

TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP 1000 Wilson Boulevard, Suite 1400 Arlington, VA 22209
Special Instructions	Returns should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their most recent Forms 990, and their Application for Recognition of Exemption (Form 1023 or 1024) for public inspection upon request. Charities must also make available Forms 990-T filed after August 17, 2006. Schedules, attachments, and supporting documents filed with Form 990-T that do not relate to the imposition of unrelated business income tax are not required to be made available for public inspection and copying (e.g. Form 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations</i> and Form 8886, <i>Reportable Transaction Disclosure Statement</i>). Forms 990 and 990-T must be made available for the three-year period beginning on the last day prescribed for filing such return (determined with regard to any extension of time for filing). The names of any contributors should not be disclosed, so we have deleted them.
Application for Recognition of Exemption	The copy of the Application for Recognition of Exemption must include any papers submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	In the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, the organization must respond within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and posting. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$0.20 for each page.
What if we post Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	The IRS may impose significant monetary penalties on an organization that does not adhere to the disclosure requirements.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning 07/01, 2016, and ending 06/30, 20 17

2016

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

Name and title of officer

PAUL NICHOLSON, CFO

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

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

- 1a Form 990 check here ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 440928973.
- 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 and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN 8 3 4 2 9 as my signature
ERO firm name Enter five numbers, but do not enter all zeros.

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

5/9/18

Part III Certification and Authentication

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

2 3 6 9 5 3 3 6 6 0 5

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

5/7/18

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

For Paperwork Reduction Act Notice, see back of form.

Cumulative e-File History 2016

Federal

Tax Return 0333KM	Return Type 990
Taxpayer UMSJ Health System LLC	

Submitted Date	2018-05-11 09:39:46
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Acknowledgement Date	2018-05-11 09:58:23
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Status	Accepted
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Submission ID	23695320181315000002
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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

A For the **2016** calendar year, or tax year beginning **07/01, 2016**, and ending **06/30, 2017**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UMSJ HEALTH SYSTEM LLC			D Employer identification number 46-2097818		
	Doing Business As UM ST. JOSEPH MEDICAL CENTER			E Telephone number (410) 328-6984		
	Number and street (or P.O. box if mail is not delivered to street address) 7601 OSLER DRIVE		Room/suite			
	City or town, state or province, country, and ZIP or foreign postal code TOWSON, MD 21204			G Gross receipts \$ 440,928,973.		
F Name and address of principal officer: THOMAS B. SMYTH 7601 OSLER DRIVE TOWSON, MD 21204			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list. (see instructions)			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: WWW.STJOSEPHHTOWSON.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2012 M State of legal domicile: MD			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS GUIDED BY OUR CATHOLIC HEALTH CARE TRADITION OF LOVING SERVICE & COMPASSIONATE CARE.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13.		
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	2,833.		
	6 Total number of volunteers (estimate if necessary)	6	643.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	579,679.		
b Net unrelated business taxable income from Form 990-T, line 34	7b	363,013.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	1,352,164.	Current Year	2,075,910.
	9 Program service revenue (Part VIII, line 2g)		423,921,940.		434,538,535.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.		0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,027,356.		4,314,528.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		439,301,460.		440,928,973.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		509,400.		119,950.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		192,625,593.		197,345,365.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		243,240,779.		240,126,309.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		436,375,772.		437,591,624.
19 Revenue less expenses. Subtract line 18 from line 12		2,925,688.		3,337,349.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	300,707,970.	End of Year	311,443,331.
	21 Total liabilities (Part X, line 26)		404,843,380.		412,898,758.
	22 Net assets or fund balances. Subtract line 21 from line 20.		-104,135,410.		-101,455,427.

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Sign Here	Signature of officer	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name FRANK GIARDINI	Preparer's signature <i>Frank S. Giardini</i>	Date 5/7/18	Check <input type="checkbox"/> if self-employed	PTIN P00532355
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-605558		Phone no. 215-561-4200	
	Firm's address ▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

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

▶ **File a separate application for each return.**
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UMSJ HEALTH SYSTEM LLC	Employer identification number (EIN) or 46-2097818
	Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST PRATT STREET, 24TH FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21201	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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

S. MICHELLE LEE

• The books are in the care of ▶ 250 W PRATT ST BALTIMORE MD 21201

Telephone No. ▶ 410 328-1376 Fax No. ▶ 410 328-7497

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

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

1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning 07/01, 2016, and ending 06/30, 2017.

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

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

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

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

Cumulative e-File History 2016

FED

Tax Return

0333KM

Return Type

990

TaxpayerUMSJ Health System LLC

Submitted Date 2017-11-07 10:59:31

Acknowledgement Date 2017-11-07 11:28:38

Status Accepted

Submission ID 23695320173115000008

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

UMSJ HEALTH SYSTEM, LLC (UMSJHS) SUPPORTS THE ACTIVITIES OF ITS SUPPORTED ORGANIZATION, THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 372,821,468. including grants of \$ 119,950.) (Revenue \$ 433,480,655.) ATTACHMENT 1

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

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

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

4e Total program service expenses 372,821,468.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
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>		X
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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
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>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: S. MICHELLE LEE 250 W PRATT ST BALTIMORE, MD 21201 410-328-1376

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS B. SMYTH PRESIDENT & CEO	40.00 2.00	X		X				533,485.	0.	52,476.
(2) HONORABLE FRANCIS X. KELLY CHAIRMAN	1.00 2.00	X		X				0.	0.	0.
(3) EDWARD J. GILLIS, ESQ. VICE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(4) JOHN W. ASHWORTH III DIRECTOR	1.00 49.00	X						0.	1,114,477.	27,816.
(5) ROBERT A. CHRENCIK DIRECTOR	1.00 57.50	X						0.	4,241,043.	24,034.
(6) JOHN P. COALE, ESQ. DIRECTOR	1.00 2.00	X						0.	0.	0.
(7) DANIEL D. DIETRICK DIRECTOR (PRES OF MED STAFF)	40.00 0.	X						163,013.	0.	0.
(8) R. MICHAEL GILL DIRECTOR	1.00 0.	X						0.	0.	0.
(9) CAROLINE A. GRIFFIN, ESQ. DIRECTOR	1.00 0.	X						0.	0.	0.
(10) HONORABLE ANDREW P. HARRIS, M. DIRECTOR	1.00 0.	X						0.	0.	0.
(11) MONSIGNOR RICHARD HILGARTNER DIRECTOR	1.00 0.	X						0.	0.	0.
(12) MONSIGNOR J. BRUCE JARBOE DIRECTOR	1.00 0.	X						0.	0.	0.
(13) E. ALBERT REECE, M.D. DIRECTOR	1.00 2.00	X						0.	0.	0.
(14) KIM SCHATZEL PH.D. DIRECTOR	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) HONORABLE JAMES T. SMITH, JR. DIRECTOR	1.00 2.00	X						0.	0.	0.
(16) ADELE A. WILZACK, R.N. DIRECTOR	1.00 4.50	X						0.	0.	0.
(17) FRANK R. PALMER, IV DIRECTOR	1.00 0.	X						0.	0.	0.
(18) MONSIGNOR RICHARD W. WOY DIRECTOR	1.00 0.	X						0.	0.	0.
(19) PAUL S. NICHOLSON SR. VP & CFO	40.00 2.00			X				473,048.	0.	27,652.
(20) CRAIG J. CARMICHAEL VP-OPERATIONS	40.00 0.				X			432,523.	0.	27,652.
(21) GAIL P. CUNNINGHAM CMO & VP MEDICAL AFFAIRS	40.00 0.				X			572,251.	0.	0.
(22) WALTER J. FURLONG VP- STRATEGY & BUSINESS DEV	40.00 0.				X			343,172.	0.	22,585.
(23) PAMELA A. JAMIESON VP & CNO	40.00 0.				X			359,022.	0.	21,253.
(24) EVEREST S. CONOVER SVP - CLINICAL INTEGRATION	40.00 0.				X			529,769.	0.	60,480.
(25) MICHAEL J. SCHULTZ PHYSICIAN	40.00 0.					X		792,139.	0.	26,698.
1b Sub-total								696,498.	5,355,520.	104,326.
c Total from continuation sheets to Part VII, Section A								6,363,166.	1,263,761.	464,053.
d Total (add lines 1b and 1c)								7,059,664.	6,619,281.	568,379.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 259

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 29

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LINDA ADLER PHYSICIAN	40.00 0.					X	786,708.	0.	33,888.	
(27) R.C. FINNEY PHYSICIAN	40.00 0.					X	715,512.	0.	24,017.	
(28) HENRY SUN PHYSICIAN	40.00 0.					X	689,736.	0.	23,822.	
(29) STEPHEN H. POLLOCK PHYSICIAN	40.00 0.					X	669,286.	0.	26,529.	
(30) MOHANAKUMAR SUNTHARALINGAM PRESIDENT & CEO (FORMER)	10.00 40.00						0.	1,263,761.	169,477.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 259

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	2,075,910.					
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f ▶			2,075,910.				
Program Service Revenue				Business Code				
	2a PATIENT SERVICE REVENUE		900099	434,538,535.	434,315,989.	222,546.		
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			434,538,535.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			0.				
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	(i) Real	3,792,729.					
		(ii) Personal						
		b Less: rental expenses						
	c Rental income or (loss)		3,792,729.					
	d Net rental income or (loss) ▶			3,792,729.			3,792,729.	
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
	d Net gain or (loss) ▶			0.				
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a				0.			
		b Less: direct expenses b			0.			
c Net income or (loss) from fundraising events. ▶				0.				
9a Gross income from gaming activities. See Part IV, line 19 a				0.				
	b Less: direct expenses b			0.				
	c Net income or (loss) from gaming activities. ▶			0.				
10a Gross sales of inventory, less returns and allowances a				0.				
	b Less: cost of goods sold b			0.				
	c Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue			Business Code					
11a INCOME FROM JVS		900099	834,073.	476,940.	357,133.			
b OTHER REVENUE		900099	-312,274.	-312,274.				
c								
d All other revenue								
e Total. Add lines 11a-11d ▶			521,799.					
12 Total revenue. See instructions. ▶			440,928,973.	434,480,655.	579,679.	3,792,729.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	119,950.	119,950.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,354,617.	931,272.	3,423,345.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	160,687,958.	130,157,246.	30,530,712.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,237,451.	4,242,335.	995,116.	
9 Other employee benefits	16,512,752.	13,375,329.	3,137,423.	
10 Payroll taxes	10,552,587.	8,547,595.	2,004,992.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	20,507.	16,611.	3,896.	
c Accounting	0.			
d Lobbying	17,116.		17,116.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 3	84,296,724.	69,766,208.	14,530,516.	
12 Advertising and promotion	1,515.	1,227.	288.	
13 Office expenses	1,534,776.	1,243,169.	291,607.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	10,194,496.	8,257,542.	1,936,954.	
17 Travel	92,062.	74,570.	17,492.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	564,884.	457,556.	107,328.	
20 Interest	12,426,626.	10,065,567.	2,361,059.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	19,241,034.	15,585,238.	3,655,796.	
23 Insurance	10,820,506.	10,465,680.	354,826.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	79,891,949.	79,891,949.		
b BAD DEBTS	13,646,795.	13,646,795.		
c REPAIR/MAINTAINANCE	4,371,261.	3,540,721.	830,540.	
d OTHER EXPENSES	3,006,058.	2,434,908.	571,150.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	437,591,624.	372,821,468.	64,770,156.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,287,471.	1	0.
	2 Savings and temporary cash investments	959,950.	2	0.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	34,815,764.	4	43,386,799.
	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	0.
	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 organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	3,381,588.	7	845,854.
	8 Inventories for sale or use	5,559,626.	8	5,613,769.
	9 Prepaid expenses and deferred charges	1,603,035.	9	1,904,101.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 272,333,907.		
	b Less: accumulated depreciation	10b 71,873,615.	198,749,315.	10c 200,460,292.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	54,351,221.	15	59,232,516.
16 Total assets. Add lines 1 through 15 (must equal line 34)	300,707,970.	16	311,443,331.	
Liabilities	17 Accounts payable and accrued expenses	57,952,449.	17	55,196,019.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	128,688.	19	128,688.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	238,885,661.	24	2,006,905.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	107,876,582.	25	355,567,146.
	26 Total liabilities. Add lines 17 through 25	404,843,380.	26	412,898,758.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-104,136,130.	27	-101,456,147.
	28 Temporarily restricted net assets	720.	28	720.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-104,135,410.	33	-101,455,427.
	34 Total liabilities and net assets/fund balances	300,707,970.	34	311,443,331.

