=1			formations	(2000)			(=0010)		(mon 1 -)		(a 10a)
	I	I	I	I	I	I	I	I	I	I	I	I	I	I	1,610
		(2,205)	(1,455)	I				1,995	I				8		(1,665)
	I E	(13)	0	2.166			2.166	1.030	13	(293)			5 -		2.637
l	3.759	(10.069)	32.396	13.082	2.809	(1.458)	14.433	(8,960)	13,550	45,182	36.170	25.232	(1.535)	I	133,660
ļ															

Includes Corporate Standard Contraction 1 assets
 Technology 1 and 1 a

See accompanying independent auditors' report.

Schedule 7

ERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION	AND SUBSIDIARIES
UNIVERSIT	

Combining Operations and Changes in Net Assets Information – Obligated Group Year ended June 30, 2018 (In thousands)

	University of Maryland		5	Baltimore		:			Chester	Charles		:				
	Medical Center & Affiliate*	Rehabilitation & Orthopaedic Institute	Maryland Midtown Campus	Washington Medical Center	Memorial Hospital	Shore Health System Dorchester General QAE(n System QAEC	Subtotal	River Hospital Center	Regional Medical Center	St. Joseph Medical Center	Upper Chesapeake Hospitals**	Capital Region Hospitals***	UMMS Foundation	Eliminations	Obligated group total
Operating revenue, gains and other support:																
Net patient service revenue State support	\$ 1,466,759 31,200	109,968 	210,524 —	367,990 	198,426 —	44,129 —	5,379	247,934 —	53,243 	133,242 —	361,145 —	386,323 	296,246 32,237		(1,944) —	3,631,430 63,437
Other revenue	98,680	2,732	18,610	4,980	4,347	288	6	4,644	510	550	3,266	5,114	5,156	I	I	144,242
Total operating revenue, gains and other support	1,596,639	112,700	229,134	372,970	202,773	44,417	5,388	252,578	53,753	133,792	364,411	391,437	333,639	Ι	(1,944)	3,839,109
Operating expenses:								1								
Salaries, wages, and benefits	765,900	53,923 15 410	96,439 32 834	171,046 57 852	85,481 36,031	22,387 2 868	3,308	111,176 30 366	15,995 4 807	57,036 19.015	136,452 70 5 16	172,899	160,760			1,741,626 726 742
Experimente supprises Purchased services	155,631	23,002	53,331	67,201	34,089	7,814	857	42,760	15,007	29,167	71,041	63,380	93,617		(1,944)	612,193
Contracted services	136,537	8,553	27,207	17,164	8,055	3,656	1,441	13,152	6,090	7,000	17,875	14,592	18,177	Ι	I	266,347
Ueprectation and amortization Interest expense	97,673 24,182	6,658 674	12,242 1,043	26,383 5,351	14,445 2,502	3,187 193	467 121	18,099 2,816	4,133 137	5,892 1,750	21,156 9,009	21,865 7,737	12,531 99			226,632 52,798
Total operating expenses	1,544,448	108,229	223,093	344,997	180,603	40,095	6,671	227,369	46,259	119,860	335,049	350,585	328,393	I	(1,944)	3,626,338
Operating in come (loss)	52, 191	4,471	6,041	27,973	22,170	4,322	(1,283)	25,209	7,494	13,932	29,362	40,852	5,246	I	I	212,771
Nonoperating income and expenses, net:					45									000 0		000 0
Contributions Inherent contribution - Canital Region	41.772				<u>4</u>			(4)						0,032		8,828 41,772
Equity in net income of joint ventures	503	I	I	(203)	169	47	7	223	I	239	1,418	Ι	I	Ι	I	2,180
Investment income	10,317	1,028	72	3,904	7,795	I	I	7,795	456	698	I	5,047	32	710	I	30,059
Change in fair value of investments	6,913	1,318	I	5,129	282	I	I	282	628	1,275	I	6,392	I	433	I	22,370
Charige in Lair value of unoccignated interest rate swaps Other nonoperating gains and losses	(10,075)	(294)	(3,535)	(4,754)	(702)	(194)	(28)	(924)	(443)	(831)	(3,279)	(2,702)	2,048	(3,643)		(28,432)
Total nonoperating income and expenses	92,501	2,052	(3,463)	4,076	7,540	(147)	(21)	7,372	641	1,381	(1,861)	8,737	2,080	6,332	I	119,848
Excess (deficiency) of revenues over expenses	144,692	6,523	2,578	32,049	29,710	4,175	(1,304)	32,581	8,135	15,313	27,501	49,589	7,326	6,332	I	332,619
Net assets released from restrictions used for purchase of																
property and equipment	I	I	618	1,690	745	I	I	745	453	I	I	I	I	I	I	3,506
Change in unrealized gains on investments Channe in accommic and hanaficial interest in the nat assats	I	I	I	I	I	I	I		I	I	I	I	I	I	I	
of related organizations	Ι	I	I	I	I	I	I	I	I	I	I	I	I	Ι	I	Ι
Change in ownership interest of joint ventures	Ι	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
Capital transfers (to) from affiliate	(14,310)	(7,704)	(207)	(4,120)	(18,187)	I	I	(18, 187)	(426)	(1,324)	(125,411)	(16,909)	46,450	(2,234)	I	(144,382)
Amortization of accumulated ross of discontinued designated interest rate swap	1.668	I	Ι	Ι	I	I	Ι	I	I	Ι	I	Ι	I	I	I	1.668
Change in funded status of defined benefit pension plans	1	I	4,312	1,873	I	I	I	I	(886)	1,873	I	I	I	I	I	7,172
Asset reclassifications at request of donor	I	Ι	I	I	I	I	I	I	L	I	L	Ι	I	1,978	I	1,978
Other	169	I	231	2,570	1,402	1	I	1,402	808	55	372	I	I	I	I	5,608
Increase (decrease) in unrestricted net assets	\$ 132,219	(1,181)	7,532	34,062	13,670	4,175	(1,304)	16,541	8,085	15,917	(97,538)	32,680	53,776	6,076	I	208,169
* Includes Corporate Shared Services																