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	440,928,973.
2	Total expenses (must equal Part IX, column (A), line 25)	2	437,591,624.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,337,349.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-104,135,410.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-657,366.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-101,455,427.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2016; 15 Public support percentage from 2015 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2016; b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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? <i>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.</i>	2a		
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? <i>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.</i>	2b		
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? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (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 emergency temporary reduction (see instructions).	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **UMSJ HEALTH SYSTEM LLC**

Employer identification number
46-2097818

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,075,910.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

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

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

Name of organization UMSJ HEALTH SYSTEM LLC

Employer identification number
46-2097818

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

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2016

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Description and Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

OTHER ACTIVITIES

SCHEDULE C, PART II-B, LINE 1I

THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 6.46% AND 21.78% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART II-B AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2016

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER ASSETS	16,527,793.
(2) LONG TERM INVESTMENT - MRI	14,267,531.
(3) ECONOMIC INT. IN FOUNDATION	9,502,627.
(4) MALPRACTISE TRUST	7,891,406.
(5) DEBT SERVICE FUND	8,270,365.
(6) ESCROW	1,445,416.
(7) CUR PORTION ASSETS LTD TO USE	1,327,378.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	59,232,516.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE	315,696,924.
(3) OTHER MALPRACTICE	26,955,211.
(4) ADVANCES FROM 3RD PARTY PAYORS	11,088,880.
(5) CREDIT BALANCE	1,699,651.
(6) OTHER LIABILITIES	126,480.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	355,567,146.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

FIN48 FOOTNOTE PER AUDIT REPORT

SCHEDULE D, PART X, LINE 2

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2016

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,913,419.		4,913,419.	1.16
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			4,913,419.		4,913,419.	1.16
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,033,627.	80,547.	1,953,080.	.46
f Health professions education (from Worksheet 5)			2,901,434.		2,901,434.	.68
g Subsidized health services (from Worksheet 6)			19,423,890.		19,423,890.	5.59
h Research (from Worksheet 7)			395,345.	44,809.	350,536.	.08
i Cash and in-kind contributions for community benefit (from Worksheet 8)			79,706.		79,706.	.02
j Total. Other Benefits			24,834,002.	125,356.	24,708,646.	6.83
k Total. Add lines 7d and 7j.			29,747,421.	125,356.	29,622,065.	7.99

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

Schedule H (Form 990) 2016

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			2,424.		2,424.	
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			2,424.		2,424.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	145,307,159.
6 Enter Medicare allowable costs of care relating to payments on line 5	130,593,629.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	14,713,530.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 UM ST. JOSEPH MEDICAL CENTER, LLC
 250 WEST PRATT STREET
 BALTIMORE MD 21201
 HTTPS://WWW.STJOSEPHTOWSON.COM/HOME.ASPX
 03-079

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X	X	X			X			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 UM ST. JOSEPH MEDICAL CENTER, LLC

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

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
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		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
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	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.STJOSEPHTOWSON.COM</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>WWW.STJOSEPHTOWSON.COM</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group UM ST. JOSEPH MEDICAL CENTER, LLC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group UM ST. JOSEPH MEDICAL CENTER, LLC

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

Policy Relating to Emergency Medical Care

		Yes	No
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?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group UM ST. JOSEPH MEDICAL CENTER, LLC

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
	a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

COMMUNITY HEALTH NEEDS ASSESSMENT

SCHEDULE H, PART V, LINE 5

COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS. THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER SOUGHT COMMUNITY INPUT THROUGH KEY INFORMANT FOCUS GROUP DISCUSSIONS WITH COMMUNITY LEADERS AND PARTNERS AND AN ONLINE COMMUNITY MEMBER SURVEY AVAILABLE TO ALL BALTIMORE COUNTY RESIDENTS, AND INCLUSION OF COMMUNITY LEADERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, AND LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY, INCLUDING THE MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS.

AN ONLINE COMMUNITY SURVEY WAS CONDUCTED WITH INDIVIDUALS RESIDING IN BALTIMORE COUNTY BETWEEN JANUARY 29 AND MARCH 18, 2016. PAPER COPIES OF THE SURVEY WERE ALSO DISTRIBUTED AT VARIOUS HEALTH AND COMMUNITY CENTERS TO REACH A WIDER DEMOGRAPHIC. THE SURVEY WAS DESIGNED TO ASSESS THEIR HEALTH STATUS, HEALTH RISK BEHAVIORS, PREVENTIVE HEALTH PRACTICES AND NEEDS, HEALTH CARE ACCESS PRIMARILY RELATED TO CHRONIC DISEASES, AND COMMUNITY ASSETS AND OPPORTUNITIES. THE SURVEY TOOK APPROXIMATELY 10 TO 15 MINUTES TO COMPLETE. A TOTAL OF 924 RESIDENT SURVEYS WERE COMPLETED THROUGHOUT BALTIMORE COUNTY TO PROMOTE GEOGRAPHICAL AND ETHNIC DIVERSITY AMONG RESPONDENTS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

TWO KEY INFORMANT FOCUS GROUPS WERE CONDUCTED AT UM ST. JOSEPH MEDICAL CENTER ON FEBRUARY 10 AND FEBRUARY 17, 2016. THERE WERE 12 PARTICIPANTS IN THE FIRST SESSION AND 11 PARTICIPANTS ATTENDED THE SECOND SESSION. THE PURPOSE OF THE FOCUS GROUPS WAS TO GATHER EXPERT-LEVEL QUALITATIVE FEEDBACK FROM A VARIETY OF HEALTH AND SOCIAL SERVICE PROVIDERS, WITH AN ACTIVE ROLE AND A BROAD UNDERSTANDING OF THE HEALTH CARE SYSTEM AND HEALTH NEEDS OF BALTIMORE COUNTY RESIDENTS.

KEY INFORMANT FOCUS GROUP PARTICIPANTS:

GEORGE LAROCCO, MD, INTERNAL MEDICINE, HEALTH PART AT HEREFORD

LIN ROMANO, COO, GEDCO

BARBARA K. ANDERSON, EXECUTIVE DIRECTOR, PRO BONO COUNSELING

KEITH JACOBS, DIRECTOR OF BUSINESS OPERATIONS, MAXIM HEALTHCARE SERVICES

CHRISTINE WOODS, PROGRAM DIRECTOR - WELLNESS, TOWSON UNIVERSITY

WILLIAM S. QUEALE, MD, INTERNIST, MAXIM HEALTHCARE SERVICES

RUTH HELTNE, VP, HEALTHY LIVING, Y IN CENTRAL MARYLAND

KARA BARLOW, RN, WOMEN'S HEALTH ASSOCIATES

JULIA JOHNSON, PRACTICE MANAGER, WOMEN'S HEALTH ASSOCIATES

DELLA J. LEISTER, RN, DEPUTY HEALTH OFFICER, BALTIMORE COUNTY DEPARTMENT OF HEALTH

MARY JO HUBER, RN, UM SJMC

WAYNE BRANNOCK, COO, LORIEN HEALTH SYSTEMS

MONICA FULTON, RN, DIRECTOR OF ONCOLOGY OPERATIONS, UM SJMC

ANGELICA SFAKIANOUDIS, INTERN, BALTIMORE COUNTY DEPARTMENT OF AGING

DONNA BILZ, PROGRAM COORDINATOR, BALTIMORE COUNTY DEPARTMENT OF AGING

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

TED GROSS, MA, DIRECTOR OF SENIOR SERVICES, GEDCO

KATHY MULFORD, MS, DIRECTOR OF BONE HEALTH CENTER, TOWSON ORTHOPAEDIC ASSOCIATES

CAPTAIN STEVE ADELSBERGER, EMS SHIFT COMMANDER, BALTIMORE COUNTY FIRE DEPARTMENT

NICOLETTE MORRIS, MD, PEDIATRICS, UM SJMC

KIRSTEN MCCRACKEN, RN, MSN, CNRN, SCRNP, STROKE CENTER COORDINATOR, UM SJMC

MATT GOLDSTEIN, DIRECTOR HEALTH SERVICES, TOWSON UNIVERSITY

JULIE VAUGHEN, MD, OWINGS MILLS INTERNAL MEDICINE

THE PRIORITIZATION SESSION WAS HOSTED THE MORNING OF FRIDAY, MAY 13, AT UM ST. JOSEPH MEDICAL CENTER AND INCLUDED:

JACKIE SIMS, COMMUNITY MEMBER, PATIENT ADVISORY COUNCIL

ROBERT BRESCHI, COMMUNITY MEMBER, PATIENT ADVISORY COUNCIL

DONNA BILZ, BALTIMORE COUNTY DEPARTMENT OF AGING

IRENA KOYFMAN, CRNP, AND ITA CREMEN, MAXIM

LAURA CULBERTSON, RN, BALTIMORE COUNTY DEPARTMENT OF AGING

ALICE CHAN, POPULATION HEALTH MANAGER, UM SJMC

MICHAEL WAINWRIGHT, MS, ACSM, CEP, SUPERVISOR CARDIOVASCULAR FITNESS, UM SJMC

KELLIE EDRIS, MARKETING, COMMUNICATIONS AND COMMUNITY HEALTH, UM SJMC

MARY JO ADAMS, RN, NURSE COORDINATOR, COMMUNITY HEALTH, UM SJMC

KRISTEN ARTES, MS, CHES, COMMUNITY HEALTH SPECIALIST, UM SJMC

DONNA COSTA, MA, MHS, ONCOLOGY OUTREACH MANAGER, UM SJMC

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

MARY JO HUBER, RN, NURSE MANAGER AT ST. CLAIRE MEDICAL OUTREACH, UM SJMC

ADDRESSING SIGNIFICANT NEEDS FROM THE CHNA

SCHEDULE H, PART V, LINE 11

IN RESPONSE TO ACCESS TO CARE, THE FOLLOWING ACTIONS ARE BEING TAKEN:

- INCREASE THE NUMBER OF FREE FLU VACCINATIONS PROVIDED TO THE COMMUNITY.
- INCREASE HEALTHCARE ACCESS AMONG UNDOCUMENTED POPULATION BY ACCEPTING NEW PATIENTS AT ST. CLARE MEDICAL OUTREACH (PROVIDES PRIMARY CARE FOR THE UNINSURED).
- EXTEND PCP OFFICE HOURS INTO EVENINGS AND WEEKENDS TO ACCOMMODATE VARIETY OF PATIENTS.
- ENHANCE PARTNERSHIP WITH CHOICEONE URGENT CARE CENTER BY OPENING ADDITIONAL SITES.
- OPEN A POST DISCHARGE CENTER WITH 3 DISCIPLINES, PHYSICIAN PROVIDER, PHARMACIST AND CASE MANAGER TO FOLLOW UP ON HIGH RISK PATIENTS DISCHARGED FROM UM SJMC AND TRANSITION THEM BACK INTO THE COMMUNITY.
- OPEN A BEHAVIORAL HEALTH CENTER AS PART OF THE POST DISCHARGE CENTER THAT CAN HELP AT RISK PATIENTS TRANSITION BACK INTO THE COMMUNITY (ENCOURAGES COUNSELING, MEDICATION ADHERENCE).
- FURTHER ENHANCE PARTNERSHIP WITH MAXIM TRANSITION ASSIST TO HELP HIGH RISK PATIENTS TRANSITION BACK INTO THE COMMUNITY ENSURING PROPER FOLLOW UP AND PSYCHOSOCIAL NEEDS ARE MET. COMMUNITY HEALTH WORKERS (CHW) WILL PROVIDE NON-CLINICAL IN-HOME SERVICES TO HIGH RISK UM SJMC DISCHARGED PATIENTS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- PROVIDE TELEPHONE POST DISCHARGE FOLLOW UP TO HIGH RISK MEDICAL AND BEHAVIORAL HEALTH PATIENTS AND MAKE ARRANGEMENTS TO ASSIST OR AUGMENT DISCHARGE PLANS.

- EDUCATE EMPLOYEES ABOUT HEALTH LITERACY.

- USE A 5TH GRADE READING LEVEL IN HEALTH LITERATURE AND FORMS.

IN RESPONSE TO MENTAL HEALTH AND SUBSTANCE ABUSE, THE FOLLOWING ACTIONS ARE BEING TAKEN:

- INCREASE THE NUMBER OF INDIVIDUALS WHO ARE SCREENED AND REFERRED FOR DEPRESSION.

- PROVIDE CULTURALLY APPROPRIATE ACCESS TO MENTAL HEALTH.

- DEVELOP AND DELIVER A PRESENTATION ON SUBSTANCE ABUSE AND SLEEP.

- PROVIDE EDUCATION & INFORMATION ON SMOKING CESSATION.

- PROVIDE INFORMATION AND EDUCATIONAL MATERIAL ON THE DANGERS OF TOBACCO USE AND SUBSTANCE ABUSE AT THE ANNUAL POWERED BY ME! CONFERENCE.

- PROVIDE EDUCATIONAL MATERIAL ON SIGNS/SYMPTOMS OF MENTAL HEALTH ISSUES AND APPROPRIATE TREATMENT OPTIONS AT THE ANNUAL POWERED BY ME! CONFERENCE.

- PROVIDE EDUCATIONAL MATERIAL ON NEGATIVE EFFECTS OF PERFORMANCE ENHANCING DRUGS (PED) USE AND APPROPRIATE TREATMENT OPTIONS FOR PED USE AND /OR ABUSE.

IN RESPONSE TO CHRONIC DISEASE (CARDIOVASCULAR DISEASE/OBESITY), THE FOLLOWING ACTIONS ARE BEING TAKEN:

- PROVIDE EDUCATION & INFORMATION ON THE IMPORTANCE ON HEALTHY EATING,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

HEART HEALTHY SHOPPING, NUTRITIONAL IMPORTANCE FOR WEIGHT LOSS,
HYPERTENSION.

- ESTABLISH INDIVIDUALIZED A1C GOALS AND BLOOD GLUCOSE GOALS FOR EACH ST.

CLARE PATIENT. MONITOR AND PROVIDE EDUCATION AND SUPPORT AS NEEDED.

- INCREASE AWARENESS ON THE IMPORTANCE OF BLOOD PRESSURE MANAGEMENT AND
THE SIGNS AND SYMPTOMS OF STROKE.

- CONTINUE FREE STROKE SCREENINGS.

- CONTINUE FREE BLOOD PRESSURE SCREENINGS.

- CONTINUE FREE CHOLESTEROL SCREENINGS.

- OFFER CHRONIC DISEASE SELF-MANAGEMENT PROGRAM TWICE A YEAR.

- CONTINUE AND EXPAND EVIDENCE-BASED DIABETES EDUCATION OPPORTUNITIES.

- CONTINUE FREE BODY COMPOSITION ANALYSIS WITH EDUCATION COUNSELING.

- PROMOTE HEALTHY WEIGHT LOSS AND MANAGEMENT.

- OFFER FREE WEEKLY YOGA CLASSES.

- IMPLEMENT "BE MORE FIT N FUN" PROGRAM TO EDUCATE YOUTH ON THE
IMPORTANCE OF A BALANCED DIET AND EXERCISE.

IN RESPONSE TO CANCER, THE FOLLOWING ACTIONS ARE BEING TAKEN:

- EDUCATE PRIMARY CARE PHYSICIANS ABOUT CANCER SCREENING GUIDELINES.

- IMPROVE EARLY CANCER DETECTION IN COMMUNITY WITH A FOCUS ON
DISPARITIES.

- IMPLEMENT COLORECTAL CANCER SCREENING PROGRAM FOR EMPLOYEES.

- CONTINUE FREE BREAST CANCER SCREENINGS.

- CONTINUE FREE CERVICAL CANCER SCREENINGS.

- CONTINUE FREE PROSTATE CANCER SCREENINGS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

IN RESPONSE TO FALL PREVENTION, THE FOLLOWING ACTIONS ARE BEING TAKEN:

- OFFER STEPPING ON FALL PREVENTION PROGRAM TWICE A YEAR.
- CONTINUE FREE BONE DENSITY SCREENINGS WITH EDUCATIONAL COUNSELING.
- DISTRIBUTE EDUCATIONAL MATERIAL ON WAYS TO REDUCE FALL RISK.

FOR THE FULL IMPLEMENTATION STRATEGY, PLEASE VISIT

[HTTPS://WWW.STJOSEPHSTOWSON.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX](https://www.stjosephstowson.com/community-health-needs-assessment.aspx)

A PRIORITY THAT UM SJMC HAS NOT PURSUED IS DENTAL HEALTH SINCE WE DO NOT HAVE DENTAL RESOURCES AT UM SJMC. INDIVIDUALS IN NEED ARE REFERRED TO OTHER LOCAL DENTAL CLINICS (BALTIMORE COUNTY DEPARTMENT OF HEALTH, BALTIMORE CITY COMMUNITY COLLEGE AND UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY).

AT THIS TIME, WE HAVE NOT DEVELOPED A COMPREHENSIVE RESPONSE TO THE PRIORITY OF OBESITY IN CHILDREN AND ADOLESCENTS BECAUSE WE HAVE A VERY SMALL PEDIATRIC SERVICE AT UM SJMC AND NO ON-GOING RELATIONSHIPS WITH PEDIATRICIANS IN THE AREA WHICH IS THE APPROPRIATE ENTRY POINT FOR ADDRESSING THIS PRIORITY.

PART V, SECTION B, LINE 13H

THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN COMPLIANCE WITH THE NEW

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

IRC SECTION 501(R) REGULATIONS UMMS HAS UPDATED THEIR FINANCIAL ASSISTANCE POLICY TO ENSURE ITS COMPLIANCE WITH IRS REGULATIONS.

PART V, SECTION B, LINE 16A

THE FAP WAS WIDELY AVAILABLE ON A WEBSITE (LIST URL):

[HTTPS://WWW.STJOSEPHSTOWSON.COM/PATIENTS/FINANCIAL-ASSISTANCE-INTRO.ASPX](https://www.stjosephstowson.com/patients/financial-assistance-intro.aspx)

FINANCIAL ASSISTANCE POLICY, APPLICATION, AND PLAIN LANGUAGE SUMMARY WEBSITE

PART V, SECTION B, LINE 16A, 16B, AND 16C

THE FAP APPLICATION FORM WAS WIDELY AVAILABLE ON A WEBSITE:

[HTTPS://WWW.STJOSEPHSTOWSON.COM/PATIENTS/FINANCIAL-ASSISTANCE-INTRO.ASPX](https://www.stjosephstowson.com/patients/financial-assistance-intro.aspx)

CHARGING FAP-ELIGIBLE INDIVIDUALS

ACTIONS TAKEN BEFORE DETERMINING PATIENT FAP ELIGIBILITY

SCHEDULE H, PART V, LINE 20E

IN THE CASE OF AN INCOMPLETE FAP APPLICATION, PATIENTS ARE NOT AUTOMATICALLY DENIED. A LETTER IS MAILED TO THE PATIENT REQUESTING THE MISSING DOCUMENTATION, AND FAP APPLICATIONS ARE APPROVED ONCE THE MISSING DOCUMENTATION IS PROVIDED.

PART V, SECTION B, LINE 22D

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

PART V, SECTION B, LINE 24

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

Part V Facility Information *(continued)*

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
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Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY BENEFIT REPORT

SCHEDULE H, PART I, LINE 6B

AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR EACH FISCAL YEAR ENDING JUNE 30. THIS REPORT IS SUBMITTED TO THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), A STATE REGULATORY AGENCY, BY DECEMBER 15 OF EACH YEAR. IN ADDITION, THE ANNUAL COMMUNITY BENEFIT REPORT IS AVAILABLE UPON REQUEST AT THE ENTITY'S CORPORATE OFFICES.

COSTING METHODOLOGY

SCHEDULE H, LINE 7A, COLUMN (D) AND LINE 7F, COLUMN (C) AND COLUMN (D) MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

Part VI Supplemental Information

Provide the following information.

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

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.

COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

UM ST. JOSEPH MEDICAL CENTER ACTIVELY ENGAGES WITH SEVERAL LOCAL PARTNERS

Part VI Supplemental Information

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TO PROMOTE THE HEALTH OF THE COMMUNITY. WE HAVE AN ONGOING PARTNERSHIP WITH OUR LOCAL Y IN CENTRAL MARYLAND, THE OROKAWA Y IN TOWSON. IN ADDITION TO A SPONSORSHIP THAT BENEFITS THE Y'S GIVE EVERY CHILD A CHANCE CAMPAIGN, WE PLAN MONTHLY HEALTH EVENTS SUCH AS FREE LECTURES DELIVERED BY EXPERTS, HEALTH FAIRS AND SCREENINGS, AND FLU IMMUNIZATIONS. WE PROVIDE FURTHER SUPPORT AND EXPERTISE FOR THEIR INITIATIVES SUCH AS FAMILY HEALTH EVENTS, FITNESS CHALLENGES, AND AWARENESS EFFORTS. THIS PARTNERSHIP ALLOWS FOR GREATER ACCESS TO OUR SHARED COMMUNITY WHICH INCLUDES UNDERSERVED AND HIGH RISK POPULATIONS. THE COLLABORATION AND SHARED RESOURCES HAVE HELPED BOTH ORGANIZATIONS TO BETTER ASSESS HEALTH NEEDS AND GAIN TRUST WITHIN THE COMMUNITY. OUR EXISTING PROGRAMS HAVE BEEN WIDELY PROMOTED TO THEIR MEMBERSHIP AND WE HAVE BEEN ABLE TO OFFER TAILORED PROGRAMS TO MEET THE NEEDS OF THEIR MEMBERS.

UM ST. JOSEPH MEDICAL CENTER IS ALSO PROUD TO SUPPORT THE EFFORTS OF POWERED BY ME!, A PROGRAM THAT ENCOURAGES POSITIVE DECISION MAKING AMONG THE YOUTH IN OUR COMMUNITY. THIS INCLUDES AN ANNUAL CONFERENCE ATTENDED BY APPROXIMATELY 500 STUDENT ATHLETES, COACHES, AND ADMINISTRATORS FROM

Part VI Supplemental Information

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PUBLIC AND PRIVATE SCHOOLS IN BALTIMORE COUNTY, BALTIMORE CITY, HOWARD COUNTY, HARFORD COUNTY, PRINCE GEORGES COUNTY, AND ANNE ARUNDEL COUNTY.

THE FOCUS OF THE CONFERENCE IS PERFORMANCE ENHANCEMENT, SUBSTANCE ABUSE, AND SOCIAL RESPONSIBILITY. THE MESSAGE IS DELIVERED BY PROFESSIONAL ATHLETES, HEALTH EXPERTS, COUNTY REPRESENTATIVES, AND OTHER STUDENTS. THE GOAL IS TO EMPOWER THESE YOUNG ADULTS TO ACT AS ROLE MODELS AND REDUCE THE PREVALENCE OF DRUG ABUSE, EATING DISORDERS, PARTNER VIOLENCE, AND BULLYING IN OUR COMMUNITY.

UM ST. JOSEPH MEDICAL CENTER IS A PART OF THE CORPORATE INTERNSHIP PROGRAM THROUGH CRISTO REY JESUIT HIGH SCHOOL LOCATED IN BALTIMORE CITY. ALONG WITH OUR FINANCIAL CONTRIBUTION, WE COMMIT TO HOSTING FOUR HIGH SCHOOL STUDENTS IN VARIOUS DEPARTMENTS ACROSS THE MEDICAL CENTER EACH YEAR. CURRENTLY, STUDENTS ARE PLACED IN DEPARTMENTS SUCH AS EMPLOYEE HEALTH, MOTHER BABY, BUILDING OPERATIONS, AND PATIENT TRANSPORT. THE STUDENTS ARE ONSITE 1-2 DAYS A WEEK THROUGHOUT THEIR SCHOOL YEAR. THEY LEARN VALUABLE SKILLS IN THE WORK SETTING AND GAIN EXPOSURE TO POTENTIAL CAREERS.

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WE WORK COLLABORATIVELY WITH THE BALTIMORE COUNTY DEPARTMENT OF AGING TO DETERMINE TIMELY TOPICS AND SERVICES FOR THE SENIOR POPULATION. ON AN ANNUAL BASIS, WE TRAVEL TO THE MAJORITY OF THE SENIOR CENTERS THROUGHOUT THE COUNTY. MOST RECENTLY, WE DELIVERED PRESENTATIONS ON HOW MEDICATIONS CAN AFFECT SLEEP AND THE AGING BRAIN AT 14 OF THE BALTIMORE COUNTY SENIOR CENTERS. THE GOAL IS REDUCE DRUG ABUSE, DEPENDENCY, AND FALLS.

ADDITIONALLY, WE CONTINUE TO OFFER FREE BONE DENSITY SCREENINGS TO SUPPORT BONE HEALTH AWARENESS AND REDUCED INJURIES FROM FALLS.

UM ST. JOSEPH MEDICAL CENTER IS REPRESENTED IN THE BALTIMORE COUNTY HEALTH COALITION AS WELL AS THE UNIVERSITY OF MARYLAND SYSTEM HEALTH IMPROVEMENT COMMITTEE WHICH ALLOWS OUR TEAM TO REMAIN WELL-INFORMED AND INVOLVED IN NEW INITIATIVES IN BALTIMORE COUNTY AND SURROUNDING COMMUNITIES.

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BAD DEBT EXPENSE

SCHEDULE H, PART III, LINE 2, LINE 4, AND LINE 8

IN MARYLAND, THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL.

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

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COLLECTION POLICY

SCHEDULE H, PART III, LINE 9B

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

PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION

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PROCESS.

UM ST. JOSEPH MEDICAL CENTER (UM ST. JOSEPH) MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO OUR PATIENTS INCLUDING, BUT

NOT LIMITED TO:

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

-UM ST. JOSEPH WEBSITE

-PATIENT HANDBOOK DISTRIBUTED TO ALL PATIENTS

-BROCHURES EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL

PATIENT CARE AREAS

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

HANDOUT

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

SPANISH, FRENCH & CHINESE BASED ON TOP LANGUAGES SPOKEN BY UM ST. JOSEPH

PATIENTS)

-APPEARING IN PRINT MEDIA THROUGH LOCAL NEWSPAPERS

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COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

BEGINNING IN JANUARY 2016, THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER (UM ST. JOSEPH) UNDERTOOK A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO EVALUATE THE HEALTH NEEDS OF INDIVIDUALS LIVING IN BALTIMORE COUNTY, MARYLAND. THE AIM OF THE ASSESSMENT IS TO REINFORCE ST. JOSEPH'S COMMITMENT TO THE HEALTH OF RESIDENTS AND ALIGN ITS HEALTH PREVENTION EFFORTS WITH THE COMMUNITY'S GREATEST NEEDS. THE ASSESSMENT EXAMINED A VARIETY OF HEALTH INDICATORS INCLUDING CHRONIC HEALTH CONDITIONS, ACCESS TO HEALTH CARE AND SOCIAL DETERMINANTS OF HEALTH. UM ST. JOSEPH CONTRACTED WITH HOLLERAN CONSULTING, A RESEARCH FIRM BASED IN LANCASTER, PENNSYLVANIA, TO EXECUTE THIS PROJECT.

THE COMPLETION OF THE CHNA ENABLED UM ST. JOSEPH TO TAKE AN IN-DEPTH LOOK AT ITS COMMUNITY. THE FINDINGS FROM THE ASSESSMENT WERE UTILIZED BY UM ST. JOSEPH TO PRIORITIZE PUBLIC HEALTH ISSUES AND DEVELOP A COMMUNITY HEALTH IMPLEMENTATION PLAN FOCUSED ON MEETING COMMUNITY NEEDS. UM ST. JOSEPH IS COMMITTED TO THE PEOPLE IT SERVES AND THE COMMUNITIES WHERE

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THEY RESIDE. HEALTHY COMMUNITIES LEAD TO LOWER HEALTH CARE COSTS, ROBUST
COMMUNITY PARTNERSHIPS, AND AN OVERALL ENHANCED QUALITY OF LIFE.

UM ST. JOSEPH CONDUCTED AN INDEPENDENT COMMUNITY HEALTH SURVEY THE
PREVIOUS YEAR. THE SURVEY SOUGHT TO GATHER INFORMATION AROUND THE MOST
SALIENT HEALTH ISSUES IN BALTIMORE COUNTY AND IDENTIFY THE COMMON
BARRIERS THAT KEEP PEOPLE FROM SEEKING MEDICAL CARE. NOTWITHSTANDING THE
DIFFERENT METHODOLOGIES USED IN THE CURRENT CHNA AND THE SURVEY UM ST.
JOSEPH UNDERTOOK, SOME NOTABLE SIMILARITIES WERE OBSERVED IN THE FINDINGS
BETWEEN THE TWO STUDIES.

ELIGIBILITY EDUCATION

SCHEDULE H, PART VI, LINE 3

OUR FINANCIAL ASSISTANCE POLICY AND THE COMMUNICATION ABOUT OUR FINANCIAL
ASSISTANCE POLICY IS REGULARLY REVIEWED TO MAKE SURE IT IS AVAILABLE TO
OUR PATIENTS IN A VARIETY OF FORMATS AND THAT IT IS AVAILABLE IN
CULTURALLY/LINGUISTICALLY SENSITIVE MANNER AND AT A READING COMPREHENSIVE
LEVEL APPROPRIATE TO THE POPULATION OF OUR COMMUNITY BENEFIT SERVICE

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AREA.

THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR PATIENTS WHO WOULD OTHERWISE BE BILLED FOR SERVICES ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS IS COMMUNICATED TO PATIENTS IN MULTIPLE WAYS:

AT ALL OUR POINTS OF REGISTRATION IN THE HOSPITAL (GENERAL REGISTRATION, EMERGENCY DEPARTMENT) AND IN OUR SPECIALIZED SERVICE AREAS (PERINATAL CENTER, CANCER INSTITUTE, ETC.) LARGE SIGNS ARE POSTED INFORMING THE PATIENT THAT IF THEY FACE PROBLEMS IN PAYING FOR THEIR CARE, THEY MAY APPLY FOR FINANCIAL ASSISTANCE. THE PHONE NUMBER IS POSTED FOR THEM TO CONTACT ONE OF OUR FINANCIAL COUNSELORS.

WHEN PATIENTS ARE REGISTERING IN THE HOSPITAL FOR INPATIENT TREATMENT OR OUTPATIENT TREATMENT, THEY ARE GIVEN THE PATIENT FINANCIAL INFORMATION SHEET THAT IS PRINTED ON TWO SIDES IN ENGLISH AND SPANISH. THIS PATIENT FINANCIAL INFORMATION SHEET IS AVAILABLE AT EVERY POINT OF ENTRANCE TO

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THE HOSPITAL AND EVERY POINT OF SERVICE DELIVERY. IT IS ALSO INCLUDED IN
THE PATIENT INFORMATION PACKET GIVEN TO EACH PATIENT AS WELL AS ONLINE.

WHEN PATIENTS ARE INPATIENTS AND DO NOT HAVE ANY HEALTH INSURANCE, ONE OF
OUR FINANCIAL COUNSELORS VISITS THEM IN THEIR ROOM AND DISCUSSES WITH
THEM AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS SUCH AS MEDICAID OR
STATE PROGRAMS OFFERING HEALTH CARE ASSISTANCE AND ASSISTS THE PATIENTS
WITH APPROPRIATE QUALIFICATIONS TO APPLY.

WHEN PATIENTS RECEIVE OUTPATIENT SERVICES AND DO NOT HAVE ANY HEALTH
INSURANCE, THE FINANCIAL COUNSELOR SENDS THEM INFORMATION ABOUT THEIR
POTENTIAL ELIGIBILITY FOR VARIOUS GOVERNMENT BENEFITS SUCH AS MEDICAID OR
STATE PROGRAMS OFFERING HEALTH CARE ASSISTANCE, AND INVITES THEM TO CALL
(SPANISH AND ENGLISH-SPEAKING FINANCIAL COUNSELORS ARE AVAILABLE) TO
DISCUSS APPLYING FOR THESE PROGRAMS.

WHEN A PATIENT APPLIES FOR FINANCIAL ASSISTANCE, OUR BILINGUAL FINANCIAL
ASSISTANCE COUNSELOR WORKS WITH THE PATIENT TO GATHER APPROPRIATE

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DOCUMENTS AND SUBMIT THEIR APPLICATION FOR FINANCIAL ASSISTANCE.

OUR FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE FOLLOWING LANGUAGES:

ENGLISH, SPANISH, FRENCH, RUSSIAN, CHINESE, KOREAN, VIETNAMESE, TAGALOG.

LANGUAGES: ENGLISH, SPANISH, FRENCH, RUSSIAN, CHINESE, KOREAN,

VIETNAMESE, TAGALOG.

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

THE COMMUNITY SERVED BY UM ST. JOSEPH FALLS PRIMARILY WITHIN BALTIMORE COUNTY WITH A FEW OUTLYING AREAS IN HARFORD COUNTY AND BALTIMORE CITY.

THE IMMEDIATE GEOGRAPHIC AREA IN WHICH UM SJMC IS LOCATED IS

PREDOMINANTLY A MIDDLE-CLASS/UPPER MIDDLE-CLASS POPULATION. AS DETERMINED

BY RATES OF POVERTY, UNEMPLOYMENT, LIMITED ENGLISH PROFICIENCY, LACK OF

HEALTH INSURANCE AND EDUCATION, THE AREAS OF GREATEST NEED WITHIN

BALTIMORE COUNTY INCLUDE THE EASTERN PARTS OF THE COUNTY LIKE ESSEX AND

DUNDALK AS WELL AS WEST OF THE CITY LIMITS NEAR WOODLAWN. VULNERABLE

POPULATIONS ALSO EXTEND THROUGH PIKESVILLE, TOWSON, PARKVILLE/CARNEY AND

Part VI Supplemental Information

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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
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NORTH INTO COCKEYSVILLE. THE HIGHEST CONCENTRATION OF UM SJMC CHARITY CARE CASES ARE FOUND IN COCKEYSVILLE/ HUNT VALLEY, PARKVILLE AND CARNEY. IN RECENT YEARS, THERE HAS BEEN A GROWING HISPANIC IMMIGRANT POPULATION IN THE HUNT VALLEY/COCKEYSVILLE AREA. THIS HAS CREATED A POCKET OF FINANCIALLY CHALLENGED PEOPLE WHO RECEIVE CHARITY CARE IN AN AREA THAT IS USUALLY VIEWED AS FAIRLY AFFLUENT. CONSISTENT WITH THESE IDENTIFIED VULNERABLE POPULATIONS, THE HIGHEST PROPORTION OF OUR ST. CLARE MEDICAL OUTREACH (A FREE CLINIC FOR THOSE WHO HAVE NO HEALTH INSURANCE AT ALL) PATIENTS COME FROM THE FOLLOWING ZIP CODES: 21136, 21030, 21117, 21224, 21208 AND 21234.

BALTIMORE COUNTY DEMOGRAPHICS:

TOTAL POPULATION: 822,959

WHITE: 65.4%

BLACK OR AFRICAN AMERICAN: 28.6%

ASIAN: 6.4%

AMERICAN INDIAN AND ALASKA NATIVE: 0.9%

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER: 0.1%

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OTHER RACES: 1.3%

HISPANIC: 4.8%

LANGUAGE SPOKEN AT HOME:

ENGLISH: 86.4%

LANGUAGE OTHER THAN ENGLISH: 13.6%

SPANISH: 4.0%

OTHER INDO-EUROPEAN LANGUAGES: 4.7%

ASIAN AND PACIFIC ISLANDER LANGUAGES: 3.1%

OTHER LANGUAGES: 1.7%

LIVING BELOW THE FEDERAL POVERTY LEVEL: 6.3% OF FAMILIES

(SOURCE: AMERICAN COMMUNITY SURVEY, 2011-2015, 5-YEAR ESTIMATES, U.S.

CENSUS BUREAU)

AS REPORTED IN OUR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT, THERE WAS A GOOD REPRESENTATION OF ZIP CODES IN THE SURVEY AND PARTICIPANTS WERE WELL SPREAD OUT THROUGHOUT THE COUNTY. NEARLY 40% OF ALL RESPONDENTS RESIDE IN ZIP CODES 21234, 21093, 21236, 21286, 21204, 21030 AND 21212.

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OF THE TOTAL 924 RESPONDENTS, THE MAJORITY OF RESPONDENTS WERE FEMALE (81%) AND BETWEEN THE AGES OF 55 TO 64 YEARS (24%). AN ADDITIONAL 22% OF ALL RESPONDENTS WERE BETWEEN THE AGES OF 65 AND 80 YEARS. OVER THREE-QUARTERS OF RESPONDENTS IDENTIFY THEMSELVES AS WHITE (79%). THE NEXT LARGEST POPULATION IS THE BLACK/AFRICAN-AMERICAN RACE, AT 13% OF SURVEY PARTICIPANTS. ABOUT 8% OF ALL RESPONDENTS IDENTIFY THEMSELVES AS LATINO/HISPANIC. THE MOST COMMON "OTHER" RACE MENTIONED WAS "MIXED."

IN REGARD TO EDUCATIONAL ATTAINMENT, A LITTLE MORE THAN A QUARTER OF RESPONDENTS (27.0%) HAVE ATTAINED AN UNDERGRADUATE DEGREE OR HIGHER. ANOTHER 24% OF SURVEY PARTICIPANTS HAVE A GRADUATE OR PROFESSIONAL-LEVEL DEGREE. THE MAJORITY OF RESPONDENTS IN THE "OTHER" CATEGORY INDICATED THEY HAVE A NURSING DIPLOMA. THE SURVEY ALSO SHOWED THAT A GREATER SHARE OF RESPONDENTS (44%) HAD AN ANNUAL HOUSEHOLD INCOME OF \$75,000 OR MORE AND ABOUT 10% OF RESPONDENTS FALL IN THE LOWEST INCOME BRACKETS, WITH AN ANNUAL HOUSEHOLD INCOME OF LESS THAN \$20,000.

RESPONDENTS WERE ASKED TO INDICATE WHETHER OR NOT THEY HAVE HEALTH CARE

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COVERAGE, INCLUDING INSURANCE, PREPAID PLANS, OR GOVERNMENT PLANS, SUCH AS MEDICAID OR MEDICAL ASSISTANCE. SEVENTY-ONE PERCENT OF RESPONDENTS REPORTED THEY PREDOMINATELY OBTAIN THEIR HEALTH CARE COVERAGE THROUGH THEIR OWN OR SOMEONE ELSE'S EMPLOYER SPONSORED PLANS. ABOUT 5% OF RESPONDENTS CITED THEY WERE CURRENTLY UNINSURED. APPROXIMATELY 86% OF SURVEY PARTICIPANTS IN BALTIMORE COUNTY HAVE AT LEAST ONE PERSON WHO THEY THINK OF AS THEIR PERSONAL DOCTOR. IN OTHER WORDS, AT LEAST 12% ARE WITHOUT A MEDICAL HOME.

SURVEY PARTICIPANTS WERE ASKED TO RATE THEIR OVERALL HEALTH. IN GENERAL, SELF-REPORTED MEASURES OF HEALTH ARE FAVORABLE AMONG RESPONDENTS. OVER ONE-HALF OF RESPONDENTS (53%) REPORTED HAVING VERY GOOD OR EXCELLENT OVERALL HEALTH. APPROXIMATELY 14% OF RESPONDENTS REPORTED HAVING FAIR OR POOR HEALTH. IN ADDITION, APPROXIMATELY HALF OF THE RESPONDENTS REPORTED NOT SUFFERING FROM PHYSICAL ILLNESS OR INJURY DURING THE PREVIOUS 30 DAYS. HOWEVER, NEARLY A QUARTER (24%) REPORTED HAVING ONE TO TWO DAYS OF POOR PHYSICAL HEALTH AND 10% REPORTED HAVING THREE TO FOUR DAYS OF POOR PHYSICAL HEALTH. INABILITY TO WORK DUE TO POOR PHYSICAL HEALTH WAS ALSO

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MEASURED IN THE SURVEY. A STRONG MAJORITY OF RESPONDENTS IN BALTIMORE COUNTY (78%) REPORTED THERE WERE NO DAYS THEY WERE UNABLE TO WORK DUE TO POOR HEALTH. IN CONTRAST, ABOUT 6% OF RESPONDENTS REPORTED BEING UNABLE TO WORK FOR 11 DAYS OR MORE IN THE PAST MONTH BECAUSE OF POOR PHYSICAL HEALTH.

SOME CHRONIC CONDITIONS ARE OF CONCERN IN BALTIMORE COUNTY. HIGH BLOOD PRESSURE WAS THE MOST CITED HEALTH ISSUE RESPONDENTS ENCOUNTER (44%). HIGH CHOLESTEROL WAS RANKED SECOND WITH ABOUT 39% OF RESPONDENTS SELECTING THE ISSUE AND WAS FOLLOWED BY ARTHRITIS WITH APPROXIMATELY 31% OF RESPONDENTS IDENTIFYING IT AS A HEALTH CONCERN THEY HAVE BEEN DIAGNOSED WITH. SURVEY PARTICIPANTS WERE ALSO ASKED IN A DIFFERENT SET OF QUESTIONS IF THEY HAVE EVER BEEN DIAGNOSED WITH CANCER, TO WHICH ABOUT 22% (N=189) REPORTED THAT THEY HAVE. AMONG THESE RESPONDENTS, THE MOST COMMON TYPES OF CANCER REPORTED BY RESPONDENTS WERE BREAST CANCER (36%) AND SKIN CANCER OTHER THAN MELANOMA (22%).

THE OTHER SET OF SURVEY QUESTIONS DEALT WITH IDENTIFYING THE MOST

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PRESSING HEALTH ISSUES FACING BALTIMORE COUNTY RESIDENTS.

OVERWEIGHT/OBESITY TOPPED THE LIST WITH CLOSE TO 60% OF RESPONDENTS

SELECTING THE ISSUE AS ONE OF THE TOP FIVE MOST PRESSING HEALTH ISSUES

FACING THEIR COUNTY. CANCER AND DRUG ABUSE/ALCOHOL ABUSE WERE ALSO HEALTH

CONCERNS SHARED BY 53% AND 43% OF RESPONDENTS RESPECTIVELY. THE FOURTH

MOST PRESSING HEALTH ISSUE WAS HEART DISEASE, WITH A 42% RATING, AND

DIABETES WAS RANKED 5TH WITH A RATING OF 37%.

PROMOTION OF COMMUNITY HEALTH

SCHEDULE H, PART VI, LINE 5

UM ST. JOSEPH IS COMMITTED TO SERVING AS A HEALTH RESOURCE AND PROMOTING

THE HEALTH OF THE COMMUNITY. FOUNDED ON A MISSION OF PROVIDING CARE TO

THE SICK AND THE UNDERSERVED, UM ST. JOSEPH OPERATES THE ST. CLARE

MEDICAL OUTREACH CLINIC THAT SERVES A MAINLY HISPANIC POPULATION WITH NO

ACCESS TO HEALTH CARE INSURANCE. THE 100% CHARITY CARE IS FUNDED BY THE

HOSPITAL AND FOCUSES MAINLY ON PRIMARY CARE FOR ADULTS BUT WILL ALSO TAP

INTO SPECIALTY CARE RESOURCES AS NEEDED. TO HELP BETTER UNDERSTAND THE

NEEDS OF OUR COMMUNITY, UM ST. JOSEPH ALSO OPERATES A PATIENT AND FAMILY

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ADVISORY COUNCIL THAT HELPS GUIDE HOSPITAL DIRECTION FOR COMMUNITY SERVICES AS WELL AS RAISING OPERATIONAL AND EXPERIENCE CONCERNS.

UM ST. JOSEPH MEDICAL CENTER MENTORS CLINICAL STUDENTS FROM A VARIETY OF HEALTH FIELDS AND SCHOOLS. OUR EMPLOYEES RECOGNIZE THE IMPORTANCE OF PROVIDING HANDS ON EXPERIENCES FOR THESE STUDENTS, AND THE MEDICAL CENTER APPRECIATES THAT THESE LABOR HOURS FOSTER MORE QUALIFIED GRADUATES JOINING THE WORKFORCE.

UM ST. JOSEPH MEDICAL CENTER ACTIVELY ENGAGES WITH SEVERAL LOCAL PARTNERS TO PROMOTE THE HEALTH OF THE COMMUNITY. WE HAVE AN ONGOING PARTNERSHIP WITH OUR LOCAL YMCA (Y) IN CENTRAL MARYLAND, THE OROKAWA Y IN TOWSON. IN ADDITION TO A SPONSORSHIP THAT BENEFITS THE Y CAMPAIGN FOR A BETTER US (ASSISTS CHILDREN, FAMILIES AND INDIVIDUALS WHO CAN NOT OTHERWISE AFFORD Y MEMBERSHIP AND PROGRAMS), WE PLAN MONTHLY HEALTH EVENTS SUCH AS FREE LECTURES DELIVERED BY EXPERTS, HEALTH FAIRS AND SCREENINGS, AND FLU IMMUNIZATIONS. WE PROVIDE FURTHER SUPPORT AND EXPERTISE FOR THEIR INITIATIVES SUCH AS FAMILY HEALTH EVENTS, FITNESS CHALLENGES, AND

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AWARENESS EFFORTS. THIS PARTNERSHIP ALLOWS FOR GREATER ACCESS TO OUR SHARED COMMUNITY WHICH INCLUDES UNDERSERVED AND HIGH RISK POPULATIONS. THE COLLABORATION AND SHARED RESOURCES HAVE HELPED BOTH ORGANIZATIONS TO BETTER ASSESS HEALTH NEEDS AND GAIN TRUST WITHIN THE COMMUNITY. OUR EXISTING PROGRAMS HAVE BEEN WIDELY PROMOTED TO THEIR MEMBERSHIP AND WE HAVE BEEN ABLE TO OFFER TAILORED PROGRAMS TO MEET THE NEEDS OF THEIR MEMBERS.

UM ST. JOSEPH MEDICAL CENTER IS ALSO PROUD TO SUPPORT THE EFFORTS OF POWERED BY ME!, A PROGRAM THAT ENCOURAGES POSITIVE DECISION MAKING AMONG THE YOUTH IN OUR COMMUNITY. THIS INCLUDES AN ANNUAL CONFERENCE ATTENDED BY APPROXIMATELY 500 STUDENT ATHLETES, COACHES, AND ADMINISTRATORS FROM PUBLIC AND PRIVATE SCHOOLS IN BALTIMORE COUNTY, BALTIMORE CITY, HOWARD COUNTY, HARFORD COUNTY, PRINCE GEORGES COUNTY, AND ANNE ARUNDEL COUNTY. THE FOCUS OF THE CONFERENCE IS PERFORMANCE ENHANCEMENT, SUBSTANCE ABUSE, AND SOCIAL RESPONSIBILITY. THE MESSAGE IS DELIVERED BY PROFESSIONAL ATHLETES, HEALTH EXPERTS, COUNTY REPRESENTATIVES, AND OTHER STUDENTS. THE GOAL IS TO EMPOWER THESE YOUNG ADULTS TO ACT AS ROLE MODELS AND REDUCE

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THE PREVALENCE OF DRUG ABUSE, EATING DISORDERS, PARTNER VIOLENCE, AND BULLYING IN OUR COMMUNITY.

UM ST. JOSEPH MEDICAL CENTER IS A PART OF THE CORPORATE INTERNSHIP PROGRAM THROUGH CRISTO REY JESUIT HIGH SCHOOL LOCATED IN BALTIMORE CITY. ALONG WITH OUR FINANCIAL CONTRIBUTION, WE COMMIT TO HOSTING FOUR HIGH SCHOOL STUDENTS IN VARIOUS DEPARTMENTS ACROSS THE MEDICAL CENTER EACH YEAR. STUDENTS ARE PLACED IN DEPARTMENTS SUCH AS EMPLOYEE HEALTH, MOTHER BABY, BUILDING OPERATIONS, AND PATIENT TRANSPORT. THE STUDENTS ARE ONSITE 1-2 DAYS A WEEK THROUGHOUT THEIR SCHOOL YEAR. THEY LEARN VALUABLE SKILLS IN THE WORK SETTING AND GAIN EXPOSURE TO POTENTIAL CAREERS.

WE WORK COLLABORATIVELY WITH THE BALTIMORE COUNTY DEPARTMENT OF AGING (BCDA) TO DETERMINE TIMELY TOPICS AND SERVICES FOR THE SENIOR POPULATION. ON AN ANNUAL BASIS, WE TRAVEL TO THE MAJORITY OF THE SENIOR CENTERS THROUGHOUT THE COUNTY OFFERING FREE SERVICES SUCH AS BONE DENSITY SCREENING, BODY COMPOSITION ANALYSIS, AND PRESENTATIONS ON TOPICS LIKE SLEEP AND STROKE. THIS YEAR THE MEDICAL CENTER PARTNERED WITH THE BCDA TO

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EXPAND THE NUMBER OF FALL PREVENTION WORKSHOPS AVAILABLE ACROSS THE COUNTY. UM ST. JOSEPH MEDICAL CENTER IS REPRESENTED IN THE BALTIMORE COUNTY HEALTH COALITION AS WELL AS THE UNIVERSITY OF MARYLAND SYSTEM HEALTH IMPROVEMENT COMMITTEE WHICH ALLOWS OUR TEAM TO REMAIN WELL-INFORMED AND INVOLVED IN NEW INITIATIVES IN BALTIMORE COUNTY AND SURROUNDING COMMUNITIES.

AFFILIATED HEALTH CARE SYSTEM

SCHEDULE H, PART VI, LINE 6

UM ST. JOSEPH MEDICAL CENTER IS A PROUD MEMBER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS). OVER THE PAST FIVE YEARS THE AFFILIATION AND OUR WORKING RELATIONSHIP WITH THE OTHER HOSPITALS IN THE HEALTH CARE SYSTEM HAS SERVED TO STRENGTHEN OUR RESOURCES AND REACH IN THE COMMUNITY. UMMS HAS ESTABLISHED MULTIPLE COMMITTEES WITH REPRESENTATIVES FROM EACH OF THE SYSTEM HOSPITALS THAT ARE DEVOTED SPECIFICALLY TO THE EFFORTS SURROUNDING HEALTH INITIATIVES AND EVENTS IN THE COMMUNITIES WE SERVE. THESE MEETINGS KEEP US INFORMED OF CURRENT GUIDELINES AND ALLOW US TO COMPARE BEST PRACTICES FOR THE WIDE RANGE OF PROGRAMS DELIVERED

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THROUGHOUT THE SYSTEM. FOR EXAMPLE, SEVERAL UMMS HOSPITALS HAVE RECENTLY ADOPTED THE EVIDENCE-BASED STEPPING ON AND LIVING WELL PROGRAMS. THE MEETINGS ALSO PROVIDE A FORUM FOR SHARING INFORMATION AND OPPORTUNITIES FOR VALUABLE PARTNERSHIPS THAT BENEFIT OUR RESPECTIVE COMMUNITIES. IN RECENT YEARS, MANY OF THE SYSTEM HOSPITALS HAVE FORMED PARTNERSHIPS WITH LOCAL Y'S AND URGENT CARE FACILITIES TO ADDRESS ACCESS AND EDUCATION NEEDS. THE SYSTEM COMMITTEES HAVE WORKED COLLABORATIVELY ON MULTIPLE HEALTH PROMOTION EFFORTS INCLUDING HEALTH FAIRS DELIVERED AROUND BALTIMORE, AN ONGOING MENTAL HEALTH SERIES, AND AN INTERNAL AWARENESS CAMPAIGN ON HEALTH LITERACY. THE EXPANDED NETWORK OF COMMUNITY HEALTH PROFESSIONALS AND OTHER SUPPORTING DEPARTMENTS AVAILABLE THROUGH UMMS HAS CERTAINLY ENHANCED OUR ABILITY TO IMPROVE THE HEALTH OF OUR COMMUNITY.

STATE FILING OF COMMUNITY BENEFIT REPORT

SCHEDULE H, PART VI, LINE 7

AN ANNUAL COMMUNITY BENEFIT REPORT IS FILED WITH THE MARYLAND HEALTH SERVICES COMMISSION.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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) CRISTO REY CORPATE INTERNSHIP PROGRAM 420 S CHESTER ST. BALTIMORE, MD 21231	20-5300491	501(C)(3)	27,000.				GENERAL ASSISTANCE
(2) HOUSE OF RUTH MARYLAND, INC. 2201 ARGONNE DRIVE BALTIMORE, MD 21218	52-1100236	501(C)(3)	15,000.				GENERAL ASSISTANCE
(3) BALTIMORE BASILICA 320 CATHEDRAL STREET BALTIMORE, MD 21201	52-0591535	501(C)(3)	10,000.				GENERAL ASSISTANCE
(4) CALVERT HALL COLLEGE HIGH SCHOOL 8102 LASALLE ROAD BALTIMORE, MD 21286	52-0607966	501(C)(3)	10,000.				GENERAL ASSISTANCE
(5) UMMS FOUNDATION/SHOCK TRAUMA GALA 110 SOUTH PACA STREET BALTIMORE, MD 21201	52-2238893	501(C)(3)	10,000.				GENERAL ASSISTANCE
(6) UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION 31 SOUTH GREEN STREET BALTIMORE, MD 21201	31-1678679	501(C)(3)	10,000.				GENERAL ASSISTANCE
(7) UPPER CHESEAPEAKE HEALTH FOUNDATION 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	52-1398507	501(C)(3)	6,000.				GENERAL ASSISTANCE
(8) UM SJMC FOUNDATION 7601 OSLER DRIVE BALTIMORE, MD 21204	52-1681044	501(C)(3)	20,000.				GENERAL ASSISTANCE
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 8.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

GRANTMAKING

SCHEDULE I, PART I, LINE 2

THE UNIVERSITY OF MARYLAND ST. JOSEPH HEALTH SYSTEM MAKES CONTRIBUTIONS TO ORGANIZATIONS IN SUPPORT OF ITS OVERALL MISSION OF HEALTH PROMOTION IN THE COMMUNITY IT SERVES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UMSJ HEALTH SYSTEM LLC

Compensation Information

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

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

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

46-2097818

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS B. SMYTH PRESIDENT & CEO	(i)	500,955.	30,000.	2,530.	32,958.	19,518.	585,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOHN W. ASHWORTH III DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	602,349.	390,000.	122,128.	10,600.	17,216.	1,142,293.	0.
3 ROBERT A. CHRENCIK DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,265,687.	1,105,294.	1,870,062.	10,600.	13,434.	4,265,077.	0.
4 DANIEL D. DIETRICK DIRECTOR (PRES OF MED STAFF)	(i)	163,013.	0.	0.	0.	0.	163,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 PAUL S. NICHOLSON SR. VP & CFO	(i)	291,194.	129,000.	52,854.	10,600.	17,052.	500,700.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 CRAIG J. CARMICHAEL VP-OPERATIONS	(i)	271,157.	111,150.	50,216.	10,600.	17,052.	460,175.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 GAIL P. CUNNINGHAM CMO & VP MEDICAL AFFAIRS	(i)	362,166.	163,863.	46,222.	0.	0.	572,251.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 WALTER J. FURLONG VP- STRATEGY & BUSINESS DEV	(i)	234,637.	83,460.	25,075.	9,626.	12,959.	365,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 PAMELA A. JAMIESON VP & CNO	(i)	254,329.	70,432.	34,261.	10,339.	10,914.	380,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 EVEREST S. CONOVER SVP - CLINICAL INTEGRATION	(i)	378,001.	149,818.	1,950.	60,480.	0.	590,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 MICHAEL J. SCHULTZ PHYSICIAN	(i)	776,417.	0.	15,722.	10,600.	16,098.	818,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 LINDA ADLER PHYSICIAN	(i)	786,527.	0.	181.	10,600.	23,288.	820,596.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 R.C. FINNEY PHYSICIAN	(i)	712,568.	0.	2,944.	10,600.	13,417.	739,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 HENRY SUN PHYSICIAN	(i)	689,070.	0.	666.	10,600.	13,222.	713,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 STEPHEN H. POLLOCK PHYSICIAN	(i)	661,651.	0.	7,635.	10,600.	15,929.	695,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 MOHANAKUMAR SUNTHARALIN PRESIDENT & CEO (FORMER)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,060,132.	200,017.	3,612.	153,100.	16,377.	1,433,238.	0.

Part III Supplemental Information

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

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

SCHEDULE J, PART I, LINE 1A

UMMS EXECUTIVES RECEIVE A BENEFIT PACKAGE WHICH MAY BE USED TOWARDS

HEALTH CLUB DUES OR OTHER HEALTH MAINTENANCE PROGRAMS. SUCH BENEFITS ARE

CAPPED AT \$7,000, \$5,000 OR \$3,000 DEPENDING ON JOB TITLE AS DESCRIBED IN

THE PROGRAM DOCUMENTS.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

DURING THE FISCAL YEAR- ENDED JUNE 30, 2017, CERTAIN OFFICERS AND KEY

EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM

(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:

MOHANAKUMAR SUNTHARALINGAM

DURING THE FISCAL YEAR-ENDED JUNE 30, 2017, CERTAIN OFFICERS AND KEY

Part III Supplemental Information

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

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:

JOHN W. ASHWORTH

WALTER J. FURLONG

CRAIG J. CARMICHAEL

GAIL P. CUNNINGHAM

PAMELA A. JAMIESON

PAUL S. NICHOLSON

ROBERT A. CHRENCIK

NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED

TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION

Part III Supplemental Information

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

ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED
AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF
THE OFFICERS AND KEY EMPLOYEES.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization
UMSJ HEALTH SYSTEM LLC

Employer identification number
46-2097818

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)	KELLY & ASSOCIATES INSURANCE GROUP	SEE PART V	206,297.	SEE PART V		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

KELLY & ASSOCIATES INSURANCE GROUP

FRANCIS KELLY IS A DIRECTOR OF THE UNIVERSITY OF MARYLAND ST. JOSEPH HEALTH SYSTEM AS WELL AS THE CHAIRMAN AND CHIEF EXECUTIVE OFFICER OF KELLY & ASSOCIATES INSURANCE GROUP, INC. THE HEALTH SYSTEM USES KELLY & ASSOCIATES TO PURCHASE HEALTH, VISION, DENTAL, AND LIFE INSURANCE POLICIES FOR THE EMPLOYEES OF THE SYSTEM. SERVICES PROVIDED BY KELLY & ASSOCIATES ARE CHARGED AT OR BELOW FAIR MARKET VALUE.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UMSJ HEALTH SYSTEM LLC

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

46-2097818

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6, 7A & 7B

UNIVERSITY OF MARYLAND SYSTEM CORPORATION (UMMS) IS THE SOLE MEMBER OF
UMSJ HEALTH SYSTEM. UMMS MAY ELECT ONE OR MORE BOARD MEMBERS OF THE
GOVERNING BODY AND ALL DECISIONS OF THE GOVERNING BODY MUST BE APPROVED
BY UMMS.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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

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

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

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN. THE FINAL RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS THE RETURN.

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

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

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT
FORM 990, PART VI, LINE 12C

THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION. A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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MEDICAL SYSTEM CORPORATION (UMMSC) REVIEWS THE RESPONSES FOR UMMSC AND CERTAIN OTHER AFFILIATES. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES.

THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED FOR UMMSC. WITH RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT. IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY.

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

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

ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

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

PROCESS FOR DETERMINING COMPENSATION
FORM 990, PART VI, LINES 15A AND 15B

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

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

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

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

IN GENERAL, FINANCIAL AND TAX INFORMATION RELATING TO THE ORGANIZATION IS DEEMED PROPRIETARY AND NOT SUBJECT TO DISCLOSURE UPON REQUEST. HOWEVER, SPECIFIC PROVISIONS OF FEDERAL AND STATE LAW REQUIRE THE ORGANIZATION TO DISCLOSE CERTAIN LIMITED FINANCIAL AND TAX DATA UPON A SPECIFIC REQUEST FOR THAT INFORMATION.

REQUESTS FOR FORM 990 AND FORM 1023:

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

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

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

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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REQUEST. REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE REQUESTOR.

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

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

TAX EXEMPT BOND ISSUE

PART IV, LINE 24A

PURSUANT TO A MASTER LOAN AGREEMENT DATED JUNE 20, 1991 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE "CORPORATION") AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATION FACILITY AUTHORITY (THE "AUTHORITY"). AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATION RATIOS AND RESTRICT THE DISPOSITION OF ASSETS. THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES THE CORPORATION, THE JAMES LAWRENCE KERNAN

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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HOSPITAL, INC., MARYLAND GENERAL HOSPITAL, INC., BALTIMORE WASHINGTON MEDICAL CENTER, INC., SHORE HEALTH SYSTEM, INC., CHESTER RIVER HOSPITAL CENTER, INC., CIVISTA MEDICAL CENTER, INC., UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC, UPPER CHESAPEAKE MEDICAL CENTER, INC., HARFORD MEMORIAL HOSPITAL, INC. AND THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION, INC. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S \$1,585,136,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2017. ALL OF THE BONDS WERE ISSUED IN THE NAME OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

HOURS ON RELATED ENTITIES

PART VII, SECTION A, COL (B)

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

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

STRATEGIC PRIORITY FUNDING	\$1,748,609
EQUITY TRANSFER FOUNDATION	(\$693,860)

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
--	--

CMG EQUITY TRANSFER	(\$479,000)
NON OPERATING SWAP EXPENSE	(\$1,233,115)

TOTAL	(\$657,366)
	=====

ATTACHMENT 1

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

THE ORGANIZATION'S MISSION IS GUIDED BY OUR CATHOLIC HEALTH CARE TRADITION OF LOVING SERVICE AND COMPASSIONATE CARE. AS AN INTEGRAL MEMBER OF UNIVERSITY OF MARYLAND MEDICAL SYSTEM, WE PROVIDE ACCESS TO A FULL SPECTRUM OF HEALTH CARE SERVICES THAT IMPROVES THE HEALTH OF THE COMMUNITIES WE SERVE.

UMSJ HEALTH SYSTEM, LLC (UMSJHS) RECEIVED ITS 501(C)(3) EXEMPTION LETTER IN NOVEMBER OF 2014. ON JULY 1, 2015, UMSJHS BECAME THE PARENT COMPANY FOR ALL ENTITIES IN THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL SYSTEM. THIS SYSTEM IS AN INTEGRAL PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM AND ALLOWS THE SYSTEM TO PROVIDE QUALITY INTEGRATED CARE TO PATIENTS IN THE NORTH BALTIMORE AREA.

AS THE SOLE MEMBER OF THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC (SJMC, "THE HOSPITAL"), UMSJ HEALTH SYSTEM, LLC (UMSJHS) SUPPORTS THE ACTIVITIES OF THE HOSPITAL AND ITS AFFILIATES. UMSJHS IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES. ITS ACTIVITIES INCLUDE

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
--	--

ATTACHMENT 1 (CONT'D)

PROVIDING HEALTHCARE TREATMENT AND CARE TO PERSONS WHO ARE ACUTELY ILL, OPERATING A 24-HOUR EMERGENCY DEPARTMENT WHICH SERVICES ALL COMMUNITY PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY.

SJMC OPERATES A HOSPITAL WITH 232 LICENSED BEDS. DURING ITS FISCAL YEAR ENDED JUNE 30, 2017, THE HOSPITAL ENGAGED IN THE FOLLOWING ACTIVITIES THAT WERE IN FURTHERANCE OF ITS EXEMPT PURPOSE:
PROVIDED INPATIENT SERVICES WHICH INCLUDED 17,392 INPATIENT ADMISSIONS (INCLUDING 2,046 BIRTHS); PROVIDED OUTPATIENT SERVICES WHICH INCLUDED 43,706 EMERGENCY DEPARTMENT VISITS; AND 14,935 TOTAL INPATIENT AND OUTPATIENT SURGERIES; AND PROVIDED UNCOMPENSATED CARE TO INDIGENTS AND MEDICALLY UNDERSERVED MEMBERS OF THE COMMUNITY AT A COST OF \$4.9M.

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PST SERVICES, INC. DBA PER-SEC TECH. P.O. BOX 742526 ATLANTA, GA 30374-2526	SPECIALITY FINANCE	1,633,741.
PULMONARY & CRITICAL CARE ASSOCIATES 501 FAIRMOUNT AVENUE, SUITE 103 TOWSON, MD 21286	HEALTHCARE	898,210.
CENTER FOR EATING DISORDERS 6535 NORTH CHARLES STREET, SUITE 300 BALTIMORE, MD 21204-5824	HEALTHCARE	572,939.
GE HEALTHCARE P.O. BOX 641936 PITTSBURGH, PA 15264-1936	HEALTHCARE	483,396.

Name of the organization UMSJ HEALTH SYSTEM LLC	Employer identification number 46-2097818
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ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SPECIALTYCARE CARDIOVASCULAR RESOURCES P.O. BOX 11407 BIRMINGHAM, AL 35246-1614	HEALTHCARE	462,500.

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
SHARED SERVICES	40,528,932.	32,828,435.	7,700,497.	
CONTRACTED SERVICES	28,642,393.	23,200,338.	5,442,055.	
PHYSICIAN CONTRACT FEES	7,820,327.	7,820,327.		0.
CONSULTING	6,201,436.	5,023,163.	1,178,273.	
TEMP LABOR	1,103,636.	893,945.	209,691.	
TOTALS	<u>84,296,724.</u>	<u>69,766,208.</u>	<u>14,530,516.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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Department of the Treasury
Internal Revenue Service

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

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) SJMC PHYSICIANS, LLC 36-4734065 7601 OSLER DRIVE TOWSON, MD 20204	HEALTHCARE	MD	0.	0.	UMSJHS
(2) UNIV OF MD MED REG SUPPLIER SERVICES 45-5565991 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	1,961,000.	1,722,000.	UMSJHS
(3) UNIV OF MD MED REG PROF SERVICES 45-5559036 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	3,757,000.	2,760,000.	UMSJHS
(4) SJMC PROPERTIES, LLC 30-0755741 7601 OSLER DRIVE TOWSON, MD 21204	RENTAL	MD	1,600,000.	2,722,000.	UMSJHS
(5) UNIV OF MD ST JOSEPH MEDICAL CENTER, LLC 35-2445106 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	362865000.	314722000.	UMSJHS
(6) UNIV OF MD ST JOSEPH MEDICAL GROUP, LLC 37-1704041 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	41,667,000.	4,551,000.	SJMC PHYSICI

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BALTIMORE WASHINGTON EMERGENCY PHYS INC 52-1756326 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	12A	UMBWMS		X
(2) BALTIMORE WASHINGTON HEALTHCARE SERVICES 52-1830243 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	12A	UMBWMS		X
(3) BALTIMORE WASHINGTON MEDICAL CENTER INC 52-0689917 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	03	UMBWMS		X
(4) UM BALTIMORE WASHINGTON MEDICAL SYSTEM, 52-1830242 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	12A	UMMSC		X
(5) BW MEDICAL CENTER FOUNDATION INC 52-1813656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	FUNDRAISING	MD	501(C)(3)	12C	BWMC		X
(6) NORTH ARUNDEL DEVELOPMENT CORPORATION 52-1318404 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	501(C)(2)		NCC		X
(7) NORTH COUNTY CORPORATION 52-1591355 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	501(C)(2)		UMBWMS		X

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Schedule R (Form 990) 2016

**SCHEDULE R
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Related Organizations and Unrelated Partnerships

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Internal Revenue Service

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

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) UNIV OF MD ST JOSEPH ORTHOPAEDICS, LLC 32-0391006 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	22,817,000.	1,723,000.	SJMC PHYSICI
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHESTER RIVER HEALTH FOUNDATION INC 52-1338861 100 BROWN STREET CHESTERTOWN, MD 21620	FUNDRAISING	MD	501(C)(3)	08	UMSRH		X
(2) UNIV OF MD SHORE REGIONAL HEALTH, INC 52-2046500 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	12A	UMMSC		X
(3) CHESTER RIVER HOSPITAL CENTER 52-0679694 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	03	UMSRH		X
(4) CHESTER RIVER MANOR INC 52-6070333 200 MORGNEC ROAD CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	10	UMSRH		X
(5) MARYLAND GENERAL CLINICAL PRACTICE GROUP 52-1566211 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	12B	UMMTH		X
(6) UNIVERSITY OF MARYLAND MIDTOWN HEALTH, I 52-1175337 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	12B	UMMSC		X
(7) MARYLAND GENERAL HOSPITAL INC 52-0591667 827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	03	UMMTH		X

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Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CARE HEALTH SERVICES INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1510269	HEALTHCARE	MD	501(C)(3)	10	SHS		X
(2) DORCHESTER GENERAL HOSPITAL FOUNDATION 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1703242	FUNDRAISING	MD	501(C)(3)	12D	UMSRH		X
(3) MEMORIAL HOSPITAL FOUNDATION INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-1282080	FUNDRAISING	MD	501(C)(3)	12A	SHS		X
(4) UM COMMUNITY MEDICAL GROUP 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1874111	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X
(5) SHORE HEALTH SYSTEM INC 219 SOUTH WASHINGTON STREET EASTON, MD 21601 52-0610538	HEALTHCARE	MD	501(C)(3)	03	UMSRH		X
(6) JAMES LAWRENCE KERNAN HOSP ENDOW FD 2200 KERNAN DRIVE BALTIMORE, MD 21207 23-7360743	FUNDRAISING	MD	501(C)(3)	12B	JLKH		X
(7) JAMES LAWRENCE KERNAN HOSPITAL INC 2200 KERNAN DRIVE BALTIMORE, MD 21207 52-0591639	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X

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Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UMMS FOUNDATION, INC. 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-2238893	FUNDRAISING	MD	501(C)(3)	12A	UMMSC		X
(2) UNIVERSITY OF MD MEDICAL SYSTEM CORP 22 SOUTH GREENE STREET BALTIMORE, MD 21201 52-1362793	HEALTHCARE	MD	501(C)(3)	03	UMMSC		X
(3) UNIVERSITY OF MARYLAND CHARLES REGIONAL PO BOX 1070 LA PLATA, MD 20646 52-2155576	HEALTHCARE	MD	501(C)(3)	12C	UMMSC		X
(4) CIVISTA MEDICAL CENTER, INC. PO BOX 1070 LA PLATA, MD 20646 52-0445374	HEALTHCARE	MD	501(C)(3)	03	UMCRH		X
(5) CHARLES REGIONAL MEDICAL CENTER FOUNDATI PO BOX 1070 LA PLATA, MD 20646 52-1414564	FUNDRAISING	MD	501(C)(3)	12A	UMCRH		X
(6) CHARLES REGIONAL MEDICAL CENTER AUXILIAR PO BOX 1070 LA PLATA, MD 20646 52-1131193	FUNDRAISING	MD	501(C)(3)	12A	UMCRH		X
(7) UNIV OF MD ST. JOSEPH FOUNDATION, INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1681044	FUNDRAISING	MD	501(C)(3)	12A	UMSJHS	X	

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Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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Employer identification number

46-2097818

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HARFORD MEMORIAL HOSPITAL, INC. 52-0591484 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	03	UMUCHS		X
(2) UCH LEGACY FUNDING CORPORATION 52-0882914 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	12A	UMUCHS		X
(3) UM UPPER CHESAPEAKE HEALTH SYSTEM, INC. 52-1398513 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	12C; III-FI	UMMSC		X
(4) UPPER CHESAPEAKE HEALTH FOUNDATION, INC. 52-1398507 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	12A	UMUCHS		X
(5) UPPER CHESAPEAKE MEDICAL CENTER, INC. 52-1253920 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	03	UMUCHS		X
(6) UPPER CHESAPEAKE MEDICAL SERVICES, INC. 52-1501734 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	10	UMUCHS		X
(7) UPPER CHESAPEAKE PROPERTIES, INC. 52-1907237 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	501(C)(2)		UMUCHS		X

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

Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

Name of the organization

UMSJ HEALTH SYSTEM LLC

Employer identification number

46-2097818

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UPPER CHES RESIDENTIAL HOSPICE HOUSE, IN 26-0737028 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HOSPICE	MD	501(C)(3)	07	UMUCHS		X
(2) UPPER CHESAPEAKE/ST. JOSEPH HOME CARE, I 52-1229742 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HOME CARE	MD	501(C)(3)	10	UMUCHS		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ARUNDEL PHYSICIANS ASSOCIATES 301 HOSPITAL DRIVE GLEN BURNIE	HEALTHCARE	MD	APA, INC.									
(2) BALTIMORE WASHINGTON IMAGING, 301 HOSPITAL DRIVE GLEN BURNIE	HEALTHCARE	MD	UMBWMS									
(3) UNIVERSITYCARE LLC 52-1914892 22 SOUTH GREENE STREET BALTIMO	HEALTHCARE	MD	UMMSC									
(4) O'DEA MEDICAL ARTS LIMITED PAR 7601 OSLER DRIVE TOWSON, MD 21	RENTAL	MD	SJMC PROP.									
(5) ADVANCED IMAGING AT ST. JOSEPH 7601 OSLER DRIVE TOWSON, MD 21	HEALTHCARE	MD	UMSJMC									
(6) UM CHARLES REGIONAL IMAGING 30 PO BOX 1070 LAPLATA, MD 20646	HEALTHCARE	MD	UMCRCP									
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ARUNDEL PHYSICIANS ASSOCIATES, INC. 52-1992649 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	BWHE	C CORP					X
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES, 52-1936656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	UMBWMS	C CORP					X
(3) BW PROFESSIONAL SERVICES, INC. 52-1655640 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTHCARE	MD	UMBWMS	C CORP					X
(4) UM CHARLES REGIONAL CARE PARTNERS 52-2176314 PO BOX 1070 LA PLATA, MD 20646	HEALTHCARE	MD	UMCRH	C CORP					X
(5) UNIVERSITY MIDTOWN PROF CENTER, A CONDO 52-1891126 827 LINDEN AVENUE BALTIMORE, MD 21201	REAL ESTATE	MD	UMMH	C CORP					X
(6) NA EXECUTIVE BUILDING CONDO ASSN, INC. 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	NADC	C CORP					X
(7) TERRAPIN INSURANCE COMPANY 98-0129232 P.O. BOX 1109 GRAND CAYMAN, CJ KY1-1102	INSURANCE	CJ	UMMS	C CORP					X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MD MEDICINE COMP. INSURANCE PROGRAM 52-6315433 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	N/A	TRUST					X
(2) UPPER CHESAPEAKE INSURANCE COMPANY 98-0468438 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	INSURANCE	CJ	UMUCHS	LTD					X
(3) UPPER CHESAPEAKE HEALTH VENTURES, INC. 52-2031264 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	HEALTHCARE	MD	UMUCHS	C CORP					X
(4) UPPER CHESAPEAKE MEDICAL CENTER LAND CON 77-0674478 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	UC MED CERT	C CORP					X
(5) UPPER CHESAPEAKE MEDICAL OFFICE BUILDING 52-1946829 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	REAL ESTATE	MD	UC HEALTH VENT	C CORP					X
(6) UNIVERSITY OF MARYLAND HEALTH ADVANTAGE, 46-1411902 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UMMSHP	C CORP					X
(7) UNIVERSITY OF MARYLAND HEALTH PARTNERS, 45-2815803 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UMMSHP	C CORP					X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) UNIVERSITY OF MARYLAND MEDICAL SYSTEM HE 45-2815722 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UM HLTH VENT	C CORP					X
(2) SHORE ORTHOPEDICS, INC. 37-1817262 219 S. WASHINGTON STREET EASTON, MD 21601	HEALTHCARE	MD	SHS	C CORP					X
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNIV. OF MD ST. JOSEPH FOUNDATION	C	2,070,810.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